



Individual and Family Plan No Prior Authorization List

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 00100 | Anesthesia for procedures on salivary glands, including biopsy |
| CPT-I | 00102 | Anesthesia for procedures involving plastic repair of cleft lip |
| CPT-I | 00103 | Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery) |
| CPT-I | 00104 | Anesthesia for electroconvulsive therapy |
| CPT-I | 00120 | Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified |
| CPT-I | 00124 | Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy |
| CPT-I | 00126 | Anesthesia for procedures on external, middle, and inner ear including biopsy; tympanotomy |
| CPT-I | 00140 | Anesthesia for procedures on eye; not otherwise specified |
| CPT-I | 00142 | Anesthesia for procedures on eye; lens surgery |
| CPT-I | 00144 | Anesthesia for procedures on eye; corneal transplant |
| CPT-I | 00145 | Anesthesia for procedures on eye; vitreoretinal surgery |
| CPT-I | 00147 | Anesthesia for procedures on eye; iridectomy |
| CPT-I | 00148 | Anesthesia for procedures on eye; ophthalmoscopy |
| CPT-I | 00160 | Anesthesia for procedures on nose and accessory sinuses; not otherwise specified |
| CPT-I | 00162 | Anesthesia for procedures on nose and accessory sinuses; radical surgery |
| CPT-I | 00164 | Anesthesia for procedures on nose and accessory sinuses; biopsy, soft tissue |
| CPT-I | 00172 | Anesthesia for intraoral procedures, including biopsy; repair of cleft palate |
| CPT-I | 00174 | Anesthesia for intraoral procedures, including biopsy; excision of retropharyngeal tumor |
| CPT-I | 00176 | Anesthesia for intraoral procedures, including biopsy; radical surgery |
| CPT-I | 00190 | Anesthesia for procedures on facial bones or skull; not otherwise specified |
| CPT-I | 00192 | Anesthesia for procedures on facial bones or skull; radical surgery (including prognathism) |
| CPT-I | 00210 | Anesthesia for intracranial procedures; not otherwise specified |
| CPT-I | 00211 | Anesthesia for intracranial procedures; craniotomy or craniectomy for evacuation of hematoma |
| CPT-I | 00212 | Anesthesia for intracranial procedures; subdural taps |
| CPT-I | 00214 | Anesthesia for intracranial procedures; burr holes, including ventriculography |
| CPT-I | 00215 | Anesthesia for intracranial procedures; cranioplasty or elevation of depressed skull fracture, extradural (simple or compound) |
| CPT-I | 00216 | Anesthesia for intracranial procedures; vascular procedures |
| CPT-I | 00218 | Anesthesia for intracranial procedures; procedures in sitting position |
| CPT-I | 00220 | Anesthesia for intracranial procedures; cerebrospinal fluid shunting procedures |



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|--------------|-------|--|
| CPT-I | 00222 | Anesthesia for intracranial procedures; electrocoagulation of intracranial nerve |
| CPT-I | 00300 | Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck, and posterior trunk, not otherwise specified |
| CPT-I | 00320 | Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; not otherwise specified, age 1 year or older |
| CPT-I | 00322 | Anesthesia for all procedures on esophagus, thyroid, larynx, trachea and lymphatic system of neck; needle biopsy of thyroid |
| CPT-I | 00326 | Anesthesia for all procedures on the larynx and trachea in children younger than 1 year of age |
| CPT-I | 00350 | Anesthesia for procedures on major vessels of neck; not otherwise specified |
| CPT-I | 00352 | Anesthesia for procedures on major vessels of neck; simple ligation |
| CPT-I | 00400 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; not otherwise specified |
| CPT-I | 00402 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; reconstructive procedures on breast (eg, reduction or augmentation mammoplasty, muscle flaps) |
| CPT-I | 00404 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast |
| CPT-I | 00406 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; radical or modified radical procedures on breast with internal mammary node dissection |
| CPT-I | 00410 | Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and perineum; electrical conversion of arrhythmias |
| CPT-I | 00450 | Anesthesia for procedures on clavicle and scapula; not otherwise specified |
| CPT-I | 00454 | Anesthesia for procedures on clavicle and scapula; biopsy of clavicle |
| CPT-I | 00470 | Anesthesia for partial rib resection; not otherwise specified |
| CPT-I | 00472 | Anesthesia for partial rib resection; thoracoplasty (any type) |
| CPT-I | 00474 | Anesthesia for partial rib resection; radical procedures (eg, pectus excavatum) |
| CPT-I | 00500 | Anesthesia for all procedures on esophagus |
| CPT-I | 00520 | Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified |
| CPT-I | 00522 | Anesthesia for closed chest procedures; needle biopsy of pleura |
| CPT-I | 00524 | Anesthesia for closed chest procedures; pneumocentesis |



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|--------------|-------|---|
| CPT-I | 00528 | Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy not utilizing 1 lung ventilation |
| CPT-I | 00529 | Anesthesia for closed chest procedures; mediastinoscopy and diagnostic thoracoscopy utilizing 1 lung ventilation |
| CPT-I | 00530 | Anesthesia for permanent transvenous pacemaker insertion |
| CPT-I | 00532 | Anesthesia for access to central venous circulation |
| CPT-I | 00534 | Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator |
| CPT-I | 00537 | Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation |
| CPT-I | 00539 | Anesthesia for tracheobronchial reconstruction |
| CPT-I | 00540 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified |
| CPT-I | 00541 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); utilizing 1 lung ventilation |
| CPT-I | 00542 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); decortication |
| CPT-I | 00546 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); pulmonary resection with thoracoplasty |
| CPT-I | 00548 | Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); intrathoracic procedures on the trachea and bronchi |
| CPT-I | 00550 | Anesthesia for sternal debridement |
| CPT-I | 00560 | Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator |
| CPT-I | 00561 | Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, younger than 1 year of age |
| CPT-I | 00562 | Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator, age 1 year or older, for all noncoronary bypass procedures (eg, valve procedures) or for re-operation for coronary bypass more than 1 month after original operation |
| CPT-I | 00563 | Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; with pump oxygenator with hypothermic circulatory arrest |
| CPT-I | 00566 | Anesthesia for direct coronary artery bypass grafting; without pump oxygenator |
| CPT-I | 00567 | Anesthesia for direct coronary artery bypass grafting; with pump oxygenator |



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|--------------|-------|--|
| CPT-I | 00580 | Anesthesia for heart transplant or heart/lung transplant |
| CPT-I | 00600 | Anesthesia for procedures on cervical spine and cord; not otherwise specified |
| CPT-I | 00604 | Anesthesia for procedures on cervical spine and cord; procedures with patient in the sitting position |
| CPT-I | 00620 | Anesthesia for procedures on thoracic spine and cord, not otherwise specified |
| CPT-I | 00625 | Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; not utilizing 1 lung ventilation |
| CPT-I | 00626 | Anesthesia for procedures on the thoracic spine and cord, via an anterior transthoracic approach; utilizing 1 lung ventilation |
| CPT-I | 00630 | Anesthesia for procedures in lumbar region; not otherwise specified |
| CPT-I | 00632 | Anesthesia for procedures in lumbar region; lumbar sympathectomy |
| CPT-I | 00635 | Anesthesia for procedures in lumbar region; diagnostic or therapeutic lumbar puncture |
| CPT-I | 00640 | Anesthesia for manipulation of the spine or for closed procedures on the cervical, thoracic or lumbar spine |
| CPT-I | 00670 | Anesthesia for extensive spine and spinal cord procedures (eg, spinal instrumentation or vascular procedures) |
| CPT-I | 00700 | Anesthesia for procedures on upper anterior abdominal wall; not otherwise specified |
| CPT-I | 00702 | Anesthesia for procedures on upper anterior abdominal wall; percutaneous liver biopsy |
| CPT-I | 00730 | Anesthesia for procedures on upper posterior abdominal wall |
| CPT-I | 00731 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified |
| CPT-I | 00732 | Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP) |
| CPT-I | 00750 | Anesthesia for hernia repairs in upper abdomen; not otherwise specified |
| CPT-I | 00752 | Anesthesia for hernia repairs in upper abdomen; lumbar and ventral (incisional) hernias and/or wound dehiscence |
| CPT-I | 00754 | Anesthesia for hernia repairs in upper abdomen; omphalocele |
| CPT-I | 00756 | Anesthesia for hernia repairs in upper abdomen; transabdominal repair of diaphragmatic hernia |
| CPT-I | 00770 | Anesthesia for all procedures on major abdominal blood vessels |
| CPT-I | 00790 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; not otherwise specified |
| CPT-I | 00792 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; partial hepatectomy or management of liver hemorrhage (excluding liver biopsy) |



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|--------------|-------|---|
| CPT-I | 00794 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; pancreatotomy, partial or total (eg, Whipple procedure) |
| CPT-I | 00796 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; liver transplant (recipient) |
| CPT-I | 00797 | Anesthesia for intraperitoneal procedures in upper abdomen including laparoscopy; gastric restrictive procedure for morbid obesity |
| CPT-I | 00800 | Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified |
| CPT-I | 00802 | Anesthesia for procedures on lower anterior abdominal wall; panniculectomy |
| CPT-I | 00811 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified |
| CPT-I | 00812 | Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy |
| CPT-I | 00813 | Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum |
| CPT-I | 00820 | Anesthesia for procedures on lower posterior abdominal wall |
| CPT-I | 00830 | Anesthesia for hernia repairs in lower abdomen; not otherwise specified |
| CPT-I | 00832 | Anesthesia for hernia repairs in lower abdomen; ventral and incisional hernias |
| CPT-I | 00834 | Anesthesia for hernia repairs in the lower abdomen not otherwise specified, younger than 1 year of age |
| CPT-I | 00836 | Anesthesia for hernia repairs in the lower abdomen not otherwise specified, infants younger than 37 weeks gestational age at birth and younger than 50 weeks gestational age at time of surgery |
| CPT-I | 00840 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified |
| CPT-I | 00842 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; amniocentesis |
| CPT-I | 00844 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; abdominoperineal resection |
| CPT-I | 00846 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; radical hysterectomy |
| CPT-I | 00848 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; pelvic exenteration |
| CPT-I | 00851 | Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transection |
| CPT-I | 00860 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; not otherwise specified |
| CPT-I | 00862 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal procedures, including upper one-third of ureter, or donor nephrectomy |



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|--------------|-------|--|
| CPT-I | 00864 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; total cystectomy |
| CPT-I | 00865 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; radical prostatectomy (suprapubic, retropubic) |
| CPT-I | 00866 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; adrenalectomy |
| CPT-I | 00868 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; renal transplant (recipient) |
| CPT-I | 00870 | Anesthesia for extraperitoneal procedures in lower abdomen, including urinary tract; cystolithotomy |
| CPT-I | 00872 | Anesthesia for lithotripsy, extracorporeal shock wave; with water bath |
| CPT-I | 00873 | Anesthesia for lithotripsy, extracorporeal shock wave; without water bath |
| CPT-I | 00880 | Anesthesia for procedures on major lower abdominal vessels; not otherwise specified |
| CPT-I | 00882 | Anesthesia for procedures on major lower abdominal vessels; inferior vena cava ligation |
| CPT-I | 00902 | Anesthesia for; anorectal procedure |
| CPT-I | 00904 | Anesthesia for; radical perineal procedure |
| CPT-I | 00906 | Anesthesia for; vulvectomy |
| CPT-I | 00908 | Anesthesia for; perineal prostatectomy |
| CPT-I | 00910 | Anesthesia for transurethral procedures (including urethroscopy); not otherwise specified |
| CPT-I | 00912 | Anesthesia for transurethral procedures (including urethroscopy); transurethral resection of bladder tumor(s) |
| CPT-I | 00914 | Anesthesia for transurethral procedures (including urethroscopy); transurethral resection of prostate |
| CPT-I | 00916 | Anesthesia for transurethral procedures (including urethroscopy); post-transurethral resection bleeding |
| CPT-I | 00918 | Anesthesia for transurethral procedures (including urethroscopy); with fragmentation, manipulation and/or removal of ureteral calculus |
| CPT-I | 00920 | Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified |
| CPT-I | 00921 | Anesthesia for procedures on male genitalia (including open urethral procedures); vasectomy, unilateral or bilateral |
| CPT-I | 00922 | Anesthesia for procedures on male genitalia (including open urethral procedures); seminal vesicles |
| CPT-I | 00924 | Anesthesia for procedures on male genitalia (including open urethral procedures); undescended testis, unilateral or bilateral |
| CPT-I | 00926 | Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, inguinal |



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|--------------|-------|--|
| CPT-I | 00928 | Anesthesia for procedures on male genitalia (including open urethral procedures); radical orchiectomy, abdominal |
| CPT-I | 00930 | Anesthesia for procedures on male genitalia (including open urethral procedures); orchiopexy, unilateral or bilateral |
| CPT-I | 00932 | Anesthesia for procedures on male genitalia (including open urethral procedures); complete amputation of penis |
| CPT-I | 00934 | Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal lymphadenectomy |
| CPT-I | 00936 | Anesthesia for procedures on male genitalia (including open urethral procedures); radical amputation of penis with bilateral inguinal and iliac lymphadenectomy |
| CPT-I | 00938 | Anesthesia for procedures on male genitalia (including open urethral procedures); insertion of penile prosthesis (perineal approach) |
| CPT-I | 00940 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified |
| CPT-I | 00942 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); colpotomy, vaginectomy, colporrhaphy, and open urethral procedures |
| CPT-I | 00944 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); vaginal hysterectomy |
| CPT-I | 00948 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); cervical cerclage |
| CPT-I | 00950 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); culdoscopy |
| CPT-I | 00952 | Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography |
| CPT-I | 01112 | Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest |
| CPT-I | 01120 | Anesthesia for procedures on bony pelvis |
| CPT-I | 01130 | Anesthesia for body cast application or revision |
| CPT-I | 01140 | Anesthesia for interpelviabdominal (hindquarter) amputation |
| CPT-I | 01150 | Anesthesia for radical procedures for tumor of pelvis, except hindquarter amputation |
| CPT-I | 01160 | Anesthesia for closed procedures involving symphysis pubis or sacroiliac joint |
| CPT-I | 01170 | Anesthesia for open procedures involving symphysis pubis or sacroiliac joint |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 01173 | Anesthesia for open repair of fracture disruption of pelvis or column fracture involving acetabulum |
| CPT-I | 01200 | Anesthesia for all closed procedures involving hip joint |
| CPT-I | 01202 | Anesthesia for arthroscopic procedures of hip joint |
| CPT-I | 01210 | Anesthesia for open procedures involving hip joint; not otherwise specified |
| CPT-I | 01212 | Anesthesia for open procedures involving hip joint; hip disarticulation |
| CPT-I | 01214 | Anesthesia for open procedures involving hip joint; total hip arthroplasty |
| CPT-I | 01215 | Anesthesia for open procedures involving hip joint; revision of total hip arthroplasty |
| CPT-I | 01220 | Anesthesia for all closed procedures involving upper two-thirds of femur |
| CPT-I | 01230 | Anesthesia for open procedures involving upper two-thirds of femur; not otherwise specified |
| CPT-I | 01232 | Anesthesia for open procedures involving upper two-thirds of femur; amputation |
| CPT-I | 01234 | Anesthesia for open procedures involving upper two-thirds of femur; radical resection |
| CPT-I | 01250 | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of upper leg |
| CPT-I | 01260 | Anesthesia for all procedures involving veins of upper leg, including exploration |
| CPT-I | 01270 | Anesthesia for procedures involving arteries of upper leg, including bypass graft; not otherwise specified |
| CPT-I | 01272 | Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery ligation |
| CPT-I | 01274 | Anesthesia for procedures involving arteries of upper leg, including bypass graft; femoral artery embolectomy |
| CPT-I | 01320 | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of knee and/or popliteal area |
| CPT-I | 01340 | Anesthesia for all closed procedures on lower one-third of femur |
| CPT-I | 01360 | Anesthesia for all open procedures on lower one-third of femur |
| CPT-I | 01380 | Anesthesia for all closed procedures on knee joint |
| CPT-I | 01382 | Anesthesia for diagnostic arthroscopic procedures of knee joint |
| CPT-I | 01390 | Anesthesia for all closed procedures on upper ends of tibia, fibula, and/or patella |
| CPT-I | 01392 | Anesthesia for all open procedures on upper ends of tibia, fibula, and/or patella |
| CPT-I | 01400 | Anesthesia for open or surgical arthroscopic procedures on knee joint; not otherwise specified |
| CPT-I | 01402 | Anesthesia for open or surgical arthroscopic procedures on knee joint; total knee arthroplasty |
| CPT-I | 01404 | Anesthesia for open or surgical arthroscopic procedures on knee joint; disarticulation at knee |
| CPT-I | 01420 | Anesthesia for all cast applications, removal, or repair involving knee joint |
| CPT-I | 01430 | Anesthesia for procedures on veins of knee and popliteal area; not otherwise specified |
| CPT-I | 01432 | Anesthesia for procedures on veins of knee and popliteal area; arteriovenous fistula |
| CPT-I | 01440 | Anesthesia for procedures on arteries of knee and popliteal area; not otherwise specified |



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|--------------|-------|--|
| CPT-I | 01442 | Anesthesia for procedures on arteries of knee and popliteal area; popliteal thromboendarterectomy, with or without patch graft |
| CPT-I | 01444 | Anesthesia for procedures on arteries of knee and popliteal area; popliteal excision and graft or repair for occlusion or aneurysm |
| CPT-I | 01462 | Anesthesia for all closed procedures on lower leg, ankle, and foot |
| CPT-I | 01464 | Anesthesia for arthroscopic procedures of ankle and/or foot |
| CPT-I | 01470 | Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; not otherwise specified |
| CPT-I | 01472 | Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; repair of ruptured Achilles tendon, with or without graft |
| CPT-I | 01474 | Anesthesia for procedures on nerves, muscles, tendons, and fascia of lower leg, ankle, and foot; gastrocnemius recession (eg, Strayer procedure) |
| CPT-I | 01480 | Anesthesia for open procedures on bones of lower leg, ankle, and foot; not otherwise specified |
| CPT-I | 01482 | Anesthesia for open procedures on bones of lower leg, ankle, and foot; radical resection (including below knee amputation) |
| CPT-I | 01484 | Anesthesia for open procedures on bones of lower leg, ankle, and foot; osteotomy or osteoplasty of tibia and/or fibula |
| CPT-I | 01486 | Anesthesia for open procedures on bones of lower leg, ankle, and foot; total ankle replacement |
| CPT-I | 01490 | Anesthesia for lower leg cast application, removal, or repair |
| CPT-I | 01500 | Anesthesia for procedures on arteries of lower leg, including bypass graft; not otherwise specified |
| CPT-I | 01502 | Anesthesia for procedures on arteries of lower leg, including bypass graft; embolectomy, direct or with catheter |
| CPT-I | 01520 | Anesthesia for procedures on veins of lower leg; not otherwise specified |
| CPT-I | 01522 | Anesthesia for procedures on veins of lower leg; venous thrombectomy, direct or with catheter |
| CPT-I | 01610 | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of shoulder and axilla |
| CPT-I | 01620 | Anesthesia for all closed procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint |
| CPT-I | 01622 | Anesthesia for diagnostic arthroscopic procedures of shoulder joint |
| CPT-I | 01630 | Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; not otherwise specified |



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|--------------|-------|--|
| CPT-I | 01634 | Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; shoulder disarticulation |
| CPT-I | 01636 | Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; interthoracoscapular (forequarter) amputation |
| CPT-I | 01638 | Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; total shoulder replacement |
| CPT-I | 01650 | Anesthesia for procedures on arteries of shoulder and axilla; not otherwise specified |
| CPT-I | 01652 | Anesthesia for procedures on arteries of shoulder and axilla; axillary-brachial aneurysm |
| CPT-I | 01654 | Anesthesia for procedures on arteries of shoulder and axilla; bypass graft |
| CPT-I | 01656 | Anesthesia for procedures on arteries of shoulder and axilla; axillary-femoral bypass graft |
| CPT-I | 01670 | Anesthesia for all procedures on veins of shoulder and axilla |
| CPT-I | 01680 | Anesthesia for shoulder cast application, removal or repair, not otherwise specified |
| CPT-I | 01710 | Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; not otherwise specified |
| CPT-I | 01712 | Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy, elbow to shoulder, open |
| CPT-I | 01714 | Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty, elbow to shoulder |
| CPT-I | 01716 | Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis, rupture of long tendon of biceps |
| CPT-I | 01730 | Anesthesia for all closed procedures on humerus and elbow |
| CPT-I | 01732 | Anesthesia for diagnostic arthroscopic procedures of elbow joint |
| CPT-I | 01740 | Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified |
| CPT-I | 01742 | Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus |
| CPT-I | 01744 | Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion of humerus |
| CPT-I | 01756 | Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures |
| CPT-I | 01758 | Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus |
| CPT-I | 01760 | Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement |
| CPT-I | 01770 | Anesthesia for procedures on arteries of upper arm and elbow; not otherwise specified |



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|--------------|-------|---|
| CPT-I | 01772 | Anesthesia for procedures on arteries of upper arm and elbow; embolectomy |
| CPT-I | 01780 | Anesthesia for procedures on veins of upper arm and elbow; not otherwise specified |
| CPT-I | 01782 | Anesthesia for procedures on veins of upper arm and elbow; phleborrhaphy |
| CPT-I | 01810 | Anesthesia for all procedures on nerves, muscles, tendons, fascia, and bursae of forearm, wrist, and hand |
| CPT-I | 01820 | Anesthesia for all closed procedures on radius, ulna, wrist, or hand bones |
| CPT-I | 01829 | Anesthesia for diagnostic arthroscopic procedures on the wrist |
| CPT-I | 01830 | Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; not otherwise specified |
| CPT-I | 01832 | Anesthesia for open or surgical arthroscopic/endoscopic procedures on distal radius, distal ulna, wrist, or hand joints; total wrist replacement |
| CPT-I | 01840 | Anesthesia for procedures on arteries of forearm, wrist, and hand; not otherwise specified |
| CPT-I | 01842 | Anesthesia for procedures on arteries of forearm, wrist, and hand; embolectomy |
| CPT-I | 01844 | Anesthesia for vascular shunt, or shunt revision, any type (eg, dialysis) |
| CPT-I | 01850 | Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified |
| CPT-I | 01852 | Anesthesia for procedures on veins of forearm, wrist, and hand; phleborrhaphy |
| CPT-I | 01860 | Anesthesia for forearm, wrist, or hand cast application, removal, or repair |
| CPT-I | 01916 | Anesthesia for diagnostic arteriography/venography |
| CPT-I | 01920 | Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter) |
| CPT-I | 01922 | Anesthesia for non-invasive imaging or radiation therapy |
| CPT-I | 01924 | Anesthesia for therapeutic interventional radiological procedures involving the arterial system; not otherwise specified |
| CPT-I | 01925 | Anesthesia for therapeutic interventional radiological procedures involving the arterial system; carotid or coronary |
| CPT-I | 01926 | Anesthesia for therapeutic interventional radiological procedures involving the arterial system; intracranial, intracardiac, or aortic |
| CPT-I | 01930 | Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 01931 | Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrahepatic or portal circulation (eg, transvenous intrahepatic portosystemic shunt[s] [TIPS]) |
| CPT-I | 01932 | Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intrathoracic or jugular |
| CPT-I | 01933 | Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); intracranial |
| CPT-I | 01937 | Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic |
| CPT-I | 01938 | Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral |
| CPT-I | 01939 | Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic |
| CPT-I | 01940 | Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral |
| CPT-I | 01941 | Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic |
| CPT-I | 01942 | Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral |
| CPT-I | 01951 | Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; less than 4% total body surface area |
| CPT-I | 01952 | Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; between 4% and 9% of total body surface area |
| CPT-I | 01953 | Anesthesia for second- and third-degree burn excision or debridement with or without skin grafting, any site, for total body surface area (TBSA) treated during anesthesia and surgery; each additional 9% total body surface area or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 01958 | Anesthesia for external cephalic version procedure |
| CPT-I | 01960 | Anesthesia for vaginal delivery only |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 01961 | Anesthesia for cesarean delivery only |
| CPT-I | 01962 | Anesthesia for urgent hysterectomy following delivery |
| CPT-I | 01963 | Anesthesia for cesarean hysterectomy without any labor analgesia/anesthesia care |
| CPT-I | 01965 | Anesthesia for incomplete or missed abortion procedures |
| CPT-I | 01966 | Anesthesia for induced abortion procedures |
| CPT-I | 01967 | Neuraxial labor analgesia/anesthesia for planned vaginal delivery (this includes any repeat subarachnoid needle placement and drug injection and/or any necessary replacement of an epidural catheter during labor) |
| CPT-I | 01968 | Anesthesia for cesarean delivery following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed) |
| CPT-I | 01969 | Anesthesia for cesarean hysterectomy following neuraxial labor analgesia/anesthesia (List separately in addition to code for primary procedure performed) |
| CPT-I | 01990 | Physiological support for harvesting of organ(s) from brain-dead patient |
| CPT-I | 01991 | Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); other than the prone position |
| CPT-I | 01992 | Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position |
| CPT-I | 01996 | Daily hospital management of epidural or subarachnoid continuous drug administration |
| CPT-I | 10004 | Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure) |
| CPT-I | 10005 | Fine needle aspiration biopsy, including ultrasound guidance; first lesion |
| CPT-I | 10006 | Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure) |
| CPT-I | 10007 | Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion |
| CPT-I | 10008 | Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure) |
| CPT-I | 10009 | Fine needle aspiration biopsy, including CT guidance; first lesion |
| CPT-I | 10010 | Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure) |
| CPT-I | 10011 | Fine needle aspiration biopsy, including MR guidance; first lesion |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 10012 | Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure) |
| CPT-I | 10021 | Fine needle aspiration biopsy, without imaging guidance; first lesion |
| CPT-I | 10030 | Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous |
| CPT-I | 10035 | Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; first lesion |
| CPT-I | 10036 | Placement of soft tissue localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous, including imaging guidance; each additional lesion (List separately in addition to code for primary procedure) |
| CPT-I | 10040 | Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules) |
| CPT-I | 10060 | Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); simple or single |
| CPT-I | 10061 | Incision and drainage of abscess (eg, carbuncle, suppurative hidradenitis, cutaneous or subcutaneous abscess, cyst, furuncle, or paronychia); complicated or multiple |
| CPT-I | 10080 | Incision and drainage of pilonidal cyst; simple |
| CPT-I | 10081 | Incision and drainage of pilonidal cyst; complicated |
| CPT-I | 10120 | Incision and removal of foreign body, subcutaneous tissues; simple |
| CPT-I | 10121 | Incision and removal of foreign body, subcutaneous tissues; complicated |
| CPT-I | 10140 | Incision and drainage of hematoma, seroma or fluid collection |
| CPT-I | 10160 | Puncture aspiration of abscess, hematoma, bulla, or cyst |
| CPT-I | 10180 | Incision and drainage, complex, postoperative wound infection |
| CPT-I | 11000 | Debridement of extensive eczematous or infected skin; up to 10% of body surface |
| CPT-I | 11001 | Debridement of extensive eczematous or infected skin; each additional 10% of the body surface, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 11004 | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia and perineum |
| CPT-I | 11005 | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; abdominal wall, with or without fascial closure |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 11006 | Debridement of skin, subcutaneous tissue, muscle and fascia for necrotizing soft tissue infection; external genitalia, perineum and abdominal wall, with or without fascial closure |
| CPT-I | 11008 | Removal of prosthetic material or mesh, abdominal wall for infection (eg, for chronic or recurrent mesh infection or necrotizing soft tissue infection) (List separately in addition to code for primary procedure) |
| CPT-I | 11010 | Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin and subcutaneous tissues |
| CPT-I | 11011 | Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, and muscle |
| CPT-I | 11012 | Debridement including removal of foreign material at the site of an open fracture and/or an open dislocation (eg, excisional debridement); skin, subcutaneous tissue, muscle fascia, muscle, and bone |
| CPT-I | 11042 | Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less |
| CPT-I | 11043 | Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less |
| CPT-I | 11044 | Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less |
| CPT-I | 11045 | Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 11046 | Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 11047 | Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 11055 | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion |
| CPT-I | 11056 | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions |
| CPT-I | 11057 | Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions |
| CPT-I | 11102 | Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion |
| CPT-I | 11103 | Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure) |
| CPT-I | 11104 | Punch biopsy of skin (including simple closure, when performed); single lesion |
| CPT-I | 11105 | Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 11106 | Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion |
| CPT-I | 11107 | Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure) |
| CPT-I | 11200 | Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions |
| CPT-I | 11201 | Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 11300 | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less |
| CPT-I | 11301 | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm |
| CPT-I | 11302 | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm |
| CPT-I | 11303 | Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm |
| CPT-I | 11305 | Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less |
| CPT-I | 11306 | Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm |
| CPT-I | 11307 | Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm |
| CPT-I | 11308 | Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm |
| CPT-I | 11310 | Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less |
| CPT-I | 11311 | Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm |
| CPT-I | 11312 | Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm |
| CPT-I | 11313 | Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm |
| CPT-I | 11400 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less |
| CPT-I | 11401 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 11402 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm |
| CPT-I | 11403 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm |
| CPT-I | 11404 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm |
| CPT-I | 11406 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm |
| CPT-I | 11420 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less |
| CPT-I | 11421 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm |
| CPT-I | 11422 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm |
| CPT-I | 11423 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm |
| CPT-I | 11424 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm |
| CPT-I | 11426 | Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm |
| CPT-I | 11440 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less |
| CPT-I | 11441 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm |
| CPT-I | 11442 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm |
| CPT-I | 11443 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm |
| CPT-I | 11444 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 11446 | Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm |
| CPT-I | 11600 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.5 cm or less |
| CPT-I | 11601 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 0.6 to 1.0 cm |
| CPT-I | 11602 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 1.1 to 2.0 cm |
| CPT-I | 11603 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm |
| CPT-I | 11604 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm |
| CPT-I | 11606 | Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm |
| CPT-I | 11620 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less |
| CPT-I | 11621 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm |
| CPT-I | 11622 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm |
| CPT-I | 11623 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm |
| CPT-I | 11624 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm |
| CPT-I | 11626 | Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm |
| CPT-I | 11640 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.5 cm or less |
| CPT-I | 11641 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 0.6 to 1.0 cm |
| CPT-I | 11642 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 1.1 to 2.0 cm |
| CPT-I | 11643 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 2.1 to 3.0 cm |
| CPT-I | 11644 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm |
| CPT-I | 11646 | Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm |
| CPT-I | 11719 | Trimming of nondystrophic nails, any number |
| CPT-I | 11720 | Debridement of nail(s) by any method(s); 1 to 5 |
| CPT-I | 11721 | Debridement of nail(s) by any method(s); 6 or more |
| CPT-I | 11730 | Avulsion of nail plate, partial or complete, simple; single |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 11732 | Avulsion of nail plate, partial or complete, simple; each additional nail plate (List separately in addition to code for primary procedure) |
| CPT-I | 11740 | Evacuation of subungual hematoma |
| CPT-I | 11750 | Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal |
| CPT-I | 11755 | Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure) |
| CPT-I | 11760 | Repair of nail bed |
| CPT-I | 11762 | Reconstruction of nail bed with graft |
| CPT-I | 11765 | Wedge excision of skin of nail fold (eg, for ingrown toenail) |
| CPT-I | 11770 | Excision of pilonidal cyst or sinus; simple |
| CPT-I | 11771 | Excision of pilonidal cyst or sinus; extensive |
| CPT-I | 11772 | Excision of pilonidal cyst or sinus; complicated |
| CPT-I | 11900 | Injection, intralesional; up to and including 7 lesions |
| CPT-I | 11901 | Injection, intralesional; more than 7 lesions |
| CPT-I | 11971 | Removal of tissue expander without insertion of implant |
| CPT-I | 11976 | Removal, implantable contraceptive capsules |
| CPT-I | 11980 | Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin) |
| CPT-I | 11981 | Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable) |
| CPT-I | 11982 | Removal, non-biodegradable drug delivery implant |
| CPT-I | 11983 | Removal with reinsertion, non-biodegradable drug delivery implant |
| CPT-I | 12001 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less |
| CPT-I | 12002 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm |
| CPT-I | 12004 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm |
| CPT-I | 12005 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm |
| CPT-I | 12006 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 12007 | Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm |
| CPT-I | 12011 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less |
| CPT-I | 12013 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm |
| CPT-I | 12014 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm |
| CPT-I | 12015 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm |
| CPT-I | 12016 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm |
| CPT-I | 12017 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm |
| CPT-I | 12018 | Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm |
| CPT-I | 12020 | Treatment of superficial wound dehiscence; simple closure |
| CPT-I | 12021 | Treatment of superficial wound dehiscence; with packing |
| CPT-I | 12031 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less |
| CPT-I | 12032 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm |
| CPT-I | 12034 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm |
| CPT-I | 12035 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm |
| CPT-I | 12036 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm |
| CPT-I | 12037 | Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm |
| CPT-I | 12041 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less |
| CPT-I | 12042 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 12044 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm |
| CPT-I | 12045 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm |
| CPT-I | 12046 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm |
| CPT-I | 12047 | Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm |
| CPT-I | 12051 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less |
| CPT-I | 12052 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm |
| CPT-I | 12053 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm |
| CPT-I | 12054 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm |
| CPT-I | 12055 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm |
| CPT-I | 12056 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm |
| CPT-I | 12057 | Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm |
| CPT-I | 13100 | Repair, complex, trunk; 1.1 cm to 2.5 cm |
| CPT-I | 13101 | Repair, complex, trunk; 2.6 cm to 7.5 cm |
| CPT-I | 13102 | Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure) |
| CPT-I | 13120 | Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm |
| CPT-I | 13121 | Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm |
| CPT-I | 13122 | Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure) |
| CPT-I | 13131 | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm |
| CPT-I | 13132 | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm |
| CPT-I | 13133 | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure) |
| CPT-I | 13151 | Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm |
| CPT-I | 13152 | Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm |
| CPT-I | 13153 | Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure) |
| CPT-I | 13160 | Secondary closure of surgical wound or dehiscence, extensive or complicated |
| CPT-I | 14350 | Filletted finger or toe flap, including preparation of recipient site |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 15002 | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children |
| CPT-I | 15003 | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure) |
| CPT-I | 15004 | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children |
| CPT-I | 15005 | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure) |
| CPT-I | 15040 | Harvest of skin for tissue cultured skin autograft, 100 sq cm or less |
| CPT-I | 15050 | Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter |
| CPT-I | 15100 | Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050) |
| CPT-I | 15101 | Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 15110 | Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children |
| CPT-I | 15111 | Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 15115 | Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children |
| CPT-I | 15116 | Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 15120 | Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050) |
| CPT-I | 15121 | Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 15130 | Dermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children |
| CPT-I | 15131 | Dermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 15135 | Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children |
| CPT-I | 15136 | Dermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 15150 | Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less |
| CPT-I | 15151 | Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure) |
| CPT-I | 15152 | Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 15155 | Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less |
| CPT-I | 15156 | Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure) |
| CPT-I | 15157 | Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 15200 | Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less |
| CPT-I | 15201 | Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 15220 | Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 15221 | Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 15240 | Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less |
| CPT-I | 15241 | Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 15260 | Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less |
| CPT-I | 15261 | Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 15271 | Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area |
| CPT-I | 15272 | Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 15273 | Application of 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 |
| CPT-I | 15274 | Application of 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) |
| CPT-I | 15275 | Application of 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 |
| CPT-I | 15276 | Application of 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) |
| CPT-I | 15277 | Application of 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 |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 15278 | Application of 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) |
| CPT-I | 15570 | Formation of direct or tubed pedicle, with or without transfer; trunk |
| CPT-I | 15572 | Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs |
| CPT-I | 15574 | Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet |
| CPT-I | 15576 | Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral |
| CPT-I | 15600 | Delay of flap or sectioning of flap (division and inset); at trunk |
| CPT-I | 15610 | Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs |
| CPT-I | 15620 | Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet |
| CPT-I | 15630 | Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips |
| CPT-I | 15650 | Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location |
| CPT-I | 15730 | Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s) |
| CPT-I | 15731 | Forehead flap with preservation of vascular pedicle (eg, axial pattern flap, paramedian forehead flap) |
| CPT-I | 15733 | Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae) |
| CPT-I | 15734 | Muscle, myocutaneous, or fasciocutaneous flap; trunk |
| CPT-I | 15736 | Muscle, myocutaneous, or fasciocutaneous flap; upper extremity |
| CPT-I | 15738 | Muscle, myocutaneous, or fasciocutaneous flap; lower extremity |
| CPT-I | 15740 | Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel |
| CPT-I | 15750 | Flap; neurovascular pedicle |
| CPT-I | 15756 | Free muscle or myocutaneous flap with microvascular anastomosis |
| CPT-I | 15757 | Free skin flap with microvascular anastomosis |
| CPT-I | 15758 | Free fascial flap with microvascular anastomosis |
| CPT-I | 15760 | Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area |
| CPT-I | 15770 | Graft; derma-fat-fascia |
| CPT-I | 15850 | Removal of sutures under anesthesia (other than local), same surgeon |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 15851 | Removal of sutures under anesthesia (other than local), other surgeon |
| CPT-I | 15852 | Dressing change (for other than burns) under anesthesia (other than local) |
| CPT-I | 15860 | Intravenous injection of agent (eg, fluorescein) to test vascular flow in flap or graft |
| CPT-I | 15920 | Excision, coccygeal pressure ulcer, with coccygectomy; with primary suture |
| CPT-I | 15922 | Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure |
| CPT-I | 15931 | Excision, sacral pressure ulcer, with primary suture |
| CPT-I | 15933 | Excision, sacral pressure ulcer, with primary suture; with ostectomy |
| CPT-I | 15934 | Excision, sacral pressure ulcer, with skin flap closure |
| CPT-I | 15935 | Excision, sacral pressure ulcer, with skin flap closure; with ostectomy |
| CPT-I | 15936 | Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure |
| CPT-I | 15937 | Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy |
| CPT-I | 15940 | Excision, ischial pressure ulcer, with primary suture |
| CPT-I | 15941 | Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy) |
| CPT-I | 15944 | Excision, ischial pressure ulcer, with skin flap closure |
| CPT-I | 15945 | Excision, ischial pressure ulcer, with skin flap closure; with ostectomy |
| CPT-I | 15946 | Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure |
| CPT-I | 15950 | Excision, trochanteric pressure ulcer, with primary suture |
| CPT-I | 15951 | Excision, trochanteric pressure ulcer, with primary suture; with ostectomy |
| CPT-I | 15952 | Excision, trochanteric pressure ulcer, with skin flap closure |
| CPT-I | 15953 | Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy |
| CPT-I | 15956 | Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure |
| CPT-I | 15958 | Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy |
| CPT-I | 16000 | Initial treatment, first degree burn, when no more than local treatment is required |
| CPT-I | 16020 | Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area) |
| CPT-I | 16025 | Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 16030 | Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area) |
| CPT-I | 16035 | Escharotomy; initial incision |
| CPT-I | 16036 | Escharotomy; each additional incision (List separately in addition to code for primary procedure) |
| CPT-I | 17000 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion |
| CPT-I | 17003 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion) |
| CPT-I | 17004 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions |
| CPT-I | 17110 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions |
| CPT-I | 17111 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions |
| CPT-I | 17250 | Chemical cauterization of granulation tissue (ie, proud flesh) |
| CPT-I | 17260 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less |
| CPT-I | 17261 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm |
| CPT-I | 17262 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm |
| CPT-I | 17263 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 2.1 to 3.0 cm |
| CPT-I | 17264 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 3.1 to 4.0 cm |
| CPT-I | 17266 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter over 4.0 cm |
| CPT-I | 17270 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 17271 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm |
| CPT-I | 17272 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm |
| CPT-I | 17273 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 2.1 to 3.0 cm |
| CPT-I | 17274 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 3.1 to 4.0 cm |
| CPT-I | 17276 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter over 4.0 cm |
| CPT-I | 17280 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less |
| CPT-I | 17281 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm |
| CPT-I | 17282 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm |
| CPT-I | 17283 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 2.1 to 3.0 cm |
| CPT-I | 17284 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 3.1 to 4.0 cm |
| CPT-I | 17286 | Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 4.0 cm |
| CPT-I | 17311 | Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; first stage, up to 5 tissue blocks |



Individual and Family Plan No Prior Authorization List

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 17312 | Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), head, neck, hands, feet, genitalia, or any location with surgery directly involving muscle, cartilage, bone, tendon, major nerves, or vessels; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure) |
| CPT-I | 17313 | Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; first stage, up to 5 tissue blocks |
| CPT-I | 17314 | Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), of the trunk, arms, or legs; each additional stage after the first stage, up to 5 tissue blocks (List separately in addition to code for primary procedure) |
| CPT-I | 17315 | Mohs micrographic technique, including removal of all gross tumor, surgical excision of tissue specimens, mapping, color coding of specimens, microscopic examination of specimens by the surgeon, and histopathologic preparation including routine stain(s) (eg, hematoxylin and eosin, toluidine blue), each additional block after the first 5 tissue blocks, any stage (List separately in addition to code for primary procedure) |
| CPT-I | 19000 | Puncture aspiration of cyst of breast |
| CPT-I | 19001 | Puncture aspiration of cyst of breast; each additional cyst (List separately in addition to code for primary procedure) |
| CPT-I | 19020 | Mastotomy with exploration or drainage of abscess, deep |
| CPT-I | 19030 | Injection procedure only for mammary ductogram or galactogram |
| CPT-I | 19081 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 19082 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure) |
| CPT-I | 19083 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance |
| CPT-I | 19084 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure) |
| CPT-I | 19085 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance |
| CPT-I | 19086 | Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure) |
| CPT-I | 19100 | Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure) |
| CPT-I | 19101 | Biopsy of breast; open, incisional |
| CPT-I | 19110 | Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct |
| CPT-I | 19112 | Excision of lactiferous duct fistula |
| CPT-I | 19120 | Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions |
| CPT-I | 19125 | Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion |
| CPT-I | 19126 | Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure) |
| CPT-I | 19281 | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance |
| CPT-I | 19282 | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including mammographic guidance (List separately in addition to code for primary procedure) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 19283 | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance |
| CPT-I | 19284 | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure) |
| CPT-I | 19285 | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance |
| CPT-I | 19286 | Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure) |
| CPT-I | 19287 | Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance |
| CPT-I | 19288 | Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure) |
| CPT-I | 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) |
| CPT-I | 19296 | Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy |
| CPT-I | 19297 | Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy (List separately in addition to code for primary procedure) |
| CPT-I | 19298 | Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance |
| CPT-I | 19301 | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy) |
| CPT-I | 19302 | Mastectomy, partial (eg, lumpectomy, tylectomy, quadrantectomy, segmentectomy); with axillary lymphadenectomy |
| CPT-I | 19303 | Mastectomy, simple, complete |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 19305 | Mastectomy, radical, including pectoral muscles, axillary lymph nodes |
| CPT-I | 19306 | Mastectomy, radical, including pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation) |
| CPT-I | 19307 | Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle |
| CPT-I | 19328 | Removal of intact breast implant |
| CPT-I | 19330 | Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel) |
| CPT-I | 19340 | Insertion of breast implant on same day of mastectomy (ie, immediate) |
| CPT-I | 19342 | Insertion or replacement of breast implant on separate day from mastectomy |
| CPT-I | 19350 | Nipple/areola reconstruction |
| CPT-I | 19355 | Correction of inverted nipples |
| CPT-I | 19357 | Tissue expander placement in breast reconstruction, including subsequent expansion(s) |
| CPT-I | 19361 | Breast reconstruction; with latissimus dorsi flap |
| CPT-I | 19364 | Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap) |
| CPT-I | 19367 | Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap |
| CPT-I | 19368 | Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging) |
| CPT-I | 19369 | Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap |
| CPT-I | 20100 | Exploration of penetrating wound (separate procedure); neck |
| CPT-I | 20101 | Exploration of penetrating wound (separate procedure); chest |
| CPT-I | 20102 | Exploration of penetrating wound (separate procedure); abdomen/flank/back |
| CPT-I | 20103 | Exploration of penetrating wound (separate procedure); extremity |
| CPT-I | 20150 | Excision of epiphyseal bar, with or without autogenous soft tissue graft obtained through same fascial incision |
| CPT-I | 20200 | Biopsy, muscle; superficial |
| CPT-I | 20205 | Biopsy, muscle; deep |
| CPT-I | 20206 | Biopsy, muscle, percutaneous needle |
| CPT-I | 20220 | Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs) |
| CPT-I | 20225 | Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur) |
| CPT-I | 20240 | Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx) |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 20245 | Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft) |
| CPT-I | 20250 | Biopsy, vertebral body, open; thoracic |
| CPT-I | 20251 | Biopsy, vertebral body, open; lumbar or cervical |
| CPT-I | 20500 | Injection of sinus tract; therapeutic (separate procedure) |
| CPT-I | 20501 | Injection of sinus tract; diagnostic (sinogram) |
| CPT-I | 20520 | Removal of foreign body in muscle or tendon sheath; simple |
| CPT-I | 20525 | Removal of foreign body in muscle or tendon sheath; deep or complicated |
| CPT-I | 20526 | Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel |
| CPT-I | 20527 | Injection, enzyme (eg, collagenase), palmar fascial cord (ie, Dupuytren's contracture) |
| CPT-I | 20550 | Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia") |
| CPT-I | 20551 | Injection(s); single tendon origin/insertion |
| CPT-I | 20552 | Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s) |
| CPT-I | 20553 | Injection(s); single or multiple trigger point(s), 3 or more muscles |
| CPT-I | 20555 | Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (at the time of or subsequent to the procedure) |
| CPT-I | 20600 | Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance |
| CPT-I | 20604 | Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting |
| CPT-I | 20605 | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance |
| CPT-I | 20606 | Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting |
| CPT-I | 20610 | Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance |
| CPT-I | 20611 | Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting |
| CPT-I | 20612 | Aspiration and/or injection of ganglion cyst(s) any location |
| CPT-I | 20615 | Aspiration and injection for treatment of bone cyst |
| CPT-I | 20650 | Insertion of wire or pin with application of skeletal traction, including removal (separate procedure) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 20660 | Application of cranial tongs, caliper, or stereotactic frame, including removal (separate procedure) |
| CPT-I | 20661 | Application of halo, including removal; cranial |
| CPT-I | 20662 | Application of halo, including removal; pelvic |
| CPT-I | 20663 | Application of halo, including removal; femoral |
| CPT-I | 20664 | Application of halo, including removal, cranial, 6 or more pins placed, for thin skull osteology (eg, pediatric patients, hydrocephalus, osteogenesis imperfecta) |
| CPT-I | 20665 | Removal of tongs or halo applied by another individual |
| CPT-I | 20670 | Removal of implant; superficial (eg, buried wire, pin or rod) (separate procedure) |
| CPT-I | 20680 | Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate) |
| CPT-I | 20690 | Application of a uniplane (pins or wires in 1 plane), unilateral, external fixation system |
| CPT-I | 20692 | Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type) |
| CPT-I | 20693 | Adjustment or revision of external fixation system requiring anesthesia (eg, new pin[s] or wire[s] and/or new ring[s] or bar[s]) |
| CPT-I | 20694 | Removal, under anesthesia, of external fixation system |
| CPT-I | 20696 | Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s) |
| CPT-I | 20697 | Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each |
| CPT-I | 20802 | Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation |
| CPT-I | 20805 | Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation |
| CPT-I | 20808 | Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation |
| CPT-I | 20816 | Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation |
| CPT-I | 20822 | Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation |
| CPT-I | 20824 | Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation |
| CPT-I | 20827 | Replantation, thumb (includes distal tip to MP joint), complete amputation |
| CPT-I | 20838 | Replantation, foot, complete amputation |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 20900 | Bone graft, any donor area; minor or small (eg, dowel or button) |
| CPT-I | 20902 | Bone graft, any donor area; major or large |
| CPT-I | 20910 | Cartilage graft; costochondral |
| CPT-I | 20912 | Cartilage graft; nasal septum |
| CPT-I | 20920 | Fascia lata graft; by stripper |
| CPT-I | 20922 | Fascia lata graft; by incision and area exposure, complex or sheet |
| CPT-I | 20924 | Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris) |
| CPT-I | 20930 | Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure) |
| CPT-I | 20931 | Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure) |
| CPT-I | 20936 | Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments) obtained from same incision (List separately in addition to code for primary procedure) |
| CPT-I | 20937 | Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision) (List separately in addition to code for primary procedure) |
| CPT-I | 20938 | Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separate skin or fascial incision) (List separately in addition to code for primary procedure) |
| CPT-I | 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) |
| CPT-I | 20950 | Monitoring of interstitial fluid pressure (includes insertion of device, eg, wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome |
| CPT-I | 20955 | Bone graft with microvascular anastomosis; fibula |
| CPT-I | 20956 | Bone graft with microvascular anastomosis; iliac crest |
| CPT-I | 20957 | Bone graft with microvascular anastomosis; metatarsal |
| CPT-I | 20962 | Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal |
| CPT-I | 20969 | Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe |
| CPT-I | 20970 | Free osteocutaneous flap with microvascular anastomosis; iliac crest |
| CPT-I | 20972 | Free osteocutaneous flap with microvascular anastomosis; metatarsal |
| CPT-I | 20973 | Free osteocutaneous flap with microvascular anastomosis; great toe with web space |
| CPT-I | 20974 | Electrical stimulation to aid bone healing; noninvasive (nonoperative) |
| CPT-I | 20975 | Electrical stimulation to aid bone healing; invasive (operative) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 20979 | Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative) |
| CPT-I | 20982 | Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency |
| CPT-I | 20983 | Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation |
| CPT-I | 20985 | Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure) |
| CPT-I | 21013 | Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm |
| CPT-I | 21014 | Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater |
| CPT-I | 21015 | Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm |
| CPT-I | 21016 | Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater |
| CPT-I | 21025 | Excision of bone (eg, for osteomyelitis or bone abscess); mandible |
| CPT-I | 21026 | Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s) |
| CPT-I | 21029 | Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia) |
| CPT-I | 21030 | Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage |
| CPT-I | 21031 | Excision of torus mandibularis |
| CPT-I | 21032 | Excision of maxillary torus palatinus |
| CPT-I | 21034 | Excision of malignant tumor of maxilla or zygoma |
| CPT-I | 21040 | Excision of benign tumor or cyst of mandible, by enucleation and/or curettage |
| CPT-I | 21044 | Excision of malignant tumor of mandible |
| CPT-I | 21045 | Excision of malignant tumor of mandible; radical resection |
| CPT-I | 21046 | Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s]) |
| CPT-I | 21047 | Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion[s]) |
| CPT-I | 21048 | Excision of benign tumor or cyst of maxilla; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion[s]) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 21049 | Excision of benign tumor or cyst of maxilla; requiring extra-oral osteotomy and partial maxillectomy (eg, locally aggressive or destructive lesion[s]) |
| CPT-I | 21100 | Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure) |
| CPT-I | 21116 | Injection procedure for temporomandibular joint arthrography |
| CPT-I | 21315 | Closed treatment of nasal bone fracture with manipulation; without stabilization |
| CPT-I | 21320 | Closed treatment of nasal bone fracture with manipulation; with stabilization |
| CPT-I | 21325 | Open treatment of nasal fracture; uncomplicated |
| CPT-I | 21330 | Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation |
| CPT-I | 21335 | Open treatment of nasal fracture; with concomitant open treatment of fractured septum |
| CPT-I | 21336 | Open treatment of nasal septal fracture, with or without stabilization |
| CPT-I | 21337 | Closed treatment of nasal septal fracture, with or without stabilization |
| CPT-I | 21338 | Open treatment of nasoethmoid fracture; without external fixation |
| CPT-I | 21339 | Open treatment of nasoethmoid fracture; with external fixation |
| CPT-I | 21340 | Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus |
| CPT-I | 21343 | Open treatment of depressed frontal sinus fracture |
| CPT-I | 21344 | Open treatment of complicated (eg, comminuted or involving posterior wall) frontal sinus fracture, via coronal or multiple approaches |
| CPT-I | 21345 | Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint |
| CPT-I | 21346 | Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation |
| CPT-I | 21347 | Open treatment of nasomaxillary complex fracture (LeFort II type); requiring multiple open approaches |
| CPT-I | 21348 | Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft) |
| CPT-I | 21355 | Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation |
| CPT-I | 21356 | Open treatment of depressed zygomatic arch fracture (eg, Gillies approach) |
| CPT-I | 21360 | Open treatment of depressed malar fracture, including zygomatic arch and malar tripod |
| CPT-I | 21365 | Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with internal fixation and multiple surgical approaches |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 21366 | Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft) |
| CPT-I | 21385 | Open treatment of orbital floor blowout fracture; transantral approach (Caldwell-Luc type operation) |
| CPT-I | 21386 | Open treatment of orbital floor blowout fracture; periorbital approach |
| CPT-I | 21387 | Open treatment of orbital floor blowout fracture; combined approach |
| CPT-I | 21390 | Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant |
| CPT-I | 21395 | Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft) |
| CPT-I | 21400 | Closed treatment of fracture of orbit, except blowout; without manipulation |
| CPT-I | 21401 | Closed treatment of fracture of orbit, except blowout; with manipulation |
| CPT-I | 21406 | Open treatment of fracture of orbit, except blowout; without implant |
| CPT-I | 21407 | Open treatment of fracture of orbit, except blowout; with implant |
| CPT-I | 21408 | Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft) |
| CPT-I | 21421 | Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint |
| CPT-I | 21422 | Open treatment of palatal or maxillary fracture (LeFort I type) |
| CPT-I | 21423 | Open treatment of palatal or maxillary fracture (LeFort I type); complicated (comminuted or involving cranial nerve foramina), multiple approaches |
| CPT-I | 21431 | Closed treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint |
| CPT-I | 21432 | Open treatment of craniofacial separation (LeFort III type); with wiring and/or internal fixation |
| CPT-I | 21433 | Open treatment of craniofacial separation (LeFort III type); complicated (eg, comminuted or involving cranial nerve foramina), multiple surgical approaches |
| CPT-I | 21435 | Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques (eg, head cap, halo device, and/or intermaxillary fixation) |
| CPT-I | 21436 | Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft) |
| CPT-I | 21440 | Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure) |
| CPT-I | 21445 | Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure) |
| CPT-I | 21450 | Closed treatment of mandibular fracture; without manipulation |
| CPT-I | 21451 | Closed treatment of mandibular fracture; with manipulation |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 21452 | Percutaneous treatment of mandibular fracture, with external fixation |
| CPT-I | 21453 | Closed treatment of mandibular fracture with interdental fixation |
| CPT-I | 21454 | Open treatment of mandibular fracture with external fixation |
| CPT-I | 21461 | Open treatment of mandibular fracture; without interdental fixation |
| CPT-I | 21462 | Open treatment of mandibular fracture; with interdental fixation |
| CPT-I | 21465 | Open treatment of mandibular condylar fracture |
| CPT-I | 21470 | Open treatment of complicated mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints |
| CPT-I | 21480 | Closed treatment of temporomandibular dislocation; initial or subsequent |
| CPT-I | 21485 | Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent |
| CPT-I | 21490 | Open treatment of temporomandibular dislocation |
| CPT-I | 21497 | Interdental wiring, for condition other than fracture |
| CPT-I | 21501 | Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax |
| CPT-I | 21502 | Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy |
| CPT-I | 21510 | Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), thorax |
| CPT-I | 21550 | Biopsy, soft tissue of neck or thorax |
| CPT-I | 21554 | Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater |
| CPT-I | 21556 | Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm |
| CPT-I | 21557 | Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm |
| CPT-I | 21558 | Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater |
| CPT-I | 21600 | Excision of rib, partial |
| CPT-I | 21601 | Excision of chest wall tumor including rib(s) |
| CPT-I | 21602 | Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy |
| CPT-I | 21603 | Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy |
| CPT-I | 21610 | Costotransversectomy (separate procedure) |
| CPT-I | 21615 | Excision first and/or cervical rib |
| CPT-I | 21616 | Excision first and/or cervical rib; with sympathectomy |
| CPT-I | 21620 | Ostectomy of sternum, partial |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 21627 | Sternal debridement |
| CPT-I | 21630 | Radical resection of sternum |
| CPT-I | 21632 | Radical resection of sternum; with mediastinal lymphadenectomy |
| CPT-I | 21685 | Hyoid myotomy and suspension |
| CPT-I | 21700 | Division of scalenus anticus; without resection of cervical rib |
| CPT-I | 21705 | Division of scalenus anticus; with resection of cervical rib |
| CPT-I | 21720 | Division of sternocleidomastoid for torticollis, open operation; without cast application |
| CPT-I | 21725 | Division of sternocleidomastoid for torticollis, open operation; with cast application |
| CPT-I | 21750 | Closure of median sternotomy separation with or without debridement (separate procedure) |
| CPT-I | 21811 | Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs |
| CPT-I | 21812 | Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs |
| CPT-I | 21813 | Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs |
| CPT-I | 21820 | Closed treatment of sternum fracture |
| CPT-I | 21825 | Open treatment of sternum fracture with or without skeletal fixation |
| CPT-I | 21920 | Biopsy, soft tissue of back or flank; superficial |
| CPT-I | 21925 | Biopsy, soft tissue of back or flank; deep |
| CPT-I | 21930 | Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm |
| CPT-I | 21932 | Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm |
| CPT-I | 21933 | Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater |
| CPT-I | 21935 | Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm |
| CPT-I | 21936 | Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater |
| CPT-I | 22010 | Incision and drainage, open, of deep abscess (subfascial), posterior spine; cervical, thoracic, or cervicothoracic |
| CPT-I | 22015 | Incision and drainage, open, of deep abscess (subfascial), posterior spine; lumbar, sacral, or lumbosacral |
| CPT-I | 22100 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; cervical |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 22101 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic |
| CPT-I | 22102 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar |
| CPT-I | 22103 | Partial excision of posterior vertebral component (eg, spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; each additional segment (List separately in addition to code for primary procedure) |
| CPT-I | 22110 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; cervical |
| CPT-I | 22112 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic |
| CPT-I | 22114 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar |
| CPT-I | 22116 | Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; each additional vertebral segment (List separately in addition to code for primary procedure) |
| CPT-I | 22310 | Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing |
| CPT-I | 22315 | Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing by manipulation or traction |
| CPT-I | 22318 | Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; without grafting |
| CPT-I | 22319 | Open treatment and/or reduction of odontoid fracture(s) and or dislocation(s) (including os odontoideum), anterior approach, including placement of internal fixation; with grafting |
| CPT-I | 22325 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; lumbar |
| CPT-I | 22326 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; cervical |
| CPT-I | 22327 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; thoracic |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 22328 | Open treatment and/or reduction of vertebral fracture(s) and/or dislocation(s), posterior approach, 1 fractured vertebra or dislocated segment; each additional fractured vertebra or dislocated segment (List separately in addition to code for primary procedure) |
| CPT-I | 22505 | Manipulation of spine requiring anesthesia, any region |
| CPT-I | 22514 | Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar |
| CPT-I | 22818 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); single or 2 segments |
| CPT-I | 22819 | Kyphectomy, circumferential exposure of spine and resection of vertebral segment(s) (including body and posterior elements); 3 or more segments |
| CPT-I | 22830 | Exploration of spinal fusion |
| CPT-I | 22840 | Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across 1 interspace, atlantoaxial transarticular screw fixation, sublaminar wiring at C1, facet screw fixation) (List separately in addition to code for primary procedure) |
| CPT-I | 22841 | Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure) |
| CPT-I | 22842 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 vertebral segments (List separately in addition to code for primary procedure) |
| CPT-I | 22843 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure) |
| CPT-I | 22844 | Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or more vertebral segments (List separately in addition to code for primary procedure) |
| CPT-I | 22845 | Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure) |
| CPT-I | 22846 | Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure) |
| CPT-I | 22847 | Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure) |
| CPT-I | 22848 | Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separately in addition to code for primary procedure) |
| CPT-I | 22849 | Reinsertion of spinal fixation device |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 22850 | Removal of posterior nonsegmental instrumentation (eg, Harrington rod) |
| CPT-I | 22852 | Removal of posterior segmental instrumentation |
| CPT-I | 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) |
| CPT-I | 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) |
| CPT-I | 22855 | Removal of anterior instrumentation |
| CPT-I | 22856 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical |
| CPT-I | 22857 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar |
| CPT-I | 22858 | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophylectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure) |
| CPT-I | 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) |
| CPT-I | 22861 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical |
| CPT-I | 22862 | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar |
| CPT-I | 22864 | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical |
| CPT-I | 22865 | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar |
| CPT-I | 22904 | Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm |
| CPT-I | 22905 | Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 23000 | Removal of subdeltoid calcareous deposits, open |
| CPT-I | 23020 | Capsular contracture release (eg, Sever type procedure) |
| CPT-I | 23030 | Incision and drainage, shoulder area; deep abscess or hematoma |
| CPT-I | 23031 | Incision and drainage, shoulder area; infected bursa |
| CPT-I | 23035 | Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area |
| CPT-I | 23040 | Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body |
| CPT-I | 23044 | Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body |
| CPT-I | 23065 | Biopsy, soft tissue of shoulder area; superficial |
| CPT-I | 23066 | Biopsy, soft tissue of shoulder area; deep |
| CPT-I | 23077 | Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm |
| CPT-I | 23078 | Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater |
| CPT-I | 23100 | Arthrotomy, glenohumeral joint, including biopsy |
| CPT-I | 23101 | Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage |
| CPT-I | 23105 | Arthrotomy; glenohumeral joint, with synovectomy, with or without biopsy |
| CPT-I | 23106 | Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy |
| CPT-I | 23107 | Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body |
| CPT-I | 23120 | Claviculectomy; partial |
| CPT-I | 23125 | Claviculectomy; total |
| CPT-I | 23130 | Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release |
| CPT-I | 23140 | Excision or curettage of bone cyst or benign tumor of clavicle or scapula |
| CPT-I | 23145 | Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft) |
| CPT-I | 23146 | Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft |
| CPT-I | 23150 | Excision or curettage of bone cyst or benign tumor of proximal humerus |
| CPT-I | 23155 | Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft) |
| CPT-I | 23156 | Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft |
| CPT-I | 23170 | Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle |
| CPT-I | 23172 | Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 23174 | Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck |
| CPT-I | 23180 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle |
| CPT-I | 23182 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula |
| CPT-I | 23184 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus |
| CPT-I | 23190 | Ostectomy of scapula, partial (eg, superior medial angle) |
| CPT-I | 23195 | Resection, humeral head |
| CPT-I | 23200 | Radical resection of tumor; clavicle |
| CPT-I | 23210 | Radical resection of tumor; scapula |
| CPT-I | 23220 | Radical resection of tumor, proximal humerus |
| CPT-I | 23330 | Removal of foreign body, shoulder; subcutaneous |
| CPT-I | 23333 | Removal of foreign body, shoulder; deep (subfascial or intramuscular) |
| CPT-I | 23334 | Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component |
| CPT-I | 23335 | Removal of prosthesis, includes debridement and synovectomy when performed; humeral and glenoid components (eg, total shoulder) |
| CPT-I | 23350 | Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography |
| CPT-I | 23395 | Muscle transfer, any type, shoulder or upper arm; single |
| CPT-I | 23397 | Muscle transfer, any type, shoulder or upper arm; multiple |
| CPT-I | 23400 | Scapulopexy (eg, Sprengels deformity or for paralysis) |
| CPT-I | 23405 | Tenotomy, shoulder area; single tendon |
| CPT-I | 23406 | Tenotomy, shoulder area; multiple tendons through same incision |
| CPT-I | 23410 | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute |
| CPT-I | 23412 | Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic |
| CPT-I | 23415 | Coracoacromial ligament release, with or without acromioplasty |
| CPT-I | 23420 | Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty) |
| CPT-I | 23430 | Tenodesis of long tendon of biceps |
| CPT-I | 23440 | Resection or transplantation of long tendon of biceps |
| CPT-I | 23450 | Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation |
| CPT-I | 23455 | Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure) |
| CPT-I | 23460 | Capsulorrhaphy, anterior, any type; with bone block |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 23462 | Capsulorrhaphy, anterior, any type; with coracoid process transfer |
| CPT-I | 23465 | Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block |
| CPT-I | 23466 | Capsulorrhaphy, glenohumeral joint, any type multidirectional instability |
| CPT-I | 23480 | Osteotomy, clavicle, with or without internal fixation |
| CPT-I | 23485 | Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation) |
| CPT-I | 23490 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle |
| CPT-I | 23491 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus |
| CPT-I | 23500 | Closed treatment of clavicular fracture; without manipulation |
| CPT-I | 23505 | Closed treatment of clavicular fracture; with manipulation |
| CPT-I | 23515 | Open treatment of clavicular fracture, includes internal fixation, when performed |
| CPT-I | 23520 | Closed treatment of sternoclavicular dislocation; without manipulation |
| CPT-I | 23525 | Closed treatment of sternoclavicular dislocation; with manipulation |
| CPT-I | 23530 | Open treatment of sternoclavicular dislocation, acute or chronic |
| CPT-I | 23532 | Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft) |
| CPT-I | 23540 | Closed treatment of acromioclavicular dislocation; without manipulation |
| CPT-I | 23545 | Closed treatment of acromioclavicular dislocation; with manipulation |
| CPT-I | 23550 | Open treatment of acromioclavicular dislocation, acute or chronic |
| CPT-I | 23552 | Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft) |
| CPT-I | 23570 | Closed treatment of scapular fracture; without manipulation |
| CPT-I | 23575 | Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement) |
| CPT-I | 23585 | Open treatment of scapular fracture (body, glenoid or acromion) includes internal fixation, when performed |
| CPT-I | 23600 | Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation |
| CPT-I | 23605 | Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction |
| CPT-I | 23615 | Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 23616 | Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement |
| CPT-I | 23620 | Closed treatment of greater humeral tuberosity fracture; without manipulation |
| CPT-I | 23625 | Closed treatment of greater humeral tuberosity fracture; with manipulation |
| CPT-I | 23630 | Open treatment of greater humeral tuberosity fracture, includes internal fixation, when performed |
| CPT-I | 23650 | Closed treatment of shoulder dislocation, with manipulation; without anesthesia |
| CPT-I | 23655 | Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia |
| CPT-I | 23660 | Open treatment of acute shoulder dislocation |
| CPT-I | 23665 | Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation |
| CPT-I | 23670 | Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, includes internal fixation, when performed |
| CPT-I | 23675 | Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation |
| CPT-I | 23680 | Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, includes internal fixation, when performed |
| CPT-I | 23700 | Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded) |
| CPT-I | 23900 | Interthoracoscaphular amputation (forequarter) |
| CPT-I | 23920 | Disarticulation of shoulder |
| CPT-I | 23921 | Disarticulation of shoulder; secondary closure or scar revision |
| CPT-I | 23930 | Incision and drainage, upper arm or elbow area; deep abscess or hematoma |
| CPT-I | 23931 | Incision and drainage, upper arm or elbow area; bursa |
| CPT-I | 23935 | Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow |
| CPT-I | 24000 | Arthrotomy, elbow, including exploration, drainage, or removal of foreign body |
| CPT-I | 24006 | Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure) |
| CPT-I | 24065 | Biopsy, soft tissue of upper arm or elbow area; superficial |
| CPT-I | 24066 | Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular) |
| CPT-I | 24077 | Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm |
| CPT-I | 24079 | Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater |
| CPT-I | 24100 | Arthrotomy, elbow; with synovial biopsy only |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 24101 | Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body |
| CPT-I | 24105 | Excision, olecranon bursa |
| CPT-I | 24110 | Excision or curettage of bone cyst or benign tumor, humerus |
| CPT-I | 24115 | Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft) |
| CPT-I | 24116 | Excision or curettage of bone cyst or benign tumor, humerus; with allograft |
| CPT-I | 24120 | Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process |
| CPT-I | 24125 | Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft) |
| CPT-I | 24126 | Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft |
| CPT-I | 24130 | Excision, radial head |
| CPT-I | 24134 | Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus |
| CPT-I | 24136 | Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck |
| CPT-I | 24138 | Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process |
| CPT-I | 24140 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus |
| CPT-I | 24145 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck |
| CPT-I | 24147 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process |
| CPT-I | 24149 | Radical resection of capsule, soft tissue, and heterotopic bone, elbow, with contracture release (separate procedure) |
| CPT-I | 24150 | Radical resection of tumor, shaft or distal humerus |
| CPT-I | 24152 | Radical resection of tumor, radial head or neck |
| CPT-I | 24155 | Resection of elbow joint (arthrectomy) |
| CPT-I | 24200 | Removal of foreign body, upper arm or elbow area; subcutaneous |
| CPT-I | 24201 | Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular) |
| CPT-I | 24220 | Injection procedure for elbow arthrography |
| CPT-I | 24300 | Manipulation, elbow, under anesthesia |
| CPT-I | 24301 | Muscle or tendon transfer, any type, upper arm or elbow, single (excluding 24320-24331) |
| CPT-I | 24305 | Tendon lengthening, upper arm or elbow, each tendon |
| CPT-I | 24310 | Tenotomy, open, elbow to shoulder, each tendon |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 24332 | Tenolysis, triceps |
| CPT-I | 24340 | Tenodesis of biceps tendon at elbow (separate procedure) |
| CPT-I | 24341 | Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff) |
| CPT-I | 24342 | Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft |
| CPT-I | 24343 | Repair lateral collateral ligament, elbow, with local tissue |
| CPT-I | 24344 | Reconstruction lateral collateral ligament, elbow, with tendon graft (includes harvesting of graft) |
| CPT-I | 24345 | Repair medial collateral ligament, elbow, with local tissue |
| CPT-I | 24346 | Reconstruction medial collateral ligament, elbow, with tendon graft (includes harvesting of graft) |
| CPT-I | 24357 | Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous |
| CPT-I | 24358 | Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open |
| CPT-I | 24359 | Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); debridement, soft tissue and/or bone, open with tendon repair or reattachment |
| CPT-I | 24400 | Osteotomy, humerus, with or without internal fixation |
| CPT-I | 24410 | Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure) |
| CPT-I | 24430 | Repair of nonunion or malunion, humerus; without graft (eg, compression technique) |
| CPT-I | 24435 | Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft) |
| CPT-I | 24470 | Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus) |
| CPT-I | 24495 | Decompression fasciotomy, forearm, with brachial artery exploration |
| CPT-I | 24500 | Closed treatment of humeral shaft fracture; without manipulation |
| CPT-I | 24505 | Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction |
| CPT-I | 24515 | Open treatment of humeral shaft fracture with plate/screws, with or without cerclage |
| CPT-I | 24516 | Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws |
| CPT-I | 24530 | Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation |
| CPT-I | 24535 | Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 24538 | Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension |
| CPT-I | 24545 | Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; without intercondylar extension |
| CPT-I | 24546 | Open treatment of humeral supracondylar or transcondylar fracture, includes internal fixation, when performed; with intercondylar extension |
| CPT-I | 24560 | Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation |
| CPT-I | 24565 | Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation |
| CPT-I | 24566 | Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation |
| CPT-I | 24575 | Open treatment of humeral epicondylar fracture, medial or lateral, includes internal fixation, when performed |
| CPT-I | 24576 | Closed treatment of humeral condylar fracture, medial or lateral; without manipulation |
| CPT-I | 24577 | Closed treatment of humeral condylar fracture, medial or lateral; with manipulation |
| CPT-I | 24579 | Open treatment of humeral condylar fracture, medial or lateral, includes internal fixation, when performed |
| CPT-I | 24582 | Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation |
| CPT-I | 24586 | Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius) |
| CPT-I | 24587 | Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/or proximal radius); with implant arthroplasty |
| CPT-I | 24600 | Treatment of closed elbow dislocation; without anesthesia |
| CPT-I | 24605 | Treatment of closed elbow dislocation; requiring anesthesia |
| CPT-I | 24615 | Open treatment of acute or chronic elbow dislocation |
| CPT-I | 24620 | Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation |
| CPT-I | 24635 | Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), includes internal fixation, when performed |
| CPT-I | 24640 | Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation |
| CPT-I | 24650 | Closed treatment of radial head or neck fracture; without manipulation |
| CPT-I | 24655 | Closed treatment of radial head or neck fracture; with manipulation |
| CPT-I | 24665 | Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 24666 | Open treatment of radial head or neck fracture, includes internal fixation or radial head excision, when performed; with radial head prosthetic replacement |
| CPT-I | 24670 | Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); without manipulation |
| CPT-I | 24675 | Closed treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]); with manipulation |
| CPT-I | 24685 | Open treatment of ulnar fracture, proximal end (eg, olecranon or coronoid process[es]), includes internal fixation, when performed |
| CPT-I | 24800 | Arthrodesis, elbow joint; local |
| CPT-I | 24802 | Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft) |
| CPT-I | 24900 | Amputation, arm through humerus; with primary closure |
| CPT-I | 24920 | Amputation, arm through humerus; open, circular (guillotine) |
| CPT-I | 24925 | Amputation, arm through humerus; secondary closure or scar revision |
| CPT-I | 24930 | Amputation, arm through humerus; re-amputation |
| CPT-I | 24931 | Amputation, arm through humerus; with implant |
| CPT-I | 24935 | Stump elongation, upper extremity |
| CPT-I | 25000 | Incision, extensor tendon sheath, wrist (eg, de Quervains disease) |
| CPT-I | 25001 | Incision, flexor tendon sheath, wrist (eg, flexor carpi radialis) |
| CPT-I | 25020 | Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve |
| CPT-I | 25023 | Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve |
| CPT-I | 25024 | Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve |
| CPT-I | 25025 | Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve |
| CPT-I | 25028 | Incision and drainage, forearm and/or wrist; deep abscess or hematoma |
| CPT-I | 25031 | Incision and drainage, forearm and/or wrist; bursa |
| CPT-I | 25035 | Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess) |
| CPT-I | 25040 | Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body |
| CPT-I | 25065 | Biopsy, soft tissue of forearm and/or wrist; superficial |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 25066 | Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular) |
| CPT-I | 25071 | Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater |
| CPT-I | 25073 | Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater |
| CPT-I | 25075 | Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm |
| CPT-I | 25076 | Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm |
| CPT-I | 25077 | Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm |
| CPT-I | 25078 | Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater |
| CPT-I | 25085 | Capsulotomy, wrist (eg, contracture) |
| CPT-I | 25100 | Arthrotomy, wrist joint; with biopsy |
| CPT-I | 25101 | Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body |
| CPT-I | 25105 | Arthrotomy, wrist joint; with synovectomy |
| CPT-I | 25107 | Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex |
| CPT-I | 25109 | Excision of tendon, forearm and/or wrist, flexor or extensor, each |
| CPT-I | 25110 | Excision, lesion of tendon sheath, forearm and/or wrist |
| CPT-I | 25111 | Excision of ganglion, wrist (dorsal or volar); primary |
| CPT-I | 25112 | Excision of ganglion, wrist (dorsal or volar); recurrent |
| CPT-I | 25115 | Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors |
| CPT-I | 25116 | Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum |
| CPT-I | 25118 | Synovectomy, extensor tendon sheath, wrist, single compartment |
| CPT-I | 25119 | Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna |
| CPT-I | 25120 | Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process) |
| CPT-I | 25125 | Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft) |
| CPT-I | 25126 | Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft |
| CPT-I | 25130 | Excision or curettage of bone cyst or benign tumor of carpal bones |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 25135 | Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft) |
| CPT-I | 25136 | Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft |
| CPT-I | 25145 | Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist |
| CPT-I | 25150 | Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna |
| CPT-I | 25151 | Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius |
| CPT-I | 25170 | Radical resection of tumor, radius or ulna |
| CPT-I | 25210 | Carpectomy; 1 bone |
| CPT-I | 25215 | Carpectomy; all bones of proximal row |
| CPT-I | 25230 | Radial styloidectomy (separate procedure) |
| CPT-I | 25240 | Excision distal ulna partial or complete (eg, Darrach type or matched resection) |
| CPT-I | 25246 | Injection procedure for wrist arthrography |
| CPT-I | 25248 | Exploration with removal of deep foreign body, forearm or wrist |
| CPT-I | 25250 | Removal of wrist prosthesis; (separate procedure) |
| CPT-I | 25251 | Removal of wrist prosthesis; complicated, including total wrist |
| CPT-I | 25259 | Manipulation, wrist, under anesthesia |
| CPT-I | 25260 | Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle |
| CPT-I | 25263 | Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle |
| CPT-I | 25265 | Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle |
| CPT-I | 25270 | Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle |
| CPT-I | 25272 | Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle |
| CPT-I | 25274 | Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle |
| CPT-I | 25275 | Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation) |
| CPT-I | 25280 | Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon |
| CPT-I | 25290 | Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon |
| CPT-I | 25295 | Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon |
| CPT-I | 25300 | Tenodesis at wrist; flexors of fingers |
| CPT-I | 25301 | Tenodesis at wrist; extensors of fingers |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 25310 | Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon |
| CPT-I | 25312 | Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon |
| CPT-I | 25315 | Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist |
| CPT-I | 25316 | Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer |
| CPT-I | 25320 | Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability |
| CPT-I | 25337 | Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint |
| CPT-I | 25350 | Osteotomy, radius; distal third |
| CPT-I | 25355 | Osteotomy, radius; middle or proximal third |
| CPT-I | 25360 | Osteotomy; ulna |
| CPT-I | 25365 | Osteotomy; radius AND ulna |
| CPT-I | 25370 | Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna |
| CPT-I | 25375 | Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna |
| CPT-I | 25390 | Osteoplasty, radius OR ulna; shortening |
| CPT-I | 25391 | Osteoplasty, radius OR ulna; lengthening with autograft |
| CPT-I | 25392 | Osteoplasty, radius AND ulna; shortening (excluding 64876) |
| CPT-I | 25393 | Osteoplasty, radius AND ulna; lengthening with autograft |
| CPT-I | 25394 | Osteoplasty, carpal bone, shortening |
| CPT-I | 25400 | Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique) |
| CPT-I | 25405 | Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft) |
| CPT-I | 25415 | Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique) |
| CPT-I | 25420 | Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft) |
| CPT-I | 25425 | Repair of defect with autograft; radius OR ulna |
| CPT-I | 25426 | Repair of defect with autograft; radius AND ulna |
| CPT-I | 25430 | Insertion of vascular pedicle into carpal bone (eg, Hori procedure) |
| CPT-I | 25431 | Repair of nonunion of carpal bone (excluding carpal scaphoid (navicular)) (includes obtaining graft and necessary fixation), each bone |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 25440 | Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation) |
| CPT-I | 25450 | Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna |
| CPT-I | 25455 | Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna |
| CPT-I | 25490 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius |
| CPT-I | 25491 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna |
| CPT-I | 25492 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna |
| CPT-I | 25500 | Closed treatment of radial shaft fracture; without manipulation |
| CPT-I | 25505 | Closed treatment of radial shaft fracture; with manipulation |
| CPT-I | 25515 | Open treatment of radial shaft fracture, includes internal fixation, when performed |
| CPT-I | 25520 | Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation) |
| CPT-I | 25525 | Open treatment of radial shaft fracture, includes internal fixation, when performed, and closed treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes percutaneous skeletal fixation, when performed |
| CPT-I | 25526 | Open treatment of radial shaft fracture, includes internal fixation, when performed, and open treatment of distal radioulnar joint dislocation (Galeazzi fracture/ dislocation), includes internal fixation, when performed, includes repair of triangular fibrocartilage complex |
| CPT-I | 25530 | Closed treatment of ulnar shaft fracture; without manipulation |
| CPT-I | 25535 | Closed treatment of ulnar shaft fracture; with manipulation |
| CPT-I | 25545 | Open treatment of ulnar shaft fracture, includes internal fixation, when performed |
| CPT-I | 25560 | Closed treatment of radial and ulnar shaft fractures; without manipulation |
| CPT-I | 25565 | Closed treatment of radial and ulnar shaft fractures; with manipulation |
| CPT-I | 25574 | Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius OR ulna |
| CPT-I | 25575 | Open treatment of radial AND ulnar shaft fractures, with internal fixation, when performed; of radius AND ulna |
| CPT-I | 25600 | Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; without manipulation |
| CPT-I | 25605 | Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 25606 | Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation |
| CPT-I | 25607 | Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation |
| CPT-I | 25608 | Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments |
| CPT-I | 25609 | Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments |
| CPT-I | 25622 | Closed treatment of carpal scaphoid (navicular) fracture; without manipulation |
| CPT-I | 25624 | Closed treatment of carpal scaphoid (navicular) fracture; with manipulation |
| CPT-I | 25628 | Open treatment of carpal scaphoid (navicular) fracture, includes internal fixation, when performed |
| CPT-I | 25630 | Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); without manipulation, each bone |
| CPT-I | 25635 | Closed treatment of carpal bone fracture (excluding carpal scaphoid [navicular]); with manipulation, each bone |
| CPT-I | 25645 | Open treatment of carpal bone fracture (other than carpal scaphoid [navicular]), each bone |
| CPT-I | 25650 | Closed treatment of ulnar styloid fracture |
| CPT-I | 25651 | Percutaneous skeletal fixation of ulnar styloid fracture |
| CPT-I | 25652 | Open treatment of ulnar styloid fracture |
| CPT-I | 25660 | Closed treatment of radiocarpal or intercarpal dislocation, 1 or more bones, with manipulation |
| CPT-I | 25670 | Open treatment of radiocarpal or intercarpal dislocation, 1 or more bones |
| CPT-I | 25671 | Percutaneous skeletal fixation of distal radioulnar dislocation |
| CPT-I | 25675 | Closed treatment of distal radioulnar dislocation with manipulation |
| CPT-I | 25676 | Open treatment of distal radioulnar dislocation, acute or chronic |
| CPT-I | 25680 | Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation |
| CPT-I | 25685 | Open treatment of trans-scaphoperilunar type of fracture dislocation |
| CPT-I | 25690 | Closed treatment of lunate dislocation, with manipulation |
| CPT-I | 25695 | Open treatment of lunate dislocation |
| CPT-I | 25900 | Amputation, forearm, through radius and ulna |
| CPT-I | 25905 | Amputation, forearm, through radius and ulna; open, circular (guillotine) |
| CPT-I | 25907 | Amputation, forearm, through radius and ulna; secondary closure or scar revision |
| CPT-I | 25909 | Amputation, forearm, through radius and ulna; re-amputation |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 25920 | Disarticulation through wrist |
| CPT-I | 25922 | Disarticulation through wrist; secondary closure or scar revision |
| CPT-I | 25924 | Disarticulation through wrist; re-amputation |
| CPT-I | 25927 | Transmetacarpal amputation |
| CPT-I | 25929 | Transmetacarpal amputation; secondary closure or scar revision |
| CPT-I | 25931 | Transmetacarpal amputation; re-amputation |
| CPT-I | 26010 | Drainage of finger abscess; simple |
| CPT-I | 26011 | Drainage of finger abscess; complicated (eg, felon) |
| CPT-I | 26020 | Drainage of tendon sheath, digit and/or palm, each |
| CPT-I | 26025 | Drainage of palmar bursa; single, bursa |
| CPT-I | 26030 | Drainage of palmar bursa; multiple bursa |
| CPT-I | 26034 | Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess) |
| CPT-I | 26035 | Decompression fingers and/or hand, injection injury (eg, grease gun) |
| CPT-I | 26037 | Decompressive fasciotomy, hand (excludes 26035) |
| CPT-I | 26040 | Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous |
| CPT-I | 26045 | Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial |
| CPT-I | 26055 | Tendon sheath incision (eg, for trigger finger) |
| CPT-I | 26060 | Tenotomy, percutaneous, single, each digit |
| CPT-I | 26070 | Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint |
| CPT-I | 26075 | Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each |
| CPT-I | 26080 | Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each |
| CPT-I | 26100 | Arthrotomy with biopsy; carpometacarpal joint, each |
| CPT-I | 26105 | Arthrotomy with biopsy; metacarpophalangeal joint, each |
| CPT-I | 26110 | Arthrotomy with biopsy; interphalangeal joint, each |
| CPT-I | 26111 | Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater |
| CPT-I | 26113 | Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater |
| CPT-I | 26115 | Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 26116 | Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm |
| CPT-I | 26117 | Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm |
| CPT-I | 26118 | Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater |
| CPT-I | 26121 | Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft) |
| CPT-I | 26123 | Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft) |
| CPT-I | 26125 | Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure) |
| CPT-I | 26130 | Synovectomy, carpometacarpal joint |
| CPT-I | 26135 | Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit |
| CPT-I | 26140 | Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint |
| CPT-I | 26145 | Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon |
| CPT-I | 26160 | Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger |
| CPT-I | 26170 | Excision of tendon, palm, flexor or extensor, single, each tendon |
| CPT-I | 26180 | Excision of tendon, finger, flexor or extensor, each tendon |
| CPT-I | 26185 | Sesamoidectomy, thumb or finger (separate procedure) |
| CPT-I | 26200 | Excision or curettage of bone cyst or benign tumor of metacarpal |
| CPT-I | 26205 | Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft) |
| CPT-I | 26210 | Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger |
| CPT-I | 26215 | Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft) |
| CPT-I | 26230 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); metacarpal |
| CPT-I | 26235 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger |
| CPT-I | 26236 | Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 26250 | Radical resection of tumor, metacarpal |
| CPT-I | 26260 | Radical resection of tumor, proximal or middle phalanx of finger |
| CPT-I | 26262 | Radical resection of tumor, distal phalanx of finger |
| CPT-I | 26320 | Removal of implant from finger or hand |
| CPT-I | 26340 | Manipulation, finger joint, under anesthesia, each joint |
| CPT-I | 26341 | Manipulation, palmar fascial cord (ie, Dupuytren's cord), post enzyme injection (eg, collagenase), single cord |
| CPT-I | 26350 | Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon |
| CPT-I | 26352 | Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon |
| CPT-I | 26356 | Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon |
| CPT-I | 26357 | Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon |
| CPT-I | 26358 | Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon |
| CPT-I | 26370 | Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon |
| CPT-I | 26372 | Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon |
| CPT-I | 26373 | Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon |
| CPT-I | 26390 | Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod |
| CPT-I | 26392 | Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod |
| CPT-I | 26410 | Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon |
| CPT-I | 26412 | Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon |
| CPT-I | 26415 | Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod |
| CPT-I | 26416 | Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 26418 | Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon |
| CPT-I | 26420 | Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon |
| CPT-I | 26426 | Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger |
| CPT-I | 26428 | Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger |
| CPT-I | 26432 | Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger) |
| CPT-I | 26433 | Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger) |
| CPT-I | 26434 | Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft) |
| CPT-I | 26437 | Realignment of extensor tendon, hand, each tendon |
| CPT-I | 26440 | Tenolysis, flexor tendon; palm OR finger, each tendon |
| CPT-I | 26442 | Tenolysis, flexor tendon; palm AND finger, each tendon |
| CPT-I | 26445 | Tenolysis, extensor tendon, hand OR finger, each tendon |
| CPT-I | 26449 | Tenolysis, complex, extensor tendon, finger, including forearm, each tendon |
| CPT-I | 26450 | Tenotomy, flexor, palm, open, each tendon |
| CPT-I | 26455 | Tenotomy, flexor, finger, open, each tendon |
| CPT-I | 26460 | Tenotomy, extensor, hand or finger, open, each tendon |
| CPT-I | 26471 | Tenodesis; of proximal interphalangeal joint, each joint |
| CPT-I | 26474 | Tenodesis; of distal joint, each joint |
| CPT-I | 26476 | Lengthening of tendon, extensor, hand or finger, each tendon |
| CPT-I | 26477 | Shortening of tendon, extensor, hand or finger, each tendon |
| CPT-I | 26478 | Lengthening of tendon, flexor, hand or finger, each tendon |
| CPT-I | 26479 | Shortening of tendon, flexor, hand or finger, each tendon |
| CPT-I | 26480 | Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon |
| CPT-I | 26483 | Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon |
| CPT-I | 26485 | Transfer or transplant of tendon, palmar; without free tendon graft, each tendon |
| CPT-I | 26489 | Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon |
| CPT-I | 26490 | Opponensplasty; superficialis tendon transfer type, each tendon |
| CPT-I | 26492 | Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 26494 | Opponensplasty; hypothenar muscle transfer |
| CPT-I | 26496 | Opponensplasty; other methods |
| CPT-I | 26497 | Transfer of tendon to restore intrinsic function; ring and small finger |
| CPT-I | 26498 | Transfer of tendon to restore intrinsic function; all 4 fingers |
| CPT-I | 26499 | Correction claw finger, other methods |
| CPT-I | 26500 | Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure) |
| CPT-I | 26502 | Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure) |
| CPT-I | 26508 | Release of thenar muscle(s) (eg, thumb contracture) |
| CPT-I | 26510 | Cross intrinsic transfer, each tendon |
| CPT-I | 26516 | Capsulodesis, metacarpophalangeal joint; single digit |
| CPT-I | 26517 | Capsulodesis, metacarpophalangeal joint; 2 digits |
| CPT-I | 26518 | Capsulodesis, metacarpophalangeal joint; 3 or 4 digits |
| CPT-I | 26520 | Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint |
| CPT-I | 26525 | Capsulectomy or capsulotomy; interphalangeal joint, each joint |
| CPT-I | 26540 | Repair of collateral ligament, metacarpophalangeal or interphalangeal joint |
| CPT-I | 26541 | Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft) |
| CPT-I | 26542 | Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement) |
| CPT-I | 26545 | Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint |
| CPT-I | 26546 | Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation) |
| CPT-I | 26548 | Repair and reconstruction, finger, volar plate, interphalangeal joint |
| CPT-I | 26550 | Pollicization of a digit |
| CPT-I | 26560 | Repair of syndactyly (web finger) each web space; with skin flaps |
| CPT-I | 26561 | Repair of syndactyly (web finger) each web space; with skin flaps and grafts |
| CPT-I | 26562 | Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails) |
| CPT-I | 26565 | Osteotomy; metacarpal, each |
| CPT-I | 26567 | Osteotomy; phalanx of finger, each |



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|--------------|-------|--|
| CPT-I | 26591 | Repair, intrinsic muscles of hand, each muscle |
| CPT-I | 26593 | Release, intrinsic muscles of hand, each muscle |
| CPT-I | 26596 | Excision of constricting ring of finger, with multiple Z-plasties |
| CPT-I | 26600 | Closed treatment of metacarpal fracture, single; without manipulation, each bone |
| CPT-I | 26605 | Closed treatment of metacarpal fracture, single; with manipulation, each bone |
| CPT-I | 26607 | Closed treatment of metacarpal fracture, with manipulation, with external fixation, each bone |
| CPT-I | 26608 | Percutaneous skeletal fixation of metacarpal fracture, each bone |
| CPT-I | 26615 | Open treatment of metacarpal fracture, single, includes internal fixation, when performed, each bone |
| CPT-I | 26641 | Closed treatment of carpometacarpal dislocation, thumb, with manipulation |
| CPT-I | 26645 | Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation |
| CPT-I | 26650 | Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation |
| CPT-I | 26665 | Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), includes internal fixation, when performed |
| CPT-I | 26670 | Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; without anesthesia |
| CPT-I | 26675 | Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia |
| CPT-I | 26676 | Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint |
| CPT-I | 26685 | Open treatment of carpometacarpal dislocation, other than thumb; includes internal fixation, when performed, each joint |
| CPT-I | 26686 | Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple, or delayed reduction |
| CPT-I | 26700 | Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia |
| CPT-I | 26705 | Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia |
| CPT-I | 26706 | Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation |
| CPT-I | 26715 | Open treatment of metacarpophalangeal dislocation, single, includes internal fixation, when performed |
| CPT-I | 26720 | Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 26725 | Closed treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; with manipulation, with or without skin or skeletal traction, each |
| CPT-I | 26727 | Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each |
| CPT-I | 26735 | Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, includes internal fixation, when performed, each |
| CPT-I | 26740 | Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; without manipulation, each |
| CPT-I | 26742 | Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each |
| CPT-I | 26746 | Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, includes internal fixation, when performed, each |
| CPT-I | 26750 | Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each |
| CPT-I | 26755 | Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each |
| CPT-I | 26756 | Percutaneous skeletal fixation of distal phalangeal fracture, finger or thumb, each |
| CPT-I | 26765 | Open treatment of distal phalangeal fracture, finger or thumb, includes internal fixation, when performed, each |
| CPT-I | 26770 | Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia |
| CPT-I | 26775 | Closed treatment of interphalangeal joint dislocation, single, with manipulation; requiring anesthesia |
| CPT-I | 26776 | Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation |
| CPT-I | 26785 | Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed, single |
| CPT-I | 26820 | Fusion in opposition, thumb, with autogenous graft (includes obtaining graft) |
| CPT-I | 26841 | Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation |
| CPT-I | 26842 | Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft) |
| CPT-I | 26843 | Arthrodesis, carpometacarpal joint, digit, other than thumb, each |
| CPT-I | 26844 | Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft) |
| CPT-I | 26850 | Arthrodesis, metacarpophalangeal joint, with or without internal fixation |
| CPT-I | 26852 | Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 26860 | Arthrodesis, interphalangeal joint, with or without internal fixation |
| CPT-I | 26861 | Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure) |
| CPT-I | 26862 | Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft) |
| CPT-I | 26863 | Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure) |
| CPT-I | 26910 | Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer |
| CPT-I | 26951 | Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure |
| CPT-I | 26952 | Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood) |
| CPT-I | 26990 | Incision and drainage, pelvis or hip joint area; deep abscess or hematoma |
| CPT-I | 26991 | Incision and drainage, pelvis or hip joint area; infected bursa |
| CPT-I | 26992 | Incision, bone cortex, pelvis and/or hip joint (eg, osteomyelitis or bone abscess) |
| CPT-I | 27000 | Tenotomy, adductor of hip, percutaneous (separate procedure) |
| CPT-I | 27001 | Tenotomy, adductor of hip, open |
| CPT-I | 27003 | Tenotomy, adductor, subcutaneous, open, with obturator neurectomy |
| CPT-I | 27005 | Tenotomy, hip flexor(s), open (separate procedure) |
| CPT-I | 27006 | Tenotomy, abductors and/or extensor(s) of hip, open (separate procedure) |
| CPT-I | 27025 | Fasciotomy, hip or thigh, any type |
| CPT-I | 27027 | Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle), unilateral |
| CPT-I | 27030 | Arthrotomy, hip, with drainage (eg, infection) |
| CPT-I | 27033 | Arthrotomy, hip, including exploration or removal of loose or foreign body |
| CPT-I | 27035 | Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves |
| CPT-I | 27036 | Capsulectomy or capsulotomy, hip, with or without excision of heterotopic bone, with release of hip flexor muscles (ie, gluteus medius, gluteus minimus, tensor fascia latae, rectus femoris, sartorius, iliopsoas) |
| CPT-I | 27040 | Biopsy, soft tissue of pelvis and hip area; superficial |
| CPT-I | 27041 | Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 27043 | Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater |
| CPT-I | 27049 | Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm |
| CPT-I | 27050 | Arthrotomy, with biopsy; sacroiliac joint |
| CPT-I | 27052 | Arthrotomy, with biopsy; hip joint |
| CPT-I | 27054 | Arthrotomy with synovectomy, hip joint |
| CPT-I | 27057 | Decompression fasciotomy(ies), pelvic (buttock) compartment(s) (eg, gluteus medius-minimus, gluteus maximus, iliopsoas, and/or tensor fascia lata muscle) with debridement of nonviable muscle, unilateral |
| CPT-I | 27059 | Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater |
| CPT-I | 27060 | Excision; ischial bursa |
| CPT-I | 27062 | Excision; trochanteric bursa or calcification |
| CPT-I | 27065 | Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; superficial, includes autograft, when performed |
| CPT-I | 27066 | Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; deep (subfascial), includes autograft, when performed |
| CPT-I | 27067 | Excision of bone cyst or benign tumor, wing of ilium, symphysis pubis, or greater trochanter of femur; with autograft requiring separate incision |
| CPT-I | 27070 | Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); superficial |
| CPT-I | 27071 | Partial excision, wing of ilium, symphysis pubis, or greater trochanter of femur, (craterization, saucerization) (eg, osteomyelitis or bone abscess); deep (subfascial or intramuscular) |
| CPT-I | 27075 | Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis |
| CPT-I | 27076 | Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum |
| CPT-I | 27077 | Radical resection of tumor; innominate bone, total |
| CPT-I | 27078 | Radical resection of tumor; ischial tuberosity and greater trochanter of femur |
| CPT-I | 27080 | Coccygectomy, primary |
| CPT-I | 27086 | Removal of foreign body, pelvis or hip; subcutaneous tissue |
| CPT-I | 27087 | Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular) |
| CPT-I | 27090 | Removal of hip prosthesis; (separate procedure) |
| CPT-I | 27091 | Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 27093 | Injection procedure for hip arthrography; without anesthesia |
| CPT-I | 27095 | Injection procedure for hip arthrography; with anesthesia |
| CPT-I | 27096 | Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed |
| CPT-I | 27097 | Release or recession, hamstring, proximal |
| CPT-I | 27098 | Transfer, adductor to ischium |
| CPT-I | 27100 | Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft) |
| CPT-I | 27105 | Transfer paraspinal muscle to hip (includes fascial or tendon extension graft) |
| CPT-I | 27110 | Transfer iliopsoas; to greater trochanter of femur |
| CPT-I | 27111 | Transfer iliopsoas; to femoral neck |
| CPT-I | 27140 | Osteotomy and transfer of greater trochanter of femur (separate procedure) |
| CPT-I | 27146 | Osteotomy, iliac, acetabular or innominate bone |
| CPT-I | 27147 | Osteotomy, iliac, acetabular or innominate bone; with open reduction of hip |
| CPT-I | 27151 | Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy |
| CPT-I | 27156 | Osteotomy, iliac, acetabular or innominate bone; with femoral osteotomy and with open reduction of hip |
| CPT-I | 27158 | Osteotomy, pelvis, bilateral (eg, congenital malformation) |
| CPT-I | 27161 | Osteotomy, femoral neck (separate procedure) |
| CPT-I | 27165 | Osteotomy, intertrochanteric or subtrochanteric including internal or external fixation and/or cast |
| CPT-I | 27170 | Bone graft, femoral head, neck, intertrochanteric or subtrochanteric area (includes obtaining bone graft) |
| CPT-I | 27175 | Treatment of slipped femoral epiphysis; by traction, without reduction |
| CPT-I | 27176 | Treatment of slipped femoral epiphysis; by single or multiple pinning, in situ |
| CPT-I | 27177 | Open treatment of slipped femoral epiphysis; single or multiple pinning or bone graft (includes obtaining graft) |
| CPT-I | 27178 | Open treatment of slipped femoral epiphysis; closed manipulation with single or multiple pinning |
| CPT-I | 27179 | Open treatment of slipped femoral epiphysis; osteoplasty of femoral neck (Heyman type procedure) |
| CPT-I | 27181 | Open treatment of slipped femoral epiphysis; osteotomy and internal fixation |
| CPT-I | 27185 | Epiphyseal arrest by epiphysiodesis or stapling, greater trochanter of femur |
| CPT-I | 27187 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 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 |
| CPT-I | 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) |
| CPT-I | 27200 | Closed treatment of coccygeal fracture |
| CPT-I | 27202 | Open treatment of coccygeal fracture |
| CPT-I | 27215 | Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture patterns that do not disrupt the pelvic ring, includes internal fixation, when performed |
| CPT-I | 27216 | Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum) |
| CPT-I | 27217 | Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes pubic symphysis and/or ipsilateral superior/inferior rami) |
| CPT-I | 27218 | Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/or sacrum) |
| CPT-I | 27220 | Closed treatment of acetabulum (hip socket) fracture(s); without manipulation |
| CPT-I | 27222 | Closed treatment of acetabulum (hip socket) fracture(s); with manipulation, with or without skeletal traction |
| CPT-I | 27226 | Open treatment of posterior or anterior acetabular wall fracture, with internal fixation |
| CPT-I | 27227 | Open treatment of acetabular fracture(s) involving anterior or posterior (one) column, or a fracture running transversely across the acetabulum, with internal fixation |
| CPT-I | 27228 | Open treatment of acetabular fracture(s) involving anterior and posterior (two) columns, includes T-fracture and both column fracture with complete articular detachment, or single column or transverse fracture with associated acetabular wall fracture, with internal fixation |
| CPT-I | 27230 | Closed treatment of femoral fracture, proximal end, neck; without manipulation |
| CPT-I | 27232 | Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction |
| CPT-I | 27235 | Percutaneous skeletal fixation of femoral fracture, proximal end, neck |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 27236 | Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement |
| CPT-I | 27238 | Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; without manipulation |
| CPT-I | 27240 | Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction |
| CPT-I | 27244 | Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage |
| CPT-I | 27245 | Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage |
| CPT-I | 27246 | Closed treatment of greater trochanteric fracture, without manipulation |
| CPT-I | 27248 | Open treatment of greater trochanteric fracture, includes internal fixation, when performed |
| CPT-I | 27250 | Closed treatment of hip dislocation, traumatic; without anesthesia |
| CPT-I | 27252 | Closed treatment of hip dislocation, traumatic; requiring anesthesia |
| CPT-I | 27253 | Open treatment of hip dislocation, traumatic, without internal fixation |
| CPT-I | 27254 | Open treatment of hip dislocation, traumatic, with acetabular wall and femoral head fracture, with or without internal or external fixation |
| CPT-I | 27256 | Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; without anesthesia, without manipulation |
| CPT-I | 27257 | Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia |
| CPT-I | 27258 | Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc) |
| CPT-I | 27259 | Open treatment of spontaneous hip dislocation (developmental, including congenital or pathological), replacement of femoral head in acetabulum (including tenotomy, etc); with femoral shaft shortening |
| CPT-I | 27265 | Closed treatment of post hip arthroplasty dislocation; without anesthesia |
| CPT-I | 27266 | Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia |
| CPT-I | 27267 | Closed treatment of femoral fracture, proximal end, head; without manipulation |
| CPT-I | 27268 | Closed treatment of femoral fracture, proximal end, head; with manipulation |
| CPT-I | 27269 | Open treatment of femoral fracture, proximal end, head, includes internal fixation, when performed |
| CPT-I | 27275 | Manipulation, hip joint, requiring general anesthesia |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 27280 | Arthrodesis, open, sacroiliac joint, including obtaining bone graft, including instrumentation, when performed |
| CPT-I | 27282 | Arthrodesis, symphysis pubis (including obtaining graft) |
| CPT-I | 27284 | Arthrodesis, hip joint (including obtaining graft) |
| CPT-I | 27286 | Arthrodesis, hip joint (including obtaining graft); with subtrochanteric osteotomy |
| CPT-I | 27290 | Interpelviabdominal amputation (hindquarter amputation) |
| CPT-I | 27295 | Disarticulation of hip |
| CPT-I | 27301 | Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region |
| CPT-I | 27303 | Incision, deep, with opening of bone cortex, femur or knee (eg, osteomyelitis or bone abscess) |
| CPT-I | 27305 | Fasciotomy, iliotibial (tenotomy), open |
| CPT-I | 27306 | Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure) |
| CPT-I | 27307 | Tenotomy, percutaneous, adductor or hamstring; multiple tendons |
| CPT-I | 27310 | Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection) |
| CPT-I | 27323 | Biopsy, soft tissue of thigh or knee area; superficial |
| CPT-I | 27324 | Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular) |
| CPT-I | 27325 | Neurectomy, hamstring muscle |
| CPT-I | 27326 | Neurectomy, popliteal (gastrocnemius) |
| CPT-I | 27329 | Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm |
| CPT-I | 27330 | Arthrotomy, knee; with synovial biopsy only |
| CPT-I | 27331 | Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies |
| CPT-I | 27332 | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral |
| CPT-I | 27333 | Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral |
| CPT-I | 27334 | Arthrotomy, with synovectomy, knee; anterior OR posterior |
| CPT-I | 27335 | Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area |
| CPT-I | 27340 | Excision, prepatellar bursa |
| CPT-I | 27345 | Excision of synovial cyst of popliteal space (eg, Baker's cyst) |
| CPT-I | 27347 | Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee |
| CPT-I | 27350 | Patellectomy or hemipatellectomy |
| CPT-I | 27355 | Excision or curettage of bone cyst or benign tumor of femur |
| CPT-I | 27356 | Excision or curettage of bone cyst or benign tumor of femur; with allograft |
| CPT-I | 27357 | Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 27358 | Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure) |
| CPT-I | 27360 | Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess) |
| CPT-I | 27364 | Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater |
| CPT-I | 27365 | Radical resection of tumor, femur or knee |
| CPT-I | 27369 | Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography |
| CPT-I | 27372 | Removal of foreign body, deep, thigh region or knee area |
| CPT-I | 27380 | Suture of infrapatellar tendon; primary |
| CPT-I | 27381 | Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft |
| CPT-I | 27385 | Suture of quadriceps or hamstring muscle rupture; primary |
| CPT-I | 27386 | Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft |
| CPT-I | 27390 | Tenotomy, open, hamstring, knee to hip; single tendon |
| CPT-I | 27391 | Tenotomy, open, hamstring, knee to hip; multiple tendons, 1 leg |
| CPT-I | 27392 | Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral |
| CPT-I | 27393 | Lengthening of hamstring tendon; single tendon |
| CPT-I | 27394 | Lengthening of hamstring tendon; multiple tendons, 1 leg |
| CPT-I | 27395 | Lengthening of hamstring tendon; multiple tendons, bilateral |
| CPT-I | 27396 | Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); single tendon |
| CPT-I | 27397 | Transplant or transfer (with muscle redirection or rerouting), thigh (eg, extensor to flexor); multiple tendons |
| CPT-I | 27400 | Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure) |
| CPT-I | 27403 | Arthrotomy with meniscus repair, knee |
| CPT-I | 27405 | Repair, primary, torn ligament and/or capsule, knee; collateral |
| CPT-I | 27407 | Repair, primary, torn ligament and/or capsule, knee; cruciate |
| CPT-I | 27409 | Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments |
| CPT-I | 27412 | Autologous chondrocyte implantation, knee |
| CPT-I | 27415 | Osteochondral allograft, knee, open |
| CPT-I | 27416 | Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s]) |
| CPT-I | 27418 | Anterior tibial tubercleplasty (eg, Maquet type procedure) |
| CPT-I | 27420 | Reconstruction of dislocating patella; (eg, Hauser type procedure) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 27422 | Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure) |
| CPT-I | 27424 | Reconstruction of dislocating patella; with patellectomy |
| CPT-I | 27425 | Lateral retinacular release, open |
| CPT-I | 27427 | Ligamentous reconstruction (augmentation), knee; extra-articular |
| CPT-I | 27428 | Ligamentous reconstruction (augmentation), knee; intra-articular (open) |
| CPT-I | 27429 | Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular |
| CPT-I | 27430 | Quadricepsplasty (eg, Bennett or Thompson type) |
| CPT-I | 27435 | Capsulotomy, posterior capsular release, knee |
| CPT-I | 27448 | Osteotomy, femur, shaft or supracondylar; without fixation |
| CPT-I | 27450 | Osteotomy, femur, shaft or supracondylar; with fixation |
| CPT-I | 27454 | Osteotomy, multiple, with realignment on intramedullary rod, femoral shaft (eg, Sofield type procedure) |
| CPT-I | 27465 | Osteoplasty, femur; shortening (excluding 64876) |
| CPT-I | 27466 | Osteoplasty, femur; lengthening |
| CPT-I | 27468 | Osteoplasty, femur; combined, lengthening and shortening with femoral segment transfer |
| CPT-I | 27470 | Repair, nonunion or malunion, femur, distal to head and neck; without graft (eg, compression technique) |
| CPT-I | 27472 | Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft) |
| CPT-I | 27475 | Arrest, epiphyseal, any method (eg, epiphysiodesis); distal femur |
| CPT-I | 27477 | Arrest, epiphyseal, any method (eg, epiphysiodesis); tibia and fibula, proximal |
| CPT-I | 27479 | Arrest, epiphyseal, any method (eg, epiphysiodesis); combined distal femur, proximal tibia and fibula |
| CPT-I | 27485 | Arrest, hemiepiphyseal, distal femur or proximal tibia or fibula (eg, genu varus or valgus) |
| CPT-I | 27496 | Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor) |
| CPT-I | 27497 | Decompression fasciotomy, thigh and/or knee, 1 compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve |
| CPT-I | 27498 | Decompression fasciotomy, thigh and/or knee, multiple compartments |
| CPT-I | 27499 | Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve |
| CPT-I | 27500 | Closed treatment of femoral shaft fracture, without manipulation |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 27501 | Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation |
| CPT-I | 27502 | Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction |
| CPT-I | 27503 | Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction |
| CPT-I | 27506 | Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws |
| CPT-I | 27507 | Open treatment of femoral shaft fracture with plate/screws, with or without cerclage |
| CPT-I | 27508 | Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation |
| CPT-I | 27509 | Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation |
| CPT-I | 27510 | Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation |
| CPT-I | 27511 | Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed |
| CPT-I | 27513 | Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed |
| CPT-I | 27514 | Open treatment of femoral fracture, distal end, medial or lateral condyle, includes internal fixation, when performed |
| CPT-I | 27516 | Closed treatment of distal femoral epiphyseal separation; without manipulation |
| CPT-I | 27517 | Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction |
| CPT-I | 27519 | Open treatment of distal femoral epiphyseal separation, includes internal fixation, when performed |
| CPT-I | 27520 | Closed treatment of patellar fracture, without manipulation |
| CPT-I | 27524 | Open treatment of patellar fracture, with internal fixation and/or partial or complete patellectomy and soft tissue repair |
| CPT-I | 27530 | Closed treatment of tibial fracture, proximal (plateau); without manipulation |
| CPT-I | 27532 | Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction |
| CPT-I | 27535 | Open treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed |
| CPT-I | 27536 | Open treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal fixation |
| CPT-I | 27538 | Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 27540 | Open treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, includes internal fixation, when performed |
| CPT-I | 27550 | Closed treatment of knee dislocation; without anesthesia |
| CPT-I | 27552 | Closed treatment of knee dislocation; requiring anesthesia |
| CPT-I | 27556 | Open treatment of knee dislocation, includes internal fixation, when performed; without primary ligamentous repair or augmentation/reconstruction |
| CPT-I | 27557 | Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair |
| CPT-I | 27558 | Open treatment of knee dislocation, includes internal fixation, when performed; with primary ligamentous repair, with augmentation/reconstruction |
| CPT-I | 27560 | Closed treatment of patellar dislocation; without anesthesia |
| CPT-I | 27562 | Closed treatment of patellar dislocation; requiring anesthesia |
| CPT-I | 27566 | Open treatment of patellar dislocation, with or without partial or total patellectomy |
| CPT-I | 27570 | Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices) |
| CPT-I | 27580 | Arthrodesis, knee, any technique |
| CPT-I | 27590 | Amputation, thigh, through femur, any level |
| CPT-I | 27591 | Amputation, thigh, through femur, any level; immediate fitting technique including first cast |
| CPT-I | 27592 | Amputation, thigh, through femur, any level; open, circular (guillotine) |
| CPT-I | 27594 | Amputation, thigh, through femur, any level; secondary closure or scar revision |
| CPT-I | 27596 | Amputation, thigh, through femur, any level; re-amputation |
| CPT-I | 27598 | Disarticulation at knee |
| CPT-I | 27600 | Decompression fasciotomy, leg; anterior and/or lateral compartments only |
| CPT-I | 27601 | Decompression fasciotomy, leg; posterior compartment(s) only |
| CPT-I | 27602 | Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s) |
| CPT-I | 27603 | Incision and drainage, leg or ankle; deep abscess or hematoma |
| CPT-I | 27604 | Incision and drainage, leg or ankle; infected bursa |
| CPT-I | 27605 | Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia |
| CPT-I | 27606 | Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia |
| CPT-I | 27607 | Incision (eg, osteomyelitis or bone abscess), leg or ankle |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 27610 | Arthrotomy, ankle, including exploration, drainage, or removal of foreign body |
| CPT-I | 27612 | Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening |
| CPT-I | 27613 | Biopsy, soft tissue of leg or ankle area; superficial |
| CPT-I | 27614 | Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular) |
| CPT-I | 27615 | Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm |
| CPT-I | 27616 | Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater |
| CPT-I | 27620 | Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body |
| CPT-I | 27625 | Arthrotomy, with synovectomy, ankle |
| CPT-I | 27626 | Arthrotomy, with synovectomy, ankle; including tenosynovectomy |
| CPT-I | 27630 | Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle |
| CPT-I | 27635 | Excision or curettage of bone cyst or benign tumor, tibia or fibula |
| CPT-I | 27637 | Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft) |
| CPT-I | 27638 | Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft |
| CPT-I | 27640 | Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia |
| CPT-I | 27641 | Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula |
| CPT-I | 27645 | Radical resection of tumor; tibia |
| CPT-I | 27646 | Radical resection of tumor; fibula |
| CPT-I | 27647 | Radical resection of tumor; talus or calcaneus |
| CPT-I | 27648 | Injection procedure for ankle arthrography |
| CPT-I | 27650 | Repair, primary, open or percutaneous, ruptured Achilles tendon |
| CPT-I | 27652 | Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft) |
| CPT-I | 27654 | Repair, secondary, Achilles tendon, with or without graft |
| CPT-I | 27656 | Repair, fascial defect of leg |
| CPT-I | 27658 | Repair, flexor tendon, leg; primary, without graft, each tendon |
| CPT-I | 27659 | Repair, flexor tendon, leg; secondary, with or without graft, each tendon |
| CPT-I | 27664 | Repair, extensor tendon, leg; primary, without graft, each tendon |
| CPT-I | 27665 | Repair, extensor tendon, leg; secondary, with or without graft, each tendon |
| CPT-I | 27675 | Repair, dislocating peroneal tendons; without fibular osteotomy |
| CPT-I | 27676 | Repair, dislocating peroneal tendons; with fibular osteotomy |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 27680 | Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon |
| CPT-I | 27681 | Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision[s]) |
| CPT-I | 27685 | Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure) |
| CPT-I | 27686 | Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each |
| CPT-I | 27687 | Gastrocnemius recession (eg, Strayer procedure) |
| CPT-I | 27690 | Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot) |
| CPT-I | 27691 | Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot) |
| CPT-I | 27692 | Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure) |
| CPT-I | 27695 | Repair, primary, disrupted ligament, ankle; collateral |
| CPT-I | 27696 | Repair, primary, disrupted ligament, ankle; both collateral ligaments |
| CPT-I | 27698 | Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure) |
| CPT-I | 27704 | Removal of ankle implant |
| CPT-I | 27705 | Osteotomy; tibia |
| CPT-I | 27707 | Osteotomy; fibula |
| CPT-I | 27709 | Osteotomy; tibia and fibula |
| CPT-I | 27712 | Osteotomy; multiple, with realignment on intramedullary rod (eg, Sofield type procedure) |
| CPT-I | 27720 | Repair of nonunion or malunion, tibia; without graft, (eg, compression technique) |
| CPT-I | 27722 | Repair of nonunion or malunion, tibia; with sliding graft |
| CPT-I | 27724 | Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft) |
| CPT-I | 27725 | Repair of nonunion or malunion, tibia; by synostosis, with fibula, any method |
| CPT-I | 27726 | Repair of fibula nonunion and/or malunion with internal fixation |
| CPT-I | 27730 | Arrest, epiphyseal (epiphysiodesis), open; distal tibia |
| CPT-I | 27732 | Arrest, epiphyseal (epiphysiodesis), open; distal fibula |
| CPT-I | 27734 | Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula |
| CPT-I | 27740 | Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 27742 | Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur |
| CPT-I | 27745 | Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia |
| CPT-I | 27750 | Closed treatment of tibial shaft fracture (with or without fibular fracture); without manipulation |
| CPT-I | 27752 | Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction |
| CPT-I | 27756 | Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws) |
| CPT-I | 27758 | Open treatment of tibial shaft fracture (with or without fibular fracture), with plate/screws, with or without cerclage |
| CPT-I | 27759 | Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage |
| CPT-I | 27760 | Closed treatment of medial malleolus fracture; without manipulation |
| CPT-I | 27762 | Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction |
| CPT-I | 27766 | Open treatment of medial malleolus fracture, includes internal fixation, when performed |
| CPT-I | 27767 | Closed treatment of posterior malleolus fracture; without manipulation |
| CPT-I | 27768 | Closed treatment of posterior malleolus fracture; with manipulation |
| CPT-I | 27769 | Open treatment of posterior malleolus fracture, includes internal fixation, when performed |
| CPT-I | 27780 | Closed treatment of proximal fibula or shaft fracture; without manipulation |
| CPT-I | 27781 | Closed treatment of proximal fibula or shaft fracture; with manipulation |
| CPT-I | 27784 | Open treatment of proximal fibula or shaft fracture, includes internal fixation, when performed |
| CPT-I | 27786 | Closed treatment of distal fibular fracture (lateral malleolus); without manipulation |
| CPT-I | 27788 | Closed treatment of distal fibular fracture (lateral malleolus); with manipulation |
| CPT-I | 27792 | Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed |
| CPT-I | 27808 | Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); without manipulation |
| CPT-I | 27810 | Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation |
| CPT-I | 27814 | Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed |
| CPT-I | 27816 | Closed treatment of trimalleolar ankle fracture; without manipulation |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 27818 | Closed treatment of trimalleolar ankle fracture; with manipulation |
| CPT-I | 27822 | Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; without fixation of posterior lip |
| CPT-I | 27823 | Open treatment of trimalleolar ankle fracture, includes internal fixation, when performed, medial and/or lateral malleolus; with fixation of posterior lip |
| CPT-I | 27824 | Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation |
| CPT-I | 27825 | Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation |
| CPT-I | 27826 | Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of fibula only |
| CPT-I | 27827 | Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of tibia only |
| CPT-I | 27828 | Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal fixation, when performed; of both tibia and fibula |
| CPT-I | 27829 | Open treatment of distal tibiofibular joint (syndesmosis) disruption, includes internal fixation, when performed |
| CPT-I | 27830 | Closed treatment of proximal tibiofibular joint dislocation; without anesthesia |
| CPT-I | 27831 | Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia |
| CPT-I | 27832 | Open treatment of proximal tibiofibular joint dislocation, includes internal fixation, when performed, or with excision of proximal fibula |
| CPT-I | 27840 | Closed treatment of ankle dislocation; without anesthesia |
| CPT-I | 27842 | Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation |
| CPT-I | 27846 | Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation |
| CPT-I | 27848 | Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation |
| CPT-I | 27860 | Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus) |
| CPT-I | 27870 | Arthrodesis, ankle, open |
| CPT-I | 27871 | Arthrodesis, tibiofibular joint, proximal or distal |
| CPT-I | 27880 | Amputation, leg, through tibia and fibula |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 27881 | Amputation, leg, through tibia and fibula; with immediate fitting technique including application of first cast |
| CPT-I | 27882 | Amputation, leg, through tibia and fibula; open, circular (guillotine) |
| CPT-I | 27884 | Amputation, leg, through tibia and fibula; secondary closure or scar revision |
| CPT-I | 27886 | Amputation, leg, through tibia and fibula; re-amputation |
| CPT-I | 27888 | Amputation, ankle, through malleoli of tibia and fibula (eg, Syme, Pirogoff type procedures), with plastic closure and resection of nerves |
| CPT-I | 27889 | Ankle disarticulation |
| CPT-I | 27892 | Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve |
| CPT-I | 27893 | Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve |
| CPT-I | 27894 | Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve |
| CPT-I | 28001 | Incision and drainage, bursa, foot |
| CPT-I | 28002 | Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space |
| CPT-I | 28003 | Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas |
| CPT-I | 28005 | Incision, bone cortex (eg, osteomyelitis or bone abscess), foot |
| CPT-I | 28008 | Fasciotomy, foot and/or toe |
| CPT-I | 28010 | Tenotomy, percutaneous, toe; single tendon |
| CPT-I | 28011 | Tenotomy, percutaneous, toe; multiple tendons |
| CPT-I | 28020 | Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint |
| CPT-I | 28022 | Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint |
| CPT-I | 28024 | Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint |
| CPT-I | 28035 | Release, tarsal tunnel (posterior tibial nerve decompression) |
| CPT-I | 28046 | Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm |
| CPT-I | 28047 | Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater |
| CPT-I | 28050 | Arthrotomy with biopsy; intertarsal or tarsometatarsal joint |
| CPT-I | 28052 | Arthrotomy with biopsy; metatarsophalangeal joint |
| CPT-I | 28054 | Arthrotomy with biopsy; interphalangeal joint |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 28055 | Neurectomy, intrinsic musculature of foot |
| CPT-I | 28062 | Fasciectomy, plantar fascia; radical (separate procedure) |
| CPT-I | 28070 | Synovectomy; intertarsal or tarsometatarsal joint, each |
| CPT-I | 28072 | Synovectomy; metatarsophalangeal joint, each |
| CPT-I | 28086 | Synovectomy, tendon sheath, foot; flexor |
| CPT-I | 28088 | Synovectomy, tendon sheath, foot; extensor |
| CPT-I | 28090 | Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot |
| CPT-I | 28092 | Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each |
| CPT-I | 28100 | Excision or curettage of bone cyst or benign tumor, talus or calcaneus |
| CPT-I | 28102 | Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft) |
| CPT-I | 28103 | Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft |
| CPT-I | 28104 | Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus |
| CPT-I | 28106 | Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft) |
| CPT-I | 28107 | Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft |
| CPT-I | 28108 | Excision or curettage of bone cyst or benign tumor, phalanges of foot |
| CPT-I | 28110 | Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure) |
| CPT-I | 28111 | Ostectomy, complete excision; first metatarsal head |
| CPT-I | 28112 | Ostectomy, complete excision; other metatarsal head (second, third or fourth) |
| CPT-I | 28113 | Ostectomy, complete excision; fifth metatarsal head |
| CPT-I | 28114 | Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure) |
| CPT-I | 28116 | Ostectomy, excision of tarsal coalition |
| CPT-I | 28118 | Ostectomy, calcaneus |
| CPT-I | 28119 | Ostectomy, calcaneus; for spur, with or without plantar fascial release |
| CPT-I | 28120 | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 28122 | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus |
| CPT-I | 28124 | Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); phalanx of toe |
| CPT-I | 28126 | Resection, partial or complete, phalangeal base, each toe |
| CPT-I | 28130 | Talectomy (astragalectomy) |
| CPT-I | 28140 | Metatarsectomy |
| CPT-I | 28150 | Phalangectomy, toe, each toe |
| CPT-I | 28153 | Resection, condyle(s), distal end of phalanx, each toe |
| CPT-I | 28160 | Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each |
| CPT-I | 28171 | Radical resection of tumor; tarsal (except talus or calcaneus) |
| CPT-I | 28173 | Radical resection of tumor; metatarsal |
| CPT-I | 28175 | Radical resection of tumor; phalanx of toe |
| CPT-I | 28190 | Removal of foreign body, foot; subcutaneous |
| CPT-I | 28192 | Removal of foreign body, foot; deep |
| CPT-I | 28193 | Removal of foreign body, foot; complicated |
| CPT-I | 28200 | Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon |
| CPT-I | 28202 | Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft) |
| CPT-I | 28208 | Repair, tendon, extensor, foot; primary or secondary, each tendon |
| CPT-I | 28210 | Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft) |
| CPT-I | 28220 | Tenolysis, flexor, foot; single tendon |
| CPT-I | 28222 | Tenolysis, flexor, foot; multiple tendons |
| CPT-I | 28225 | Tenolysis, extensor, foot; single tendon |
| CPT-I | 28226 | Tenolysis, extensor, foot; multiple tendons |
| CPT-I | 28230 | Tenotomy, open, tendon flexor; foot, single or multiple tendon(s) (separate procedure) |
| CPT-I | 28232 | Tenotomy, open, tendon flexor; toe, single tendon (separate procedure) |
| CPT-I | 28234 | Tenotomy, open, extensor, foot or toe, each tendon |
| CPT-I | 28238 | Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure) |
| CPT-I | 28240 | Tenotomy, lengthening, or release, abductor hallucis muscle |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 28250 | Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure) |
| CPT-I | 28260 | Capsulotomy, midfoot; medial release only (separate procedure) |
| CPT-I | 28261 | Capsulotomy, midfoot; with tendon lengthening |
| CPT-I | 28262 | Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity) |
| CPT-I | 28264 | Capsulotomy, midtarsal (eg, Heyman type procedure) |
| CPT-I | 28270 | Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure) |
| CPT-I | 28272 | Capsulotomy; interphalangeal joint, each joint (separate procedure) |
| CPT-I | 28280 | Syndactylization, toes (eg, webbing or Kelikian type procedure) |
| CPT-I | 28288 | Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head |
| CPT-I | 28289 | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant |
| CPT-I | 28291 | Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant |
| CPT-I | 28295 | Correction, hallux valgus (bunionectomy), with sesamoidectomy, when performed; with proximal metatarsal osteotomy, any method |
| CPT-I | 28300 | Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation |
| CPT-I | 28302 | Osteotomy; talus |
| CPT-I | 28304 | Osteotomy, tarsal bones, other than calcaneus or talus |
| CPT-I | 28305 | Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type) |
| CPT-I | 28306 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal |
| CPT-I | 28307 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe) |
| CPT-I | 28308 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each |
| CPT-I | 28309 | Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure) |
| CPT-I | 28310 | Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure) |
| CPT-I | 28312 | Osteotomy, shortening, angular or rotational correction; other phalanges, any toe |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 28320 | Repair, nonunion or malunion; tarsal bones |
| CPT-I | 28322 | Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft) |
| CPT-I | 28341 | Reconstruction, toe, macrodactyly; requiring bone resection |
| CPT-I | 28344 | Reconstruction, toe(s); polydactyly |
| CPT-I | 28360 | Reconstruction, cleft foot |
| CPT-I | 28400 | Closed treatment of calcaneal fracture; without manipulation |
| CPT-I | 28405 | Closed treatment of calcaneal fracture; with manipulation |
| CPT-I | 28406 | Percutaneous skeletal fixation of calcaneal fracture, with manipulation |
| CPT-I | 28415 | Open treatment of calcaneal fracture, includes internal fixation, when performed |
| CPT-I | 28420 | Open treatment of calcaneal fracture, includes internal fixation, when performed; with primary iliac or other autogenous bone graft (includes obtaining graft) |
| CPT-I | 28430 | Closed treatment of talus fracture; without manipulation |
| CPT-I | 28435 | Closed treatment of talus fracture; with manipulation |
| CPT-I | 28436 | Percutaneous skeletal fixation of talus fracture, with manipulation |
| CPT-I | 28445 | Open treatment of talus fracture, includes internal fixation, when performed |
| CPT-I | 28450 | Treatment of tarsal bone fracture (except talus and calcaneus); without manipulation, each |
| CPT-I | 28455 | Treatment of tarsal bone fracture (except talus and calcaneus); with manipulation, each |
| CPT-I | 28456 | Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each |
| CPT-I | 28465 | Open treatment of tarsal bone fracture (except talus and calcaneus), includes internal fixation, when performed, each |
| CPT-I | 28470 | Closed treatment of metatarsal fracture; without manipulation, each |
| CPT-I | 28475 | Closed treatment of metatarsal fracture; with manipulation, each |
| CPT-I | 28476 | Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each |
| CPT-I | 28485 | Open treatment of metatarsal fracture, includes internal fixation, when performed, each |
| CPT-I | 28490 | Closed treatment of fracture great toe, phalanx or phalanges; without manipulation |
| CPT-I | 28495 | Closed treatment of fracture great toe, phalanx or phalanges; with manipulation |
| CPT-I | 28496 | Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation |
| CPT-I | 28505 | Open treatment of fracture, great toe, phalanx or phalanges, includes internal fixation, when performed |
| CPT-I | 28510 | Closed treatment of fracture, phalanx or phalanges, other than great toe; without manipulation, each |
| CPT-I | 28515 | Closed treatment of fracture, phalanx or phalanges, other than great toe; with manipulation, each |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 28525 | Open treatment of fracture, phalanx or phalanges, other than great toe, includes internal fixation, when performed, each |
| CPT-I | 28530 | Closed treatment of sesamoid fracture |
| CPT-I | 28531 | Open treatment of sesamoid fracture, with or without internal fixation |
| CPT-I | 28540 | Closed treatment of tarsal bone dislocation, other than talotarsal; without anesthesia |
| CPT-I | 28545 | Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia |
| CPT-I | 28546 | Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation |
| CPT-I | 28555 | Open treatment of tarsal bone dislocation, includes internal fixation, when performed |
| CPT-I | 28570 | Closed treatment of talotarsal joint dislocation; without anesthesia |
| CPT-I | 28575 | Closed treatment of talotarsal joint dislocation; requiring anesthesia |
| CPT-I | 28576 | Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation |
| CPT-I | 28585 | Open treatment of talotarsal joint dislocation, includes internal fixation, when performed |
| CPT-I | 28600 | Closed treatment of tarsometatarsal joint dislocation; without anesthesia |
| CPT-I | 28605 | Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia |
| CPT-I | 28606 | Percutaneous skeletal fixation of tarsometatarsal joint dislocation, with manipulation |
| CPT-I | 28615 | Open treatment of tarsometatarsal joint dislocation, includes internal fixation, when performed |
| CPT-I | 28630 | Closed treatment of metatarsophalangeal joint dislocation; without anesthesia |
| CPT-I | 28635 | Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia |
| CPT-I | 28636 | Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation |
| CPT-I | 28645 | Open treatment of metatarsophalangeal joint dislocation, includes internal fixation, when performed |
| CPT-I | 28660 | Closed treatment of interphalangeal joint dislocation; without anesthesia |
| CPT-I | 28665 | Closed treatment of interphalangeal joint dislocation; requiring anesthesia |
| CPT-I | 28666 | Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation |
| CPT-I | 28675 | Open treatment of interphalangeal joint dislocation, includes internal fixation, when performed |
| CPT-I | 28800 | Amputation, foot; midtarsal (eg, Chopart type procedure) |
| CPT-I | 28805 | Amputation, foot; transmetatarsal |
| CPT-I | 28810 | Amputation, metatarsal, with toe, single |
| CPT-I | 28820 | Amputation, toe; metatarsophalangeal joint |
| CPT-I | 28825 | Amputation, toe; interphalangeal joint |
| CPT-I | 29000 | Application of halo type body cast (see 20661-20663 for insertion) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 29010 | Application of Risser jacket, localizer, body; only |
| CPT-I | 29015 | Application of Risser jacket, localizer, body; including head |
| CPT-I | 29035 | Application of body cast, shoulder to hips |
| CPT-I | 29040 | Application of body cast, shoulder to hips; including head, Minerva type |
| CPT-I | 29044 | Application of body cast, shoulder to hips; including 1 thigh |
| CPT-I | 29046 | Application of body cast, shoulder to hips; including both thighs |
| CPT-I | 29049 | Application, cast; figure-of-eight |
| CPT-I | 29055 | Application, cast; shoulder spica |
| CPT-I | 29058 | Application, cast; plaster Velpeau |
| CPT-I | 29065 | Application, cast; shoulder to hand (long arm) |
| CPT-I | 29075 | Application, cast; elbow to finger (short arm) |
| CPT-I | 29085 | Application, cast; hand and lower forearm (gauntlet) |
| CPT-I | 29086 | Application, cast; finger (eg, contracture) |
| CPT-I | 29105 | Application of long arm splint (shoulder to hand) |
| CPT-I | 29125 | Application of short arm splint (forearm to hand); static |
| CPT-I | 29126 | Application of short arm splint (forearm to hand); dynamic |
| CPT-I | 29130 | Application of finger splint; static |
| CPT-I | 29131 | Application of finger splint; dynamic |
| CPT-I | 29200 | Strapping; thorax |
| CPT-I | 29240 | Strapping; shoulder (eg, Velpeau) |
| CPT-I | 29260 | Strapping; elbow or wrist |
| CPT-I | 29280 | Strapping; hand or finger |
| CPT-I | 29305 | Application of hip spica cast; 1 leg |
| CPT-I | 29325 | Application of hip spica cast; 1 and one-half spica or both legs |
| CPT-I | 29345 | Application of long leg cast (thigh to toes) |
| CPT-I | 29355 | Application of long leg cast (thigh to toes); walker or ambulatory type |
| CPT-I | 29358 | Application of long leg cast brace |
| CPT-I | 29365 | Application of cylinder cast (thigh to ankle) |
| CPT-I | 29405 | Application of short leg cast (below knee to toes) |
| CPT-I | 29425 | Application of short leg cast (below knee to toes); walking or ambulatory type |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 29435 | Application of patellar tendon bearing (PTB) cast |
| CPT-I | 29440 | Adding walker to previously applied cast |
| CPT-I | 29445 | Application of rigid total contact leg cast |
| CPT-I | 29450 | Application of clubfoot cast with molding or manipulation, long or short leg |
| CPT-I | 29505 | Application of long leg splint (thigh to ankle or toes) |
| CPT-I | 29515 | Application of short leg splint (calf to foot) |
| CPT-I | 29520 | Strapping; hip |
| CPT-I | 29530 | Strapping; knee |
| CPT-I | 29540 | Strapping; ankle and/or foot |
| CPT-I | 29550 | Strapping; toes |
| CPT-I | 29580 | Strapping; Unna boot |
| CPT-I | 29581 | Application of multi-layer compression system; leg (below knee), including ankle and foot |
| CPT-I | 29584 | Application of multi-layer compression system; upper arm, forearm, hand, and fingers |
| CPT-I | 29700 | Removal or bivalving; gauntlet, boot or body cast |
| CPT-I | 29705 | Removal or bivalving; full arm or full leg cast |
| CPT-I | 29710 | Removal or bivalving; shoulder or hip spica, Minerva, or Risser jacket, etc. |
| CPT-I | 29720 | Repair of spica, body cast or jacket |
| CPT-I | 29730 | Windowing of cast |
| CPT-I | 29740 | Wedging of cast (except clubfoot casts) |
| CPT-I | 29750 | Wedging of clubfoot cast |
| CPT-I | 29805 | Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure) |
| CPT-I | 29806 | Arthroscopy, shoulder, surgical; capsulorrhaphy |
| CPT-I | 29807 | Arthroscopy, shoulder, surgical; repair of SLAP lesion |
| CPT-I | 29819 | Arthroscopy, shoulder, surgical; with removal of loose body or foreign body |
| CPT-I | 29820 | Arthroscopy, shoulder, surgical; synovectomy, partial |
| CPT-I | 29821 | Arthroscopy, shoulder, surgical; synovectomy, complete |
| CPT-I | 29822 | Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies]) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 29823 | Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies]) |
| CPT-I | 29824 | Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure) |
| CPT-I | 29825 | Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation |
| CPT-I | 29826 | Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure) |
| CPT-I | 29827 | Arthroscopy, shoulder, surgical; with rotator cuff repair |
| CPT-I | 29828 | Arthroscopy, shoulder, surgical; biceps tenodesis |
| CPT-I | 29830 | Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure) |
| CPT-I | 29834 | Arthroscopy, elbow, surgical; with removal of loose body or foreign body |
| CPT-I | 29835 | Arthroscopy, elbow, surgical; synovectomy, partial |
| CPT-I | 29836 | Arthroscopy, elbow, surgical; synovectomy, complete |
| CPT-I | 29837 | Arthroscopy, elbow, surgical; debridement, limited |
| CPT-I | 29838 | Arthroscopy, elbow, surgical; debridement, extensive |
| CPT-I | 29840 | Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure) |
| CPT-I | 29843 | Arthroscopy, wrist, surgical; for infection, lavage and drainage |
| CPT-I | 29844 | Arthroscopy, wrist, surgical; synovectomy, partial |
| CPT-I | 29845 | Arthroscopy, wrist, surgical; synovectomy, complete |
| CPT-I | 29846 | Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement |
| CPT-I | 29847 | Arthroscopy, wrist, surgical; internal fixation for fracture or instability |
| CPT-I | 29850 | Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; without internal or external fixation (includes arthroscopy) |
| CPT-I | 29851 | Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy) |
| CPT-I | 29855 | Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, includes internal fixation, when performed (includes arthroscopy) |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 29856 | Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, includes internal fixation, when performed (includes arthroscopy) |
| CPT-I | 29860 | Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure) |
| CPT-I | 29861 | Arthroscopy, hip, surgical; with removal of loose body or foreign body |
| CPT-I | 29862 | Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum |
| CPT-I | 29863 | Arthroscopy, hip, surgical; with synovectomy |
| CPT-I | 29866 | Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s]) |
| CPT-I | 29867 | Arthroscopy, knee, surgical; osteochondral allograft (eg, mosaicplasty) |
| CPT-I | 29868 | Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral |
| CPT-I | 29870 | Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure) |
| CPT-I | 29871 | Arthroscopy, knee, surgical; for infection, lavage and drainage |
| CPT-I | 29873 | Arthroscopy, knee, surgical; with lateral release |
| CPT-I | 29874 | Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation) |
| CPT-I | 29875 | Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure) |
| CPT-I | 29876 | Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral) |
| CPT-I | 29877 | Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty) |
| CPT-I | 29879 | Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture |
| CPT-I | 29880 | Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed |
| CPT-I | 29881 | Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed |
| CPT-I | 29882 | Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral) |
| CPT-I | 29883 | Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 29884 | Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure) |
| CPT-I | 29885 | Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion) |
| CPT-I | 29886 | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion |
| CPT-I | 29887 | Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation |
| CPT-I | 29888 | Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction |
| CPT-I | 29889 | Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction |
| CPT-I | 29891 | Arthroscopy, ankle, surgical, excision of osteochondral defect of talus and/or tibia, including drilling of the defect |
| CPT-I | 29892 | Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy) |
| CPT-I | 29894 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body |
| CPT-I | 29895 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial |
| CPT-I | 29897 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited |
| CPT-I | 29898 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive |
| CPT-I | 29899 | Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis |
| CPT-I | 29900 | Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy |
| CPT-I | 29901 | Arthroscopy, metacarpophalangeal joint, surgical; with debridement |
| CPT-I | 29902 | Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stener lesion) |
| CPT-I | 29904 | Arthroscopy, subtalar joint, surgical; with removal of loose body or foreign body |
| CPT-I | 29905 | Arthroscopy, subtalar joint, surgical; with synovectomy |
| CPT-I | 29906 | Arthroscopy, subtalar joint, surgical; with debridement |
| CPT-I | 29907 | Arthroscopy, subtalar joint, surgical; with subtalar arthrodesis |
| CPT-I | 30000 | Drainage abscess or hematoma, nasal, internal approach |
| CPT-I | 30020 | Drainage abscess or hematoma, nasal septum |
| CPT-I | 30100 | Biopsy, intranasal |
| CPT-I | 30110 | Excision, nasal polyp(s), simple |
| CPT-I | 30115 | Excision, nasal polyp(s), extensive |
| CPT-I | 30117 | Excision or destruction (eg, laser), intranasal lesion; internal approach |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 30118 | Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy) |
| CPT-I | 30120 | Excision or surgical planing of skin of nose for rhinophyma |
| CPT-I | 30124 | Excision dermoid cyst, nose; simple, skin, subcutaneous |
| CPT-I | 30125 | Excision dermoid cyst, nose; complex, under bone or cartilage |
| CPT-I | 30150 | Rhinectomy; partial |
| CPT-I | 30160 | Rhinectomy; total |
| CPT-I | 30200 | Injection into turbinate(s), therapeutic |
| CPT-I | 30210 | Displacement therapy (Proetz type) |
| CPT-I | 30220 | Insertion, nasal septal prosthesis (button) |
| CPT-I | 30300 | Removal foreign body, intranasal; office type procedure |
| CPT-I | 30310 | Removal foreign body, intranasal; requiring general anesthesia |
| CPT-I | 30320 | Removal foreign body, intranasal; by lateral rhinotomy |
| CPT-I | 30540 | Repair choanal atresia; intranasal |
| CPT-I | 30545 | Repair choanal atresia; transpalatine |
| CPT-I | 30560 | Lysis intranasal synechia |
| CPT-I | 30580 | Repair fistula; oromaxillary (combine with 31030 if antrotomy is included) |
| CPT-I | 30600 | Repair fistula; oronasal |
| CPT-I | 30630 | Repair nasal septal perforations |
| CPT-I | 30901 | Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method |
| CPT-I | 30903 | Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method |
| CPT-I | 30905 | Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial |
| CPT-I | 30906 | Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent |
| CPT-I | 30915 | Ligation arteries; ethmoidal |
| CPT-I | 30920 | Ligation arteries; internal maxillary artery, transantral |
| CPT-I | 31000 | Lavage by cannulation; maxillary sinus (antrum puncture or natural ostium) |
| CPT-I | 31040 | Pterygomaxillary fossa surgery, any approach |
| CPT-I | 31225 | Maxillectomy; without orbital exenteration |
| CPT-I | 31231 | Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure) |
| CPT-I | 31238 | Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage |
| CPT-I | 31239 | Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 31240 | Nasal/sinus endoscopy, surgical; with concha bullosa resection |
| CPT-I | 31241 | Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery |
| CPT-I | 31253 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed |
| CPT-I | 31257 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy |
| CPT-I | 31259 | Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus |
| CPT-I | 31290 | Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; ethmoid region |
| CPT-I | 31291 | Nasal/sinus endoscopy, surgical, with repair of cerebrospinal fluid leak; sphenoid region |
| CPT-I | 31292 | Nasal/sinus endoscopy, surgical, with orbital decompression; medial or inferior wall |
| CPT-I | 31293 | Nasal/sinus endoscopy, surgical, with orbital decompression; medial and inferior wall |
| CPT-I | 31294 | Nasal/sinus endoscopy, surgical, with optic nerve decompression |
| CPT-I | 31298 | Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia |
| CPT-I | 31300 | Laryngotomy (thyrotomy, laryngofissure), with removal of tumor or laryngocele, cordectomy |
| CPT-I | 31360 | Laryngectomy; total, without radical neck dissection |
| CPT-I | 31365 | Laryngectomy; total, with radical neck dissection |
| CPT-I | 31367 | Laryngectomy; subtotal supraglottic, without radical neck dissection |
| CPT-I | 31368 | Laryngectomy; subtotal supraglottic, with radical neck dissection |
| CPT-I | 31370 | Partial laryngectomy (hemilaryngectomy); horizontal |
| CPT-I | 31375 | Partial laryngectomy (hemilaryngectomy); laterovertical |
| CPT-I | 31380 | Partial laryngectomy (hemilaryngectomy); anterovertical |
| CPT-I | 31382 | Partial laryngectomy (hemilaryngectomy); antero-latero-vertical |
| CPT-I | 31390 | Pharyngolaryngectomy, with radical neck dissection; without reconstruction |
| CPT-I | 31395 | Pharyngolaryngectomy, with radical neck dissection; with reconstruction |
| CPT-I | 31400 | Arytenoidectomy or arytenoidopexy, external approach |
| CPT-I | 31420 | Epiglottidectomy |
| CPT-I | 31500 | Intubation, endotracheal, emergency procedure |
| CPT-I | 31502 | Tracheotomy tube change prior to establishment of fistula tract |
| CPT-I | 31505 | Laryngoscopy, indirect; diagnostic (separate procedure) |
| CPT-I | 31510 | Laryngoscopy, indirect; with biopsy |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 31511 | Laryngoscopy, indirect; with removal of foreign body |
| CPT-I | 31512 | Laryngoscopy, indirect; with removal of lesion |
| CPT-I | 31513 | Laryngoscopy, indirect; with vocal cord injection |
| CPT-I | 31515 | Laryngoscopy direct, with or without tracheoscopy; for aspiration |
| CPT-I | 31520 | Laryngoscopy direct, with or without tracheoscopy; diagnostic, newborn |
| CPT-I | 31525 | Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn |
| CPT-I | 31526 | Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope or telescope |
| CPT-I | 31527 | Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator |
| CPT-I | 31528 | Laryngoscopy direct, with or without tracheoscopy; with dilation, initial |
| CPT-I | 31529 | Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent |
| CPT-I | 31530 | Laryngoscopy, direct, operative, with foreign body removal |
| CPT-I | 31531 | Laryngoscopy, direct, operative, with foreign body removal; with operating microscope or telescope |
| CPT-I | 31535 | Laryngoscopy, direct, operative, with biopsy |
| CPT-I | 31536 | Laryngoscopy, direct, operative, with biopsy; with operating microscope or telescope |
| CPT-I | 31540 | Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis |
| CPT-I | 31541 | Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope or telescope |
| CPT-I | 31545 | Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with local tissue flap(s) |
| CPT-I | 31546 | Laryngoscopy, direct, operative, with operating microscope or telescope, with submucosal removal of non-neoplastic lesion(s) of vocal cord; reconstruction with graft(s) (includes obtaining autograft) |
| CPT-I | 31551 | Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age |
| CPT-I | 31552 | Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older |
| CPT-I | 31553 | Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age |
| CPT-I | 31554 | Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older |
| CPT-I | 31560 | Laryngoscopy, direct, operative, with arytenoidectomy |
| CPT-I | 31561 | Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope or telescope |
| CPT-I | 31570 | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 31571 | Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope or telescope |
| CPT-I | 31572 | Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral |
| CPT-I | 31573 | Laryngoscopy, flexible; with therapeutic injection(s) (eg, chemodeneration agent or corticosteroid, injected percutaneous, transoral, or via endoscope channel), unilateral |
| CPT-I | 31574 | Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral |
| CPT-I | 31575 | Laryngoscopy, flexible; diagnostic |
| CPT-I | 31576 | Laryngoscopy, flexible; with biopsy(ies) |
| CPT-I | 31577 | Laryngoscopy, flexible; with removal of foreign body(s) |
| CPT-I | 31578 | Laryngoscopy, flexible; with removal of lesion(s), non-laser |
| CPT-I | 31579 | Laryngoscopy, flexible or rigid telescopic, with stroboscopy |
| CPT-I | 31580 | Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion |
| CPT-I | 31584 | Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed |
| CPT-I | 31587 | Laryngoplasty, cricoid split, without graft placement |
| CPT-I | 31590 | Laryngeal reinnervation by neuromuscular pedicle |
| CPT-I | 31591 | Laryngoplasty, medialization, unilateral |
| CPT-I | 31592 | Cricotracheal resection |
| CPT-I | 31600 | Tracheostomy, planned (separate procedure) |
| CPT-I | 31601 | Tracheostomy, planned (separate procedure); younger than 2 years |
| CPT-I | 31603 | Tracheostomy, emergency procedure; transtracheal |
| CPT-I | 31605 | Tracheostomy, emergency procedure; cricothyroid membrane |
| CPT-I | 31610 | Tracheostomy, fenestration procedure with skin flaps |
| CPT-I | 31611 | Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis) |
| CPT-I | 31612 | Tracheal puncture, percutaneous with transtracheal aspiration and/or injection |
| CPT-I | 31613 | Tracheostoma revision; simple, without flap rotation |
| CPT-I | 31614 | Tracheostoma revision; complex, with flap rotation |
| CPT-I | 31615 | Tracheobronchoscopy through established tracheostomy incision |
| CPT-I | 31622 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 31623 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings |
| CPT-I | 31624 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage |
| CPT-I | 31625 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites |
| CPT-I | 31626 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple |
| CPT-I | 31627 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s]) |
| CPT-I | 31628 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe |
| CPT-I | 31629 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i) |
| CPT-I | 31630 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with tracheal/bronchial dilation or closed reduction of fracture |
| CPT-I | 31631 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of tracheal stent(s) (includes tracheal/bronchial dilation as required) |
| CPT-I | 31632 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure) |
| CPT-I | 31633 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure) |
| CPT-I | 31634 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed |
| CPT-I | 31635 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of foreign body |
| CPT-I | 31636 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of bronchial stent(s) (includes tracheal/bronchial dilation as required), initial bronchus |
| CPT-I | 31637 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; each additional major bronchus stented (List separately in addition to code for primary procedure) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 31638 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with revision of tracheal or bronchial stent inserted at previous session (includes tracheal/bronchial dilation as required) |
| CPT-I | 31640 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with excision of tumor |
| CPT-I | 31641 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy) |
| CPT-I | 31643 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application |
| CPT-I | 31645 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial |
| CPT-I | 31646 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay |
| CPT-I | 31647 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe |
| CPT-I | 31648 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe |
| CPT-I | 31649 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure) |
| CPT-I | 31651 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (List separately in addition to code for primary procedure[s]) |
| CPT-I | 31652 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures |
| CPT-I | 31653 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures |
| CPT-I | 31654 | Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s]) |
| CPT-I | 31717 | Catheterization with bronchial brush biopsy |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 31720 | Catheter aspiration (separate procedure); nasotracheal |
| CPT-I | 31725 | Catheter aspiration (separate procedure); tracheobronchial with fiberscope, bedside |
| CPT-I | 31730 | Transtracheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy |
| CPT-I | 31750 | Tracheoplasty; cervical |
| CPT-I | 31755 | Tracheoplasty; tracheopharyngeal fistulization, each stage |
| CPT-I | 31760 | Tracheoplasty; intrathoracic |
| CPT-I | 31766 | Carinal reconstruction |
| CPT-I | 31770 | Bronchoplasty; graft repair |
| CPT-I | 31775 | Bronchoplasty; excision stenosis and anastomosis |
| CPT-I | 31780 | Excision tracheal stenosis and anastomosis; cervical |
| CPT-I | 31781 | Excision tracheal stenosis and anastomosis; cervicothoracic |
| CPT-I | 31785 | Excision of tracheal tumor or carcinoma; cervical |
| CPT-I | 31786 | Excision of tracheal tumor or carcinoma; thoracic |
| CPT-I | 31800 | Suture of tracheal wound or injury; cervical |
| CPT-I | 31805 | Suture of tracheal wound or injury; intrathoracic |
| CPT-I | 31820 | Surgical closure tracheostomy or fistula; without plastic repair |
| CPT-I | 31825 | Surgical closure tracheostomy or fistula; with plastic repair |
| CPT-I | 31830 | Revision of tracheostomy scar |
| CPT-I | 32035 | Thoracostomy; with rib resection for empyema |
| CPT-I | 32036 | Thoracostomy; with open flap drainage for empyema |
| CPT-I | 32096 | Thoracotomy, with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral |
| CPT-I | 32097 | Thoracotomy, with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral |
| CPT-I | 32098 | Thoracotomy, with biopsy(ies) of pleura |
| CPT-I | 32100 | Thoracotomy; with exploration |
| CPT-I | 32110 | Thoracotomy; with control of traumatic hemorrhage and/or repair of lung tear |
| CPT-I | 32120 | Thoracotomy; for postoperative complications |
| CPT-I | 32124 | Thoracotomy; with open intrapleural pneumonolysis |
| CPT-I | 32140 | Thoracotomy; with cyst(s) removal, includes pleural procedure when performed |
| CPT-I | 32141 | Thoracotomy; with resection-plication of bullae, includes any pleural procedure when performed |
| CPT-I | 32150 | Thoracotomy; with removal of intrapleural foreign body or fibrin deposit |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 32151 | Thoracotomy; with removal of intrapulmonary foreign body |
| CPT-I | 32160 | Thoracotomy; with cardiac massage |
| CPT-I | 32200 | Pneumonostomy, with open drainage of abscess or cyst |
| CPT-I | 32215 | Pleural scarification for repeat pneumothorax |
| CPT-I | 32220 | Decortication, pulmonary (separate procedure); total |
| CPT-I | 32225 | Decortication, pulmonary (separate procedure); partial |
| CPT-I | 32310 | Pleurectomy, parietal (separate procedure) |
| CPT-I | 32320 | Decortication and parietal pleurectomy |
| CPT-I | 32400 | Biopsy, pleura, percutaneous needle |
| CPT-I | 32408 | Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed |
| CPT-I | 32440 | Removal of lung, pneumonectomy |
| CPT-I | 32442 | Removal of lung, pneumonectomy; with resection of segment of trachea followed by broncho-tracheal anastomosis (sleeve pneumonectomy) |
| CPT-I | 32445 | Removal of lung, pneumonectomy; extrapleural |
| CPT-I | 32480 | Removal of lung, other than pneumonectomy; single lobe (lobectomy) |
| CPT-I | 32482 | Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy) |
| CPT-I | 32484 | Removal of lung, other than pneumonectomy; single segment (segmentectomy) |
| CPT-I | 32486 | Removal of lung, other than pneumonectomy; with circumferential resection of segment of bronchus followed by broncho-bronchial anastomosis (sleeve lobectomy) |
| CPT-I | 32488 | Removal of lung, other than pneumonectomy; with all remaining lung following previous removal of a portion of lung (completion pneumonectomy) |
| CPT-I | 32491 | Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed |
| CPT-I | 32501 | Resection and repair of portion of bronchus (bronchoplasty) when performed at time of lobectomy or segmentectomy (List separately in addition to code for primary procedure) |
| CPT-I | 32503 | Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; without chest wall reconstruction(s) |
| CPT-I | 32504 | Resection of apical lung tumor (eg, Pancoast tumor), including chest wall resection, rib(s) resection(s), neurovascular dissection, when performed; with chest wall reconstruction |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 32505 | Thoracotomy; with therapeutic wedge resection (eg, mass, nodule), initial |
| CPT-I | 32506 | Thoracotomy; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure) |
| CPT-I | 32507 | Thoracotomy; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure) |
| CPT-I | 32540 | Extrapleural enucleation of empyema (empyemectomy) |
| CPT-I | 32550 | Insertion of indwelling tunneled pleural catheter with cuff |
| CPT-I | 32551 | Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure) |
| CPT-I | 32552 | Removal of indwelling tunneled pleural catheter with cuff |
| CPT-I | 32553 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple |
| CPT-I | 32554 | Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance |
| CPT-I | 32555 | Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance |
| CPT-I | 32556 | Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance |
| CPT-I | 32557 | Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance |
| CPT-I | 32560 | Instillation, via chest tube/catheter, agent for pleurodesis (eg, talc for recurrent or persistent pneumothorax) |
| CPT-I | 32561 | Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day |
| CPT-I | 32562 | Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day |
| CPT-I | 32601 | Thoracoscopy, diagnostic (separate procedure); lungs, pericardial sac, mediastinal or pleural space, without biopsy |
| CPT-I | 32604 | Thoracoscopy, diagnostic (separate procedure); pericardial sac, with biopsy |
| CPT-I | 32606 | Thoracoscopy, diagnostic (separate procedure); mediastinal space, with biopsy |
| CPT-I | 32607 | Thoracoscopy; with diagnostic biopsy(ies) of lung infiltrate(s) (eg, wedge, incisional), unilateral |
| CPT-I | 32608 | Thoracoscopy; with diagnostic biopsy(ies) of lung nodule(s) or mass(es) (eg, wedge, incisional), unilateral |
| CPT-I | 32609 | Thoracoscopy; with biopsy(ies) of pleura |
| CPT-I | 32650 | Thoracoscopy, surgical; with pleurodesis (eg, mechanical or chemical) |
| CPT-I | 32651 | Thoracoscopy, surgical; with partial pulmonary decortication |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 32652 | Thoracoscopy, surgical; with total pulmonary decortication, including intrapleural pneumonolysis |
| CPT-I | 32653 | Thoracoscopy, surgical; with removal of intrapleural foreign body or fibrin deposit |
| CPT-I | 32654 | Thoracoscopy, surgical; with control of traumatic hemorrhage |
| CPT-I | 32655 | Thoracoscopy, surgical; with resection-plication of bullae, includes any pleural procedure when performed |
| CPT-I | 32656 | Thoracoscopy, surgical; with parietal pleurectomy |
| CPT-I | 32658 | Thoracoscopy, surgical; with removal of clot or foreign body from pericardial sac |
| CPT-I | 32659 | Thoracoscopy, surgical; with creation of pericardial window or partial resection of pericardial sac for drainage |
| CPT-I | 32661 | Thoracoscopy, surgical; with excision of pericardial cyst, tumor, or mass |
| CPT-I | 32662 | Thoracoscopy, surgical; with excision of mediastinal cyst, tumor, or mass |
| CPT-I | 32663 | Thoracoscopy, surgical; with lobectomy (single lobe) |
| CPT-I | 32665 | Thoracoscopy, surgical; with esophagomyotomy (Heller type) |
| CPT-I | 32666 | Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass, nodule), initial unilateral |
| CPT-I | 32667 | Thoracoscopy, surgical; with therapeutic wedge resection (eg, mass or nodule), each additional resection, ipsilateral (List separately in addition to code for primary procedure) |
| CPT-I | 32668 | Thoracoscopy, surgical; with diagnostic wedge resection followed by anatomic lung resection (List separately in addition to code for primary procedure) |
| CPT-I | 32669 | Thoracoscopy, surgical; with removal of a single lung segment (segmentectomy) |
| CPT-I | 32670 | Thoracoscopy, surgical; with removal of two lobes (bilobectomy) |
| CPT-I | 32671 | Thoracoscopy, surgical; with removal of lung (pneumonectomy) |
| CPT-I | 32672 | Thoracoscopy, surgical; with resection-plication for emphysematous lung (bullous or non-bullous) for lung volume reduction (LVRS), unilateral includes any pleural procedure, when performed |
| CPT-I | 32673 | Thoracoscopy, surgical; with resection of thymus, unilateral or bilateral |
| CPT-I | 32674 | Thoracoscopy, surgical; with mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure) |
| CPT-I | 32800 | Repair lung hernia through chest wall |
| CPT-I | 32810 | Closure of chest wall following open flap drainage for empyema (Clagett type procedure) |
| CPT-I | 32815 | Open closure of major bronchial fistula |
| CPT-I | 32820 | Major reconstruction, chest wall (posttraumatic) |
| CPT-I | 32850 | Donor pneumonectomy(s) (including cold preservation), from cadaver donor |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 32900 | Resection of ribs, extrapleural, all stages |
| CPT-I | 32905 | Thoracoplasty, Schede type or extrapleural (all stages) |
| CPT-I | 32906 | Thoracoplasty, Schede type or extrapleural (all stages); with closure of bronchopleural fistula |
| CPT-I | 32940 | Pneumonolysis, extraperiosteal, including filling or packing procedures |
| CPT-I | 32960 | Pneumothorax, therapeutic, intrapleural injection of air |
| CPT-I | 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 |
| CPT-I | 32997 | Total lung lavage (unilateral) |
| CPT-I | 32998 | 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; radiofrequency |
| CPT-I | 33016 | Pericardiocentesis, including imaging guidance, when performed |
| CPT-I | 33017 | Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly |
| CPT-I | 33018 | Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly |
| CPT-I | 33019 | Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance |
| CPT-I | 33020 | Pericardiotomy for removal of clot or foreign body (primary procedure) |
| CPT-I | 33025 | Creation of pericardial window or partial resection for drainage |
| CPT-I | 33030 | Pericardiectomy, subtotal or complete; without cardiopulmonary bypass |
| CPT-I | 33031 | Pericardiectomy, subtotal or complete; with cardiopulmonary bypass |
| CPT-I | 33050 | Resection of pericardial cyst or tumor |
| CPT-I | 33120 | Excision of intracardiac tumor, resection with cardiopulmonary bypass |
| CPT-I | 33130 | Resection of external cardiac tumor |
| CPT-I | 33140 | Transmyocardial laser revascularization, by thoracotomy; (separate procedure) |
| CPT-I | 33141 | Transmyocardial laser revascularization, by thoracotomy; performed at the time of other open cardiac procedure(s) (List separately in addition to code for primary procedure) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 33202 | Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach) |
| CPT-I | 33203 | Insertion of epicardial electrode(s); endoscopic approach (eg, thoracoscopy, pericardioscopy) |
| CPT-I | 33206 | Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial |
| CPT-I | 33207 | Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular |
| CPT-I | 33208 | Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular |
| CPT-I | 33210 | Insertion or replacement of temporary transvenous single chamber cardiac electrode or pacemaker catheter (separate procedure) |
| CPT-I | 33211 | Insertion or replacement of temporary transvenous dual chamber pacing electrodes (separate procedure) |
| CPT-I | 33212 | Insertion of pacemaker pulse generator only; with existing single lead |
| CPT-I | 33213 | Insertion of pacemaker pulse generator only; with existing dual leads |
| CPT-I | 33214 | Upgrade of implanted pacemaker system, conversion of single chamber system to dual chamber system (includes removal of previously placed pulse generator, testing of existing lead, insertion of new lead, insertion of new pulse generator) |
| CPT-I | 33215 | Repositioning of previously implanted transvenous pacemaker or implantable defibrillator (right atrial or right ventricular) electrode |
| CPT-I | 33216 | Insertion of a single transvenous electrode, permanent pacemaker or implantable defibrillator |
| CPT-I | 33217 | Insertion of 2 transvenous electrodes, permanent pacemaker or implantable defibrillator |
| CPT-I | 33218 | Repair of single transvenous electrode, permanent pacemaker or implantable defibrillator |
| CPT-I | 33220 | Repair of 2 transvenous electrodes for permanent pacemaker or implantable defibrillator |
| CPT-I | 33221 | Insertion of pacemaker pulse generator only; with existing multiple leads |
| CPT-I | 33222 | Relocation of skin pocket for pacemaker |
| CPT-I | 33223 | Relocation of skin pocket for implantable defibrillator |
| CPT-I | 33224 | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or implantable defibrillator pulse generator (including revision of pocket, removal, insertion, and/or replacement of existing generator) |
| CPT-I | 33225 | Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of implantable defibrillator or pacemaker pulse generator (eg, for upgrade to dual chamber system) (List separately in addition to code for primary procedure) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 33226 | Repositioning of previously implanted cardiac venous system (left ventricular) electrode (including removal, insertion and/or replacement of existing generator) |
| CPT-I | 33227 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; single lead system |
| CPT-I | 33228 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; dual lead system |
| CPT-I | 33229 | Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator; multiple lead system |
| CPT-I | 33230 | Insertion of implantable defibrillator pulse generator only; with existing dual leads |
| CPT-I | 33231 | Insertion of implantable defibrillator pulse generator only; with existing multiple leads |
| CPT-I | 33233 | Removal of permanent pacemaker pulse generator only |
| CPT-I | 33234 | Removal of transvenous pacemaker electrode(s); single lead system, atrial or ventricular |
| CPT-I | 33235 | Removal of transvenous pacemaker electrode(s); dual lead system |
| CPT-I | 33236 | Removal of permanent epicardial pacemaker and electrodes by thoracotomy; single lead system, atrial or ventricular |
| CPT-I | 33237 | Removal of permanent epicardial pacemaker and electrodes by thoracotomy; dual lead system |
| CPT-I | 33238 | Removal of permanent transvenous electrode(s) by thoracotomy |
| CPT-I | 33241 | Removal of implantable defibrillator pulse generator only |
| CPT-I | 33243 | Removal of single or dual chamber implantable defibrillator electrode(s); by thoracotomy |
| CPT-I | 33244 | Removal of single or dual chamber implantable defibrillator electrode(s); by transvenous extraction |
| CPT-I | 33250 | Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); without cardiopulmonary bypass |
| CPT-I | 33251 | Operative ablation of supraventricular arrhythmogenic focus or pathway (eg, Wolff-Parkinson-White, atrioventricular node re-entry), tract(s) and/or focus (foci); with cardiopulmonary bypass |
| CPT-I | 33254 | Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure) |
| CPT-I | 33255 | Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass |
| CPT-I | 33256 | Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 33257 | Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (List separately in addition to code for primary procedure) |
| CPT-I | 33258 | Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (List separately in addition to code for primary procedure) |
| CPT-I | 33259 | Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (List separately in addition to code for primary procedure) |
| CPT-I | 33261 | Operative ablation of ventricular arrhythmogenic focus with cardiopulmonary bypass |
| CPT-I | 33262 | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system |
| CPT-I | 33263 | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system |
| CPT-I | 33264 | Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system |
| CPT-I | 33265 | Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass |
| CPT-I | 33266 | Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass |
| CPT-I | 33267 | Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) |
| CPT-I | 33268 | Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (List separately in addition to code for primary procedure) |
| CPT-I | 33269 | Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) |
| CPT-I | 33271 | Insertion of subcutaneous implantable defibrillator electrode |
| CPT-I | 33272 | Removal of subcutaneous implantable defibrillator electrode |
| CPT-I | 33273 | Repositioning of previously implanted subcutaneous implantable defibrillator electrode |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 33274 | Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed |
| CPT-I | 33275 | Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed |
| CPT-I | 33285 | Insertion, subcutaneous cardiac rhythm monitor, including programming |
| CPT-I | 33286 | Removal, subcutaneous cardiac rhythm monitor |
| CPT-I | 33300 | Repair of cardiac wound; without bypass |
| CPT-I | 33305 | Repair of cardiac wound; with cardiopulmonary bypass |
| CPT-I | 33310 | Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); without bypass |
| CPT-I | 33315 | Cardiotomy, exploratory (includes removal of foreign body, atrial or ventricular thrombus); with cardiopulmonary bypass |
| CPT-I | 33320 | Suture repair of aorta or great vessels; without shunt or cardiopulmonary bypass |
| CPT-I | 33321 | Suture repair of aorta or great vessels; with shunt bypass |
| CPT-I | 33322 | Suture repair of aorta or great vessels; with cardiopulmonary bypass |
| CPT-I | 33330 | Insertion of graft, aorta or great vessels; without shunt, or cardiopulmonary bypass |
| CPT-I | 33335 | Insertion of graft, aorta or great vessels; with cardiopulmonary bypass |
| CPT-I | 33340 | Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation |
| CPT-I | 33361 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach |
| CPT-I | 33362 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach |
| CPT-I | 33363 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach |
| CPT-I | 33364 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach |
| CPT-I | 33365 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy) |
| CPT-I | 33366 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 33367 | Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (List separately in addition to code for primary procedure) |
| CPT-I | 33390 | Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; simple (ie, valvotomy, debridement, debulking, and/or simple commissural resuspension) |
| CPT-I | 33391 | Valvuloplasty, aortic valve, open, with cardiopulmonary bypass; complex (eg, leaflet extension, leaflet resection, leaflet reconstruction, or annuloplasty) |
| CPT-I | 33404 | Construction of apical-aortic conduit |
| CPT-I | 33405 | Replacement, aortic valve, open, with cardiopulmonary bypass; with prosthetic valve other than homograft or stentless valve |
| CPT-I | 33406 | Replacement, aortic valve, open, with cardiopulmonary bypass; with allograft valve (freehand) |
| CPT-I | 33410 | Replacement, aortic valve, open, with cardiopulmonary bypass; with stentless tissue valve |
| CPT-I | 33411 | Replacement, aortic valve; with aortic annulus enlargement, noncoronary sinus |
| CPT-I | 33412 | Replacement, aortic valve; with transventricular aortic annulus enlargement (Konno procedure) |
| CPT-I | 33413 | Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (Ross procedure) |
| CPT-I | 33414 | Repair of left ventricular outflow tract obstruction by patch enlargement of the outflow tract |
| CPT-I | 33415 | Resection or incision of subvalvular tissue for discrete subvalvular aortic stenosis |
| CPT-I | 33416 | Ventriculomyotomy (-myectomy) for idiopathic hypertrophic subaortic stenosis (eg, asymmetric septal hypertrophy) |
| CPT-I | 33417 | Aortoplasty (gusset) for supra-avalvular stenosis |
| CPT-I | 33418 | Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; initial prosthesis |
| CPT-I | 33419 | Transcatheter mitral valve repair, percutaneous approach, including transeptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure) |
| CPT-I | 33420 | Valvotomy, mitral valve; closed heart |
| CPT-I | 33422 | Valvotomy, mitral valve; open heart, with cardiopulmonary bypass |
| CPT-I | 33425 | Valvuloplasty, mitral valve, with cardiopulmonary bypass |
| CPT-I | 33426 | Valvuloplasty, mitral valve, with cardiopulmonary bypass; with prosthetic ring |
| CPT-I | 33427 | Valvuloplasty, mitral valve, with cardiopulmonary bypass; radical reconstruction, with or without ring |



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|--------------|-------|---|
| CPT-I | 33430 | Replacement, mitral valve, with cardiopulmonary bypass |
| CPT-I | 33440 | Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (Ross-Konno procedure) |
| CPT-I | 33460 | Valvectomy, tricuspid valve, with cardiopulmonary bypass |
| CPT-I | 33463 | Valvuloplasty, tricuspid valve; without ring insertion |
| CPT-I | 33464 | Valvuloplasty, tricuspid valve; with ring insertion |
| CPT-I | 33465 | Replacement, tricuspid valve, with cardiopulmonary bypass |
| CPT-I | 33468 | Tricuspid valve repositioning and plication for Ebstein anomaly |
| CPT-I | 33471 | Valvotomy, pulmonary valve, closed heart, via pulmonary artery |
| CPT-I | 33474 | Valvotomy, pulmonary valve, open heart, with cardiopulmonary bypass |
| CPT-I | 33475 | Replacement, pulmonary valve |
| CPT-I | 33476 | Right ventricular resection for infundibular stenosis, with or without commissurotomy |
| CPT-I | 33477 | Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed |
| CPT-I | 33478 | Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection |
| CPT-I | 33496 | Repair of non-structural prosthetic valve dysfunction with cardiopulmonary bypass (separate procedure) |
| CPT-I | 33500 | Repair of coronary arteriovenous or arteriocardiac chamber fistula; with cardiopulmonary bypass |
| CPT-I | 33501 | Repair of coronary arteriovenous or arteriocardiac chamber fistula; without cardiopulmonary bypass |
| CPT-I | 33502 | Repair of anomalous coronary artery from pulmonary artery origin; by ligation |
| CPT-I | 33503 | Repair of anomalous coronary artery from pulmonary artery origin; by graft, without cardiopulmonary bypass |
| CPT-I | 33504 | Repair of anomalous coronary artery from pulmonary artery origin; by graft, with cardiopulmonary bypass |
| CPT-I | 33505 | Repair of anomalous coronary artery from pulmonary artery origin; with construction of intrapulmonary artery tunnel (Takeuchi procedure) |
| CPT-I | 33506 | Repair of anomalous coronary artery from pulmonary artery origin; by translocation from pulmonary artery to aorta |
| CPT-I | 33507 | Repair of anomalous (eg, intramural) aortic origin of coronary artery by unroofing or translocation |
| CPT-I | 33508 | Endoscopy, surgical, including video-assisted harvest of vein(s) for coronary artery bypass procedure (List separately in addition to code for primary procedure) |
| CPT-I | 33509 | Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 33510 | Coronary artery bypass, vein only; single coronary venous graft |
| CPT-I | 33511 | Coronary artery bypass, vein only; 2 coronary venous grafts |
| CPT-I | 33512 | Coronary artery bypass, vein only; 3 coronary venous grafts |
| CPT-I | 33513 | Coronary artery bypass, vein only; 4 coronary venous grafts |
| CPT-I | 33514 | Coronary artery bypass, vein only; 5 coronary venous grafts |
| CPT-I | 33516 | Coronary artery bypass, vein only; 6 or more coronary venous grafts |
| CPT-I | 33517 | Coronary artery bypass, using venous graft(s) and arterial graft(s); single vein graft (List separately in addition to code for primary procedure) |
| CPT-I | 33518 | Coronary artery bypass, using venous graft(s) and arterial graft(s); 2 venous grafts (List separately in addition to code for primary procedure) |
| CPT-I | 33519 | Coronary artery bypass, using venous graft(s) and arterial graft(s); 3 venous grafts (List separately in addition to code for primary procedure) |
| CPT-I | 33521 | Coronary artery bypass, using venous graft(s) and arterial graft(s); 4 venous grafts (List separately in addition to code for primary procedure) |
| CPT-I | 33522 | Coronary artery bypass, using venous graft(s) and arterial graft(s); 5 venous grafts (List separately in addition to code for primary procedure) |
| CPT-I | 33523 | Coronary artery bypass, using venous graft(s) and arterial graft(s); 6 or more venous grafts (List separately in addition to code for primary procedure) |
| CPT-I | 33530 | Reoperation, coronary artery bypass procedure or valve procedure, more than 1 month after original operation (List separately in addition to code for primary procedure) |
| CPT-I | 33533 | Coronary artery bypass, using arterial graft(s); single arterial graft |
| CPT-I | 33534 | Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts |
| CPT-I | 33535 | Coronary artery bypass, using arterial graft(s); 3 coronary arterial grafts |
| CPT-I | 33536 | Coronary artery bypass, using arterial graft(s); 4 or more coronary arterial grafts |
| CPT-I | 33542 | Myocardial resection (eg, ventricular aneurysmectomy) |
| CPT-I | 33545 | Repair of postinfarction ventricular septal defect, with or without myocardial resection |
| CPT-I | 33572 | Coronary endarterectomy, open, any method, of left anterior descending, circumflex, or right coronary artery performed in conjunction with coronary artery bypass graft procedure, each vessel (List separately in addition to primary procedure) |
| CPT-I | 33600 | Closure of atrioventricular valve (mitral or tricuspid) by suture or patch |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 33602 | Closure of semilunar valve (aortic or pulmonary) by suture or patch |
| CPT-I | 33606 | Anastomosis of pulmonary artery to aorta (Damus-Kaye-Stansel procedure) |
| CPT-I | 33608 | Repair of complex cardiac anomaly other than pulmonary atresia with ventricular septal defect by construction or replacement of conduit from right or left ventricle to pulmonary artery |
| CPT-I | 33610 | Repair of complex cardiac anomalies (eg, single ventricle with subaortic obstruction) by surgical enlargement of ventricular septal defect |
| CPT-I | 33611 | Repair of double outlet right ventricle with intraventricular tunnel repair |
| CPT-I | 33612 | Repair of double outlet right ventricle with intraventricular tunnel repair; with repair of right ventricular outflow tract obstruction |
| CPT-I | 33615 | Repair of complex cardiac anomalies (eg, tricuspid atresia) by closure of atrial septal defect and anastomosis of atria or vena cava to pulmonary artery (simple Fontan procedure) |
| CPT-I | 33617 | Repair of complex cardiac anomalies (eg, single ventricle) by modified Fontan procedure |
| CPT-I | 33619 | Repair of single ventricle with aortic outflow obstruction and aortic arch hypoplasia (hypoplastic left heart syndrome) (eg, Norwood procedure) |
| CPT-I | 33620 | Application of right and left pulmonary artery bands (eg, hybrid approach stage 1) |
| CPT-I | 33621 | Trans thoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1) |
| CPT-I | 33622 | Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding) |
| CPT-I | 33641 | Repair atrial septal defect, secundum, with cardiopulmonary bypass, with or without patch |
| CPT-I | 33645 | Direct or patch closure, sinus venosus, with or without anomalous pulmonary venous drainage |
| CPT-I | 33647 | Repair of atrial septal defect and ventricular septal defect, with direct or patch closure |
| CPT-I | 33660 | Repair of incomplete or partial atrioventricular canal (ostium primum atrial septal defect), with or without atrioventricular valve repair |
| CPT-I | 33665 | Repair of intermediate or transitional atrioventricular canal, with or without atrioventricular valve repair |
| CPT-I | 33670 | Repair of complete atrioventricular canal, with or without prosthetic valve |
| CPT-I | 33675 | Closure of multiple ventricular septal defects |
| CPT-I | 33676 | Closure of multiple ventricular septal defects; with pulmonary valvotomy or infundibular resection (acyanotic) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 33677 | Closure of multiple ventricular septal defects; with removal of pulmonary artery band, with or without gusset |
| CPT-I | 33681 | Closure of single ventricular septal defect, with or without patch |
| CPT-I | 33684 | Closure of single ventricular septal defect, with or without patch; with pulmonary valvotomy or infundibular resection (acyanotic) |
| CPT-I | 33688 | Closure of single ventricular septal defect, with or without patch; with removal of pulmonary artery band, with or without gusset |
| CPT-I | 33690 | Banding of pulmonary artery |
| CPT-I | 33692 | Complete repair tetralogy of Fallot without pulmonary atresia |
| CPT-I | 33694 | Complete repair tetralogy of Fallot without pulmonary atresia; with transannular patch |
| CPT-I | 33697 | Complete repair tetralogy of Fallot with pulmonary atresia including construction of conduit from right ventricle to pulmonary artery and closure of ventricular septal defect |
| CPT-I | 33702 | Repair sinus of Valsalva fistula, with cardiopulmonary bypass |
| CPT-I | 33710 | Repair sinus of Valsalva fistula, with cardiopulmonary bypass; with repair of ventricular septal defect |
| CPT-I | 33720 | Repair sinus of Valsalva aneurysm, with cardiopulmonary bypass |
| CPT-I | 33724 | Repair of isolated partial anomalous pulmonary venous return (eg, Scimitar Syndrome) |
| CPT-I | 33726 | Repair of pulmonary venous stenosis |
| CPT-I | 33730 | Complete repair of anomalous pulmonary venous return (supracardiac, intracardiac, or infracardiac types) |
| CPT-I | 33732 | Repair of cor triatriatum or supra-atrial mitral ring by resection of left atrial membrane |
| CPT-I | 33735 | Atrial septectomy or septostomy; closed heart (Blalock-Hanlon type operation) |
| CPT-I | 33736 | Atrial septectomy or septostomy; open heart with cardiopulmonary bypass |
| CPT-I | 33737 | Atrial septectomy or septostomy; open heart, with inflow occlusion |
| CPT-I | 33741 | Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade) |
| CPT-I | 33745 | Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 33746 | Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure) |
| CPT-I | 33750 | Shunt; subclavian to pulmonary artery (Blalock-Taussig type operation) |
| CPT-I | 33755 | Shunt; ascending aorta to pulmonary artery (Waterston type operation) |
| CPT-I | 33762 | Shunt; descending aorta to pulmonary artery (Potts-Smith type operation) |
| CPT-I | 33764 | Shunt; central, with prosthetic graft |
| CPT-I | 33766 | Shunt; superior vena cava to pulmonary artery for flow to 1 lung (classical Glenn procedure) |
| CPT-I | 33767 | Shunt; superior vena cava to pulmonary artery for flow to both lungs (bidirectional Glenn procedure) |
| CPT-I | 33768 | Anastomosis, cavopulmonary, second superior vena cava (List separately in addition to primary procedure) |
| CPT-I | 33770 | Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; without surgical enlargement of ventricular septal defect |
| CPT-I | 33771 | Repair of transposition of the great arteries with ventricular septal defect and subpulmonary stenosis; with surgical enlargement of ventricular septal defect |
| CPT-I | 33774 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass |
| CPT-I | 33775 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with removal of pulmonary band |
| CPT-I | 33776 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with closure of ventricular septal defect |
| CPT-I | 33777 | Repair of transposition of the great arteries, atrial baffle procedure (eg, Mustard or Senning type) with cardiopulmonary bypass; with repair of subpulmonic obstruction |
| CPT-I | 33778 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type) |
| CPT-I | 33779 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with removal of pulmonary band |
| CPT-I | 33780 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with closure of ventricular septal defect |



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|--------------|-------|--|
| CPT-I | 33781 | Repair of transposition of the great arteries, aortic pulmonary artery reconstruction (eg, Jatene type); with repair of subpulmonic obstruction |
| CPT-I | 33782 | Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation |
| CPT-I | 33783 | Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia |
| CPT-I | 33786 | Total repair, truncus arteriosus (Rastelli type operation) |
| CPT-I | 33788 | Reimplantation of an anomalous pulmonary artery |
| CPT-I | 33800 | Aortic suspension (aortopexy) for tracheal decompression (eg, for tracheomalacia) (separate procedure) |
| CPT-I | 33802 | Division of aberrant vessel (vascular ring) |
| CPT-I | 33803 | Division of aberrant vessel (vascular ring); with reanastomosis |
| CPT-I | 33813 | Obliteration of aortopulmonary septal defect; without cardiopulmonary bypass |
| CPT-I | 33814 | Obliteration of aortopulmonary septal defect; with cardiopulmonary bypass |
| CPT-I | 33820 | Repair of patent ductus arteriosus; by ligation |
| CPT-I | 33822 | Repair of patent ductus arteriosus; by division, younger than 18 years |
| CPT-I | 33824 | Repair of patent ductus arteriosus; by division, 18 years and older |
| CPT-I | 33840 | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with direct anastomosis |
| CPT-I | 33845 | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; with graft |
| CPT-I | 33851 | Excision of coarctation of aorta, with or without associated patent ductus arteriosus; repair using either left subclavian artery or prosthetic material as gusset for enlargement |
| CPT-I | 33852 | Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; without cardiopulmonary bypass |
| CPT-I | 33853 | Repair of hypoplastic or interrupted aortic arch using autogenous or prosthetic material; with cardiopulmonary bypass |
| CPT-I | 33858 | Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic dissection |
| CPT-I | 33859 | Ascending aorta graft, with cardiopulmonary bypass, includes valve suspension, when performed; for aortic disease other than dissection (eg, aneurysm) |
| CPT-I | 33863 | Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall) |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 33864 | Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, David Procedure, Yacoub Procedure) |
| CPT-I | 33866 | Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (List separately in addition to code for primary procedure) |
| CPT-I | 33871 | Transverse aortic arch graft, with cardiopulmonary bypass, with profound hypothermia, total circulatory arrest and isolated cerebral perfusion with reimplantation of arch vessel(s) (eg, island pedicle or individual arch vessel reimplantation) |
| CPT-I | 33875 | Descending thoracic aorta graft, with or without bypass |
| CPT-I | 33877 | Repair of thoracoabdominal aortic aneurysm with graft, with or without cardiopulmonary bypass |
| CPT-I | 33880 | Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin |
| CPT-I | 33881 | Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin |
| CPT-I | 33883 | Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension |
| CPT-I | 33884 | Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); each additional proximal extension (List separately in addition to code for primary procedure) |
| CPT-I | 33886 | Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta |
| CPT-I | 33889 | Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral |
| CPT-I | 33891 | Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision |
| CPT-I | 33894 | Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; across major side branches |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 33895 | Endovascular stent repair of coarctation of the ascending, transverse, or descending thoracic or abdominal aorta, involving stent placement; not crossing major side branches |
| CPT-I | 33897 | Percutaneous transluminal angioplasty of native or recurrent coarctation of the aorta |
| CPT-I | 33910 | Pulmonary artery embolectomy; with cardiopulmonary bypass |
| CPT-I | 33915 | Pulmonary artery embolectomy; without cardiopulmonary bypass |
| CPT-I | 33916 | Pulmonary endarterectomy, with or without embolectomy, with cardiopulmonary bypass |
| CPT-I | 33917 | Repair of pulmonary artery stenosis by reconstruction with patch or graft |
| CPT-I | 33920 | Repair of pulmonary atresia with ventricular septal defect, by construction or replacement of conduit from right or left ventricle to pulmonary artery |
| CPT-I | 33922 | Transection of pulmonary artery with cardiopulmonary bypass |
| CPT-I | 33924 | Ligation and takedown of a systemic-to-pulmonary artery shunt, performed in conjunction with a congenital heart procedure (List separately in addition to code for primary procedure) |
| CPT-I | 33925 | Repair of pulmonary artery arborization anomalies by unifocalization; without cardiopulmonary bypass |
| CPT-I | 33926 | Repair of pulmonary artery arborization anomalies by unifocalization; with cardiopulmonary bypass |
| CPT-I | 33946 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous |
| CPT-I | 33947 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial |
| CPT-I | 33948 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous |
| CPT-I | 33949 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial |
| CPT-I | 33951 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed) |
| CPT-I | 33952 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed) |
| CPT-I | 33953 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 33954 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older |
| CPT-I | 33955 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age |
| CPT-I | 33956 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older |
| CPT-I | 33957 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed) |
| CPT-I | 33958 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed) |
| CPT-I | 33959 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed) |
| CPT-I | 33962 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed) |
| CPT-I | 33963 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed) |
| CPT-I | 33964 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed) |
| CPT-I | 33965 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age |
| CPT-I | 33966 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older |
| CPT-I | 33967 | Insertion of intra-aortic balloon assist device, percutaneous |
| CPT-I | 33968 | Removal of intra-aortic balloon assist device, percutaneous |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 33969 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age |
| CPT-I | 33970 | Insertion of intra-aortic balloon assist device through the femoral artery, open approach |
| CPT-I | 33971 | Removal of intra-aortic balloon assist device including repair of femoral artery, with or without graft |
| CPT-I | 33973 | Insertion of intra-aortic balloon assist device through the ascending aorta |
| CPT-I | 33974 | Removal of intra-aortic balloon assist device from the ascending aorta, including repair of the ascending aorta, with or without graft |
| CPT-I | 33975 | Insertion of ventricular assist device; extracorporeal, single ventricle |
| CPT-I | 33976 | Insertion of ventricular assist device; extracorporeal, biventricular |
| CPT-I | 33977 | Removal of ventricular assist device; extracorporeal, single ventricle |
| CPT-I | 33978 | Removal of ventricular assist device; extracorporeal, biventricular |
| CPT-I | 33979 | Insertion of ventricular assist device, implantable intracorporeal, single ventricle |
| CPT-I | 33980 | Removal of ventricular assist device, implantable intracorporeal, single ventricle |
| CPT-I | 33981 | Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump |
| CPT-I | 33982 | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass |
| CPT-I | 33983 | Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass |
| CPT-I | 33984 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older |
| CPT-I | 33985 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age |
| CPT-I | 33986 | Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older |
| CPT-I | 33987 | Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure) |
| CPT-I | 33988 | Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS |
| CPT-I | 33989 | Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS |
| CPT-I | 33990 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 33991 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transeptal puncture |
| CPT-I | 33992 | Removal of percutaneous left heart ventricular assist device, arterial or arterial and venous cannula(s), at separate and distinct session from insertion |
| CPT-I | 33993 | Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion |
| CPT-I | 33995 | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only |
| CPT-I | 33997 | Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion |
| CPT-I | 34001 | Embolectomy or thrombectomy, with or without catheter; carotid, subclavian or innominate artery, by neck incision |
| CPT-I | 34051 | Embolectomy or thrombectomy, with or without catheter; innominate, subclavian artery, by thoracic incision |
| CPT-I | 34101 | Embolectomy or thrombectomy, with or without catheter; axillary, brachial, innominate, subclavian artery, by arm incision |
| CPT-I | 34111 | Embolectomy or thrombectomy, with or without catheter; radial or ulnar artery, by arm incision |
| CPT-I | 34151 | Embolectomy or thrombectomy, with or without catheter; renal, celiac, mesentery, aortoiliac artery, by abdominal incision |
| CPT-I | 34201 | Embolectomy or thrombectomy, with or without catheter; femoropopliteal, aortoiliac artery, by leg incision |
| CPT-I | 34203 | Embolectomy or thrombectomy, with or without catheter; popliteal-tibio-peroneal artery, by leg incision |
| CPT-I | 34401 | Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision |
| CPT-I | 34421 | Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by leg incision |
| CPT-I | 34451 | Thrombectomy, direct or with catheter; vena cava, iliac, femoropopliteal vein, by abdominal and leg incision |
| CPT-I | 34471 | Thrombectomy, direct or with catheter; subclavian vein, by neck incision |
| CPT-I | 34490 | Thrombectomy, direct or with catheter; axillary and subclavian vein, by arm incision |
| CPT-I | 34501 | Valvuloplasty, femoral vein |
| CPT-I | 34502 | Reconstruction of vena cava, any method |
| CPT-I | 34510 | Venous valve transposition, any vein donor |
| CPT-I | 34520 | Cross-over vein graft to venous system |
| CPT-I | 34530 | Saphenopopliteal vein anastomosis |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 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) |
| CPT-I | 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) |
| CPT-I | 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) |
| CPT-I | 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) |
| CPT-I | 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) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 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) |
| CPT-I | 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) |
| CPT-I | 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) |
| CPT-I | 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) |
| CPT-I | 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 |
| CPT-I | 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 |

| Type of Code | Code | Description |
|--------------|-------|---|
| | | supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure) |
| CPT-I | 34712 | Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation |
| CPT-I | 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) |
| CPT-I | 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) |
| CPT-I | 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) |
| CPT-I | 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) |
| CPT-I | 34717 | Endovascular repair of iliac artery at the time of aorto-iliac artery endograft placement by deployment of an iliac branched endograft including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for rupture or other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer, traumatic disruption), unilateral (List separately in addition to code for primary procedure) |
| CPT-I | 34718 | Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral |



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| CPT-I | 34808 | Endovascular placement of iliac artery occlusion device (List separately in addition to code for primary procedure) |
| CPT-I | 34812 | Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure) |
| CPT-I | 34813 | Placement of femoral-femoral prosthetic graft during endovascular aortic aneurysm repair (List separately in addition to code for primary procedure) |
| CPT-I | 34820 | Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure) |
| CPT-I | 34830 | Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; tube prosthesis |
| CPT-I | 34831 | Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bi-iliac prosthesis |
| CPT-I | 34832 | Open repair of infrarenal aortic aneurysm or dissection, plus repair of associated arterial trauma, following unsuccessful endovascular repair; aorto-bifemoral prosthesis |
| CPT-I | 34833 | Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure) |
| CPT-I | 34834 | Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure) |
| CPT-I | 34839 | Physician planning of a patient-specific fenestrated visceral aortic endograft requiring a minimum of 90 minutes of physician time |
| CPT-I | 34841 | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery) |
| CPT-I | 34842 | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 34843 | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) |
| CPT-I | 34844 | Endovascular repair of visceral aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) by deployment of a fenestrated visceral aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) |
| CPT-I | 34845 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery) |
| CPT-I | 34846 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) |
| CPT-I | 34847 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) |
| CPT-I | 34848 | Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s]) |
| CPT-I | 35001 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision |



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|--------------|-------|---|
| CPT-I | 35002 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, carotid, subclavian artery, by neck incision |
| CPT-I | 35005 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, vertebral artery |
| CPT-I | 35011 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, axillary-brachial artery, by arm incision |
| CPT-I | 35013 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, axillary-brachial artery, by arm incision |
| CPT-I | 35021 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, innominate, subclavian artery, by thoracic incision |
| CPT-I | 35022 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, innominate, subclavian artery, by thoracic incision |
| CPT-I | 35045 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, radial or ulnar artery |
| CPT-I | 35081 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta |
| CPT-I | 35082 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta |
| CPT-I | 35091 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal) |
| CPT-I | 35092 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal) |
| CPT-I | 35102 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external) |
| CPT-I | 35103 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external) |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 35111 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, splenic artery |
| CPT-I | 35112 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, splenic artery |
| CPT-I | 35121 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, hepatic, celiac, renal, or mesenteric artery |
| CPT-I | 35122 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery |
| CPT-I | 35131 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, iliac artery (common, hypogastric, external) |
| CPT-I | 35132 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, iliac artery (common, hypogastric, external) |
| CPT-I | 35141 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, common femoral artery (profunda femoris, superficial femoral) |
| CPT-I | 35142 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral) |
| CPT-I | 35151 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm, pseudoaneurysm, and associated occlusive disease, popliteal artery |
| CPT-I | 35152 | Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for ruptured aneurysm, popliteal artery |
| CPT-I | 35180 | Repair, congenital arteriovenous fistula; head and neck |
| CPT-I | 35182 | Repair, congenital arteriovenous fistula; thorax and abdomen |
| CPT-I | 35184 | Repair, congenital arteriovenous fistula; extremities |
| CPT-I | 35188 | Repair, acquired or traumatic arteriovenous fistula; head and neck |
| CPT-I | 35189 | Repair, acquired or traumatic arteriovenous fistula; thorax and abdomen |
| CPT-I | 35190 | Repair, acquired or traumatic arteriovenous fistula; extremities |
| CPT-I | 35201 | Repair blood vessel, direct; neck |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 35206 | Repair blood vessel, direct; upper extremity |
| CPT-I | 35207 | Repair blood vessel, direct; hand, finger |
| CPT-I | 35211 | Repair blood vessel, direct; intrathoracic, with bypass |
| CPT-I | 35216 | Repair blood vessel, direct; intrathoracic, without bypass |
| CPT-I | 35221 | Repair blood vessel, direct; intra-abdominal |
| CPT-I | 35226 | Repair blood vessel, direct; lower extremity |
| CPT-I | 35231 | Repair blood vessel with vein graft; neck |
| CPT-I | 35236 | Repair blood vessel with vein graft; upper extremity |
| CPT-I | 35241 | Repair blood vessel with vein graft; intrathoracic, with bypass |
| CPT-I | 35246 | Repair blood vessel with vein graft; intrathoracic, without bypass |
| CPT-I | 35251 | Repair blood vessel with vein graft; intra-abdominal |
| CPT-I | 35256 | Repair blood vessel with vein graft; lower extremity |
| CPT-I | 35261 | Repair blood vessel with graft other than vein; neck |
| CPT-I | 35266 | Repair blood vessel with graft other than vein; upper extremity |
| CPT-I | 35271 | Repair blood vessel with graft other than vein; intrathoracic, with bypass |
| CPT-I | 35276 | Repair blood vessel with graft other than vein; intrathoracic, without bypass |
| CPT-I | 35281 | Repair blood vessel with graft other than vein; intra-abdominal |
| CPT-I | 35286 | Repair blood vessel with graft other than vein; lower extremity |
| CPT-I | 35301 | Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision |
| CPT-I | 35302 | Thromboendarterectomy, including patch graft, if performed; superficial femoral artery |
| CPT-I | 35303 | Thromboendarterectomy, including patch graft, if performed; popliteal artery |
| CPT-I | 35304 | Thromboendarterectomy, including patch graft, if performed; tibioperoneal trunk artery |
| CPT-I | 35305 | Thromboendarterectomy, including patch graft, if performed; tibial or peroneal artery, initial vessel |
| CPT-I | 35306 | Thromboendarterectomy, including patch graft, if performed; each additional tibial or peroneal artery (List separately in addition to code for primary procedure) |
| CPT-I | 35311 | Thromboendarterectomy, including patch graft, if performed; subclavian, innominate, by thoracic incision |
| CPT-I | 35321 | Thromboendarterectomy, including patch graft, if performed; axillary-brachial |
| CPT-I | 35331 | Thromboendarterectomy, including patch graft, if performed; abdominal aorta |
| CPT-I | 35341 | Thromboendarterectomy, including patch graft, if performed; mesenteric, celiac, or renal |
| CPT-I | 35351 | Thromboendarterectomy, including patch graft, if performed; iliac |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 35355 | Thromboendarterectomy, including patch graft, if performed; iliofemoral |
| CPT-I | 35361 | Thromboendarterectomy, including patch graft, if performed; combined aortoiliac |
| CPT-I | 35363 | Thromboendarterectomy, including patch graft, if performed; combined aortoiliofemoral |
| CPT-I | 35371 | Thromboendarterectomy, including patch graft, if performed; common femoral |
| CPT-I | 35372 | Thromboendarterectomy, including patch graft, if performed; deep (profunda) femoral |
| CPT-I | 35390 | Reoperation, carotid, thromboendarterectomy, more than 1 month after original operation (List separately in addition to code for primary procedure) |
| CPT-I | 35400 | Angioscopy (noncoronary vessels or grafts) during therapeutic intervention (List separately in addition to code for primary procedure) |
| CPT-I | 35500 | Harvest of upper extremity vein, 1 segment, for lower extremity or coronary artery bypass procedure (List separately in addition to code for primary procedure) |
| CPT-I | 35501 | Bypass graft, with vein; common carotid-ipsilateral internal carotid |
| CPT-I | 35506 | Bypass graft, with vein; carotid-subclavian or subclavian-carotid |
| CPT-I | 35508 | Bypass graft, with vein; carotid-vertebral |
| CPT-I | 35509 | Bypass graft, with vein; carotid-contralateral carotid |
| CPT-I | 35510 | Bypass graft, with vein; carotid-brachial |
| CPT-I | 35511 | Bypass graft, with vein; subclavian-subclavian |
| CPT-I | 35512 | Bypass graft, with vein; subclavian-brachial |
| CPT-I | 35515 | Bypass graft, with vein; subclavian-vertebral |
| CPT-I | 35516 | Bypass graft, with vein; subclavian-axillary |
| CPT-I | 35518 | Bypass graft, with vein; axillary-axillary |
| CPT-I | 35521 | Bypass graft, with vein; axillary-femoral |
| CPT-I | 35522 | Bypass graft, with vein; axillary-brachial |
| CPT-I | 35523 | Bypass graft, with vein; brachial-ulnar or -radial |
| CPT-I | 35525 | Bypass graft, with vein; brachial-brachial |
| CPT-I | 35526 | Bypass graft, with vein; aortosubclavian, aortoinnominate, or aortocarotid |
| CPT-I | 35531 | Bypass graft, with vein; aortoceliac or aortomesenteric |
| CPT-I | 35533 | Bypass graft, with vein; axillary-femoral-femoral |
| CPT-I | 35535 | Bypass graft, with vein; hepatorenal |
| CPT-I | 35536 | Bypass graft, with vein; splenorenal |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 35537 | Bypass graft, with vein; aortoiliac |
| CPT-I | 35538 | Bypass graft, with vein; aortobi-iliac |
| CPT-I | 35539 | Bypass graft, with vein; aortofemoral |
| CPT-I | 35540 | Bypass graft, with vein; aortobifemoral |
| CPT-I | 35556 | Bypass graft, with vein; femoral-popliteal |
| CPT-I | 35558 | Bypass graft, with vein; femoral-femoral |
| CPT-I | 35560 | Bypass graft, with vein; aortorenal |
| CPT-I | 35563 | Bypass graft, with vein; ilioiliac |
| CPT-I | 35565 | Bypass graft, with vein; iliofemoral |
| CPT-I | 35566 | Bypass graft, with vein; femoral-anterior tibial, posterior tibial, peroneal artery or other distal vessels |
| CPT-I | 35570 | Bypass graft, with vein; tibial-tibial, peroneal-tibial, or tibial/peroneal trunk-tibial |
| CPT-I | 35571 | Bypass graft, with vein; popliteal-tibial, -peroneal artery or other distal vessels |
| CPT-I | 35572 | Harvest of femoropopliteal vein, 1 segment, for vascular reconstruction procedure (eg, aortic, vena caval, coronary, peripheral artery) (List separately in addition to code for primary procedure) |
| CPT-I | 35583 | In-situ vein bypass; femoral-popliteal |
| CPT-I | 35585 | In-situ vein bypass; femoral-anterior tibial, posterior tibial, or peroneal artery |
| CPT-I | 35587 | In-situ vein bypass; popliteal-tibial, peroneal |
| CPT-I | 35600 | Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, open |
| CPT-I | 35601 | Bypass graft, with other than vein; common carotid-ipsilateral internal carotid |
| CPT-I | 35606 | Bypass graft, with other than vein; carotid-subclavian |
| CPT-I | 35612 | Bypass graft, with other than vein; subclavian-subclavian |
| CPT-I | 35616 | Bypass graft, with other than vein; subclavian-axillary |
| CPT-I | 35621 | Bypass graft, with other than vein; axillary-femoral |
| CPT-I | 35623 | Bypass graft, with other than vein; axillary-popliteal or -tibial |
| CPT-I | 35626 | Bypass graft, with other than vein; aortosubclavian, aortoinnominate, or aortocarotid |
| CPT-I | 35631 | Bypass graft, with other than vein; aortoceliac, aortomesenteric, aortorenal |
| CPT-I | 35632 | Bypass graft, with other than vein; ilio-celiac |
| CPT-I | 35633 | Bypass graft, with other than vein; ilio-mesenteric |
| CPT-I | 35634 | Bypass graft, with other than vein; iliorenal |
| CPT-I | 35636 | Bypass graft, with other than vein; splenorenal (splenic to renal arterial anastomosis) |



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| CPT-I | 35637 | Bypass graft, with other than vein; aortoiliac |
| CPT-I | 35638 | Bypass graft, with other than vein; aortobi-iliac |
| CPT-I | 35642 | Bypass graft, with other than vein; carotid-vertebral |
| CPT-I | 35645 | Bypass graft, with other than vein; subclavian-vertebral |
| CPT-I | 35646 | Bypass graft, with other than vein; aortobifemoral |
| CPT-I | 35647 | Bypass graft, with other than vein; aortofemoral |
| CPT-I | 35650 | Bypass graft, with other than vein; axillary-axillary |
| CPT-I | 35654 | Bypass graft, with other than vein; axillary-femoral-femoral |
| CPT-I | 35656 | Bypass graft, with other than vein; femoral-popliteal |
| CPT-I | 35661 | Bypass graft, with other than vein; femoral-femoral |
| CPT-I | 35663 | Bypass graft, with other than vein; ilioliac |
| CPT-I | 35665 | Bypass graft, with other than vein; iliofemoral |
| CPT-I | 35666 | Bypass graft, with other than vein; femoral-anterior tibial, posterior tibial, or peroneal artery |
| CPT-I | 35671 | Bypass graft, with other than vein; popliteal-tibial or -peroneal artery |
| CPT-I | 35681 | Bypass graft; composite, prosthetic and vein (List separately in addition to code for primary procedure) |
| CPT-I | 35682 | Bypass graft; autogenous composite, 2 segments of veins from 2 locations (List separately in addition to code for primary procedure) |
| CPT-I | 35683 | Bypass graft; autogenous composite, 3 or more segments of vein from 2 or more locations (List separately in addition to code for primary procedure) |
| CPT-I | 35685 | Placement of vein patch or cuff at distal anastomosis of bypass graft, synthetic conduit (List separately in addition to code for primary procedure) |
| CPT-I | 35686 | Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis) (List separately in addition to code for primary procedure) |
| CPT-I | 35691 | Transposition and/or reimplantation; vertebral to carotid artery |
| CPT-I | 35693 | Transposition and/or reimplantation; vertebral to subclavian artery |
| CPT-I | 35694 | Transposition and/or reimplantation; subclavian to carotid artery |
| CPT-I | 35695 | Transposition and/or reimplantation; carotid to subclavian artery |
| CPT-I | 35697 | Reimplantation, visceral artery to infrarenal aortic prosthesis, each artery (List separately in addition to code for primary procedure) |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 35700 | Reoperation, femoral-popliteal or femoral (popliteal)-anterior tibial, posterior tibial, peroneal artery, or other distal vessels, more than 1 month after original operation (List separately in addition to code for primary procedure) |
| CPT-I | 35701 | Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian) |
| CPT-I | 35702 | Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar) |
| CPT-I | 35703 | Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal) |
| CPT-I | 35800 | Exploration for postoperative hemorrhage, thrombosis or infection; neck |
| CPT-I | 35820 | Exploration for postoperative hemorrhage, thrombosis or infection; chest |
| CPT-I | 35840 | Exploration for postoperative hemorrhage, thrombosis or infection; abdomen |
| CPT-I | 35860 | Exploration for postoperative hemorrhage, thrombosis or infection; extremity |
| CPT-I | 35870 | Repair of graft-enteric fistula |
| CPT-I | 35875 | Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula) |
| CPT-I | 35876 | Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula); with revision of arterial or venous graft |
| CPT-I | 35879 | Revision, lower extremity arterial bypass, without thrombectomy, open; with vein patch angioplasty |
| CPT-I | 35881 | Revision, lower extremity arterial bypass, without thrombectomy, open; with segmental vein interposition |
| CPT-I | 35883 | Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with nonautogenous patch graft (eg, Dacron, ePTFE, bovine pericardium) |
| CPT-I | 35884 | Revision, femoral anastomosis of synthetic arterial bypass graft in groin, open; with autogenous vein patch graft |
| CPT-I | 35901 | Excision of infected graft; neck |
| CPT-I | 35903 | Excision of infected graft; extremity |
| CPT-I | 35905 | Excision of infected graft; thorax |
| CPT-I | 35907 | Excision of infected graft; abdomen |
| CPT-I | 36000 | Introduction of needle or intracatheter, vein |
| CPT-I | 36002 | Injection procedures (eg, thrombin) for percutaneous treatment of extremity pseudoaneurysm |
| CPT-I | 36005 | Injection procedure for extremity venography (including introduction of needle or intracatheter) |
| CPT-I | 36010 | Introduction of catheter, superior or inferior vena cava |
| CPT-I | 36011 | Selective catheter placement, venous system; first order branch (eg, renal vein, jugular vein) |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 36012 | Selective catheter placement, venous system; second order, or more selective, branch (eg, left adrenal vein, petrosal sinus) |
| CPT-I | 36013 | Introduction of catheter, right heart or main pulmonary artery |
| CPT-I | 36014 | Selective catheter placement, left or right pulmonary artery |
| CPT-I | 36015 | Selective catheter placement, segmental or subsegmental pulmonary artery |
| CPT-I | 36100 | Introduction of needle or intracatheter, carotid or vertebral artery |
| CPT-I | 36140 | Introduction of needle or intracatheter, upper or lower extremity artery |
| CPT-I | 36160 | Introduction of needle or intracatheter, aortic, translumbar |
| CPT-I | 36200 | Introduction of catheter, aorta |
| CPT-I | 36215 | Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family |
| CPT-I | 36216 | Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family |
| CPT-I | 36217 | Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family |
| CPT-I | 36218 | Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate) |
| CPT-I | 36221 | Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed |
| CPT-I | 36222 | Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed |
| CPT-I | 36223 | Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed |
| CPT-I | 36224 | Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 36225 | Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed |
| CPT-I | 36226 | Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed |
| CPT-I | 36227 | Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure) |
| CPT-I | 36228 | Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure) |
| CPT-I | 36245 | Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family |
| CPT-I | 36246 | Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family |
| CPT-I | 36247 | Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family |
| CPT-I | 36248 | Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate) |
| CPT-I | 36251 | Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral |
| CPT-I | 36252 | Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 36253 | Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral |
| CPT-I | 36254 | Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral |
| CPT-I | 36260 | Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver) |
| CPT-I | 36261 | Revision of implanted intra-arterial infusion pump |
| CPT-I | 36262 | Removal of implanted intra-arterial infusion pump |
| CPT-I | 36400 | Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein |
| CPT-I | 36405 | Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; scalp vein |
| CPT-I | 36406 | Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein |
| CPT-I | 36410 | Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture) |
| CPT-I | 36415 | Collection of venous blood by venipuncture |
| CPT-I | 36416 | Collection of capillary blood specimen (eg, finger, heel, ear stick) |
| CPT-I | 36420 | Venipuncture, cutdown; younger than age 1 year |
| CPT-I | 36425 | Venipuncture, cutdown; age 1 or over |
| CPT-I | 36430 | Transfusion, blood or blood components |
| CPT-I | 36440 | Push transfusion, blood, 2 years or younger |
| CPT-I | 36450 | Exchange transfusion, blood; newborn |
| CPT-I | 36455 | Exchange transfusion, blood; other than newborn |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 36456 | Partial exchange transfusion, blood, plasma or crystalloid necessitating the skill of a physician or other qualified health care professional, newborn |
| CPT-I | 36460 | Transfusion, intrauterine, fetal |
| CPT-I | 36470 | Injection of sclerosant; single incompetent vein (other than telangiectasia) |
| CPT-I | 36471 | Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg |
| CPT-I | 36481 | Percutaneous portal vein catheterization by any method |
| CPT-I | 36500 | Venous catheterization for selective organ blood sampling |
| CPT-I | 36510 | Catheterization of umbilical vein for diagnosis or therapy, newborn |
| CPT-I | 36511 | Therapeutic apheresis; for white blood cells |
| CPT-I | 36512 | Therapeutic apheresis; for red blood cells |
| CPT-I | 36513 | Therapeutic apheresis; for platelets |
| CPT-I | 36514 | Therapeutic apheresis; for plasma pheresis |
| CPT-I | 36516 | Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion |
| CPT-I | 36522 | Photopheresis, extracorporeal |
| CPT-I | 36555 | Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age |
| CPT-I | 36556 | Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older |
| CPT-I | 36557 | Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age |
| CPT-I | 36558 | Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older |
| CPT-I | 36560 | Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age |
| CPT-I | 36561 | Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older |
| CPT-I | 36563 | Insertion of tunneled centrally inserted central venous access device with subcutaneous pump |
| CPT-I | 36565 | Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter) |
| CPT-I | 36566 | Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 36568 | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age |
| CPT-I | 36569 | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older |
| CPT-I | 36570 | Insertion of peripherally inserted central venous access device, with subcutaneous port; younger than 5 years of age |
| CPT-I | 36571 | Insertion of peripherally inserted central venous access device, with subcutaneous port; age 5 years or older |
| CPT-I | 36572 | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age |
| CPT-I | 36573 | Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older |
| CPT-I | 36575 | Repair of tunneled or non-tunneled central venous access catheter, without subcutaneous port or pump, central or peripheral insertion site |
| CPT-I | 36576 | Repair of central venous access device, with subcutaneous port or pump, central or peripheral insertion site |
| CPT-I | 36578 | Replacement, catheter only, of central venous access device, with subcutaneous port or pump, central or peripheral insertion site |
| CPT-I | 36580 | Replacement, complete, of a non-tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access |
| CPT-I | 36581 | Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access |
| CPT-I | 36582 | Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous port, through same venous access |
| CPT-I | 36583 | Replacement, complete, of a tunneled centrally inserted central venous access device, with subcutaneous pump, through same venous access |
| CPT-I | 36584 | Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 36585 | Replacement, complete, of a peripherally inserted central venous access device, with subcutaneous port, through same venous access |
| CPT-I | 36589 | Removal of tunneled central venous catheter, without subcutaneous port or pump |
| CPT-I | 36590 | Removal of tunneled central venous access device, with subcutaneous port or pump, central or peripheral insertion |
| CPT-I | 36591 | Collection of blood specimen from a completely implantable venous access device |
| CPT-I | 36592 | Collection of blood specimen using established central or peripheral catheter, venous, not otherwise specified |
| CPT-I | 36593 | Declotting by thrombolytic agent of implanted vascular access device or catheter |
| CPT-I | 36595 | Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access |
| CPT-I | 36596 | Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen |
| CPT-I | 36597 | Repositioning of previously placed central venous catheter under fluoroscopic guidance |
| CPT-I | 36598 | Contrast injection(s) for radiologic evaluation of existing central venous access device, including fluoroscopy, image documentation and report |
| CPT-I | 36600 | Arterial puncture, withdrawal of blood for diagnosis |
| CPT-I | 36620 | Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous |
| CPT-I | 36625 | Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); cutdown |
| CPT-I | 36640 | Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown |
| CPT-I | 36660 | Catheterization, umbilical artery, newborn, for diagnosis or therapy |
| CPT-I | 36680 | Placement of needle for intraosseous infusion |
| CPT-I | 36800 | Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein |
| CPT-I | 36810 | Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type) |
| CPT-I | 36815 | Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure |
| CPT-I | 36818 | Arteriovenous anastomosis, open; by upper arm cephalic vein transposition |
| CPT-I | 36819 | Arteriovenous anastomosis, open; by upper arm basilic vein transposition |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 36820 | Arteriovenous anastomosis, open; by forearm vein transposition |
| CPT-I | 36821 | Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure) |
| CPT-I | 36823 | Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation including regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites |
| CPT-I | 36825 | Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft |
| CPT-I | 36830 | Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft) |
| CPT-I | 36831 | Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure) |
| CPT-I | 36832 | Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure) |
| CPT-I | 36833 | Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure) |
| CPT-I | 36835 | Insertion of Thomas shunt (separate procedure) |
| CPT-I | 36838 | Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome) |
| CPT-I | 36860 | External cannula declotting (separate procedure); without balloon catheter |
| CPT-I | 36861 | External cannula declotting (separate procedure); with balloon catheter |
| CPT-I | 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 contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report |
| CPT-I | 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 contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological 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 |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 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 contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological 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 |
| CPT-I | 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) |
| CPT-I | 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 and interpretation necessary to perform the angioplasty |
| CPT-I | 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 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 circuit |
| CPT-I | 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) |
| CPT-I | 36908 | Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and 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) |
| CPT-I | 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) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 37140 | Venous anastomosis, open; portocaval |
| CPT-I | 37145 | Venous anastomosis, open; renoportal |
| CPT-I | 37160 | Venous anastomosis, open; caval-mesenteric |
| CPT-I | 37180 | Venous anastomosis, open; splenorenal, proximal |
| CPT-I | 37181 | Venous anastomosis, open; splenorenal, distal (selective decompression of esophagogastric varices, any technique) |
| CPT-I | 37182 | Insertion of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract formation/dilatation, stent placement and all associated imaging guidance and documentation) |
| CPT-I | 37183 | Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance and documentation) |
| CPT-I | 37184 | Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); initial vessel |
| CPT-I | 37185 | Primary percutaneous transluminal mechanical thrombectomy, noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injection(s); second and all subsequent vessel(s) within the same vascular family (List separately in addition to code for primary mechanical thrombectomy procedure) |
| CPT-I | 37186 | Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure) |
| CPT-I | 37187 | Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance |
| CPT-I | 37188 | Percutaneous transluminal mechanical thrombectomy, vein(s), including intraprocedural pharmacological thrombolytic injections and fluoroscopic guidance, repeat treatment on subsequent day during course of thrombolytic therapy |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 37191 | Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed |
| CPT-I | 37192 | Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed |
| CPT-I | 37193 | Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed |
| CPT-I | 37195 | Thrombolysis, cerebral, by intravenous infusion |
| CPT-I | 37197 | Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), includes radiological supervision and interpretation, and imaging guidance (ultrasound or fluoroscopy), when performed |
| CPT-I | 37200 | Transcatheter biopsy |
| CPT-I | 37211 | Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day |
| CPT-I | 37212 | Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day |
| CPT-I | 37213 | Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed |
| CPT-I | 37214 | Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method |
| CPT-I | 37215 | Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 37216 | Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; without distal embolic protection |
| CPT-I | 37217 | Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation |
| CPT-I | 37218 | Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation |
| CPT-I | 37220 | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty |
| CPT-I | 37221 | Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed |
| CPT-I | 37222 | Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure) |
| CPT-I | 37223 | Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) |
| CPT-I | 37224 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty |
| CPT-I | 37225 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed |
| CPT-I | 37226 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed |
| CPT-I | 37227 | Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed |
| CPT-I | 37228 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty |



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|--------------|-------|---|
| CPT-I | 37229 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed |
| CPT-I | 37230 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed |
| CPT-I | 37231 | Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed |
| CPT-I | 37232 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure) |
| CPT-I | 37233 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) |
| CPT-I | 37234 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) |
| CPT-I | 37235 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure) |
| CPT-I | 37236 | Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery |
| CPT-I | 37237 | Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure) |
| CPT-I | 37238 | Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 37239 | Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure) |
| CPT-I | 37241 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles) |
| CPT-I | 37242 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms) |
| CPT-I | 37243 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction |
| CPT-I | 37244 | Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation |
| CPT-I | 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 |
| CPT-I | 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) |
| CPT-I | 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 |
| CPT-I | 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) |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 37500 | Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS) |
| CPT-I | 37565 | Ligation, internal jugular vein |
| CPT-I | 37600 | Ligation; external carotid artery |
| CPT-I | 37605 | Ligation; internal or common carotid artery |
| CPT-I | 37606 | Ligation; internal or common carotid artery, with gradual occlusion, as with Selverstone or Crutchfield clamp |
| CPT-I | 37607 | Ligation or banding of angioaccess arteriovenous fistula |
| CPT-I | 37609 | Ligation or biopsy, temporal artery |
| CPT-I | 37615 | Ligation, major artery (eg, post-traumatic, rupture); neck |
| CPT-I | 37616 | Ligation, major artery (eg, post-traumatic, rupture); chest |
| CPT-I | 37617 | Ligation, major artery (eg, post-traumatic, rupture); abdomen |
| CPT-I | 37618 | Ligation, major artery (eg, post-traumatic, rupture); extremity |
| CPT-I | 37619 | Ligation of inferior vena cava |
| CPT-I | 37650 | Ligation of femoral vein |
| CPT-I | 37660 | Ligation of common iliac vein |
| CPT-I | 38100 | Splenectomy; total (separate procedure) |
| CPT-I | 38101 | Splenectomy; partial (separate procedure) |
| CPT-I | 38102 | Splenectomy; total, en bloc for extensive disease, in conjunction with other procedure (List in addition to code for primary procedure) |
| CPT-I | 38115 | Repair of ruptured spleen (splenorrhaphy) with or without partial splenectomy |
| CPT-I | 38120 | Laparoscopy, surgical, splenectomy |
| CPT-I | 38200 | Injection procedure for splenoportography |
| CPT-I | 38220 | Diagnostic bone marrow; aspiration(s) |
| CPT-I | 38221 | Diagnostic bone marrow; biopsy(ies) |
| CPT-I | 38222 | Diagnostic bone marrow; biopsy(ies) and aspiration(s) |
| CPT-I | 38242 | Allogeneic lymphocyte infusions |
| CPT-I | 38300 | Drainage of lymph node abscess or lymphadenitis; simple |
| CPT-I | 38305 | Drainage of lymph node abscess or lymphadenitis; extensive |
| CPT-I | 38308 | Lymphangiectomy or other operations on lymphatic channels |
| CPT-I | 38380 | Suture and/or ligation of thoracic duct; cervical approach |
| CPT-I | 38381 | Suture and/or ligation of thoracic duct; thoracic approach |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 38382 | Suture and/or ligation of thoracic duct; abdominal approach |
| CPT-I | 38500 | Biopsy or excision of lymph node(s); open, superficial |
| CPT-I | 38505 | Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary) |
| CPT-I | 38510 | Biopsy or excision of lymph node(s); open, deep cervical node(s) |
| CPT-I | 38520 | Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad |
| CPT-I | 38525 | Biopsy or excision of lymph node(s); open, deep axillary node(s) |
| CPT-I | 38530 | Biopsy or excision of lymph node(s); open, internal mammary node(s) |
| CPT-I | 38531 | Biopsy or excision of lymph node(s); open, inguinofemoral node(s) |
| CPT-I | 38542 | Dissection, deep jugular node(s) |
| CPT-I | 38550 | Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection |
| CPT-I | 38555 | Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection |
| CPT-I | 38562 | Limited lymphadenectomy for staging (separate procedure); pelvic and para-aortic |
| CPT-I | 38564 | Limited lymphadenectomy for staging (separate procedure); retroperitoneal (aortic and/or splenic) |
| CPT-I | 38570 | Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple |
| CPT-I | 38571 | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy |
| CPT-I | 38572 | Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple |
| CPT-I | 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 |
| CPT-I | 38700 | Suprahyoid lymphadenectomy |
| CPT-I | 38720 | Cervical lymphadenectomy (complete) |
| CPT-I | 38724 | Cervical lymphadenectomy (modified radical neck dissection) |
| CPT-I | 38740 | Axillary lymphadenectomy; superficial |
| CPT-I | 38745 | Axillary lymphadenectomy; complete |
| CPT-I | 38746 | Thoracic lymphadenectomy by thoracotomy, mediastinal and regional lymphadenectomy (List separately in addition to code for primary procedure) |
| CPT-I | 38747 | Abdominal lymphadenectomy, regional, including celiac, gastric, portal, peripancreatic, with or without para-aortic and vena caval nodes (List separately in addition to code for primary procedure) |
| CPT-I | 38760 | Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 38765 | Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure) |
| CPT-I | 38770 | Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure) |
| CPT-I | 38780 | Retroperitoneal transabdominal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure) |
| CPT-I | 38790 | Injection procedure; lymphangiography |
| CPT-I | 38792 | Injection procedure; radioactive tracer for identification of sentinel node |
| CPT-I | 38794 | Cannulation, thoracic duct |
| CPT-I | 38900 | Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (List separately in addition to code for primary procedure) |
| CPT-I | 39000 | Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; cervical approach |
| CPT-I | 39010 | Mediastinotomy with exploration, drainage, removal of foreign body, or biopsy; transthoracic approach, including either transthoracic or median sternotomy |
| CPT-I | 39200 | Resection of mediastinal cyst |
| CPT-I | 39220 | Resection of mediastinal tumor |
| CPT-I | 39401 | Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed |
| CPT-I | 39402 | Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging) |
| CPT-I | 39501 | Repair, laceration of diaphragm, any approach |
| CPT-I | 39503 | Repair, neonatal diaphragmatic hernia, with or without chest tube insertion and with or without creation of ventral hernia |
| CPT-I | 39540 | Repair, diaphragmatic hernia (other than neonatal), traumatic; acute |
| CPT-I | 39541 | Repair, diaphragmatic hernia (other than neonatal), traumatic; chronic |
| CPT-I | 39545 | Imbrication of diaphragm for eventration, transthoracic or transabdominal, paralytic or nonparalytic |
| CPT-I | 39560 | Resection, diaphragm; with simple repair (eg, primary suture) |
| CPT-I | 39561 | Resection, diaphragm; with complex repair (eg, prosthetic material, local muscle flap) |
| CPT-I | 40490 | Biopsy of lip |
| CPT-I | 40700 | Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral |
| CPT-I | 40701 | Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure |
| CPT-I | 40702 | Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages |
| CPT-I | 40720 | Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 40761 | Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle |
| CPT-I | 40800 | Drainage of abscess, cyst, hematoma, vestibule of mouth; simple |
| CPT-I | 40801 | Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated |
| CPT-I | 40804 | Removal of embedded foreign body, vestibule of mouth; simple |
| CPT-I | 40805 | Removal of embedded foreign body, vestibule of mouth; complicated |
| CPT-I | 40806 | Incision of labial frenum (frenotomy) |
| CPT-I | 40808 | Biopsy, vestibule of mouth |
| CPT-I | 40810 | Excision of lesion of mucosa and submucosa, vestibule of mouth; without repair |
| CPT-I | 40812 | Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair |
| CPT-I | 40814 | Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair |
| CPT-I | 40816 | Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle |
| CPT-I | 40818 | Excision of mucosa of vestibule of mouth as donor graft |
| CPT-I | 40819 | Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy) |
| CPT-I | 40830 | Closure of laceration, vestibule of mouth; 2.5 cm or less |
| CPT-I | 40831 | Closure of laceration, vestibule of mouth; over 2.5 cm or complex |
| CPT-I | 40840 | Vestibuloplasty; anterior |
| CPT-I | 40842 | Vestibuloplasty; posterior, unilateral |
| CPT-I | 40843 | Vestibuloplasty; posterior, bilateral |
| CPT-I | 40844 | Vestibuloplasty; entire arch |
| CPT-I | 40845 | Vestibuloplasty; complex (including ridge extension, muscle repositioning) |
| CPT-I | 41000 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual |
| CPT-I | 41005 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial |
| CPT-I | 41006 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid |
| CPT-I | 41007 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space |
| CPT-I | 41008 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space |
| CPT-I | 41009 | Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 41010 | Incision of lingual frenum (frenotomy) |
| CPT-I | 41015 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual |
| CPT-I | 41016 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental |
| CPT-I | 41017 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular |
| CPT-I | 41018 | Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space |
| CPT-I | 41100 | Biopsy of tongue; anterior two-thirds |
| CPT-I | 41105 | Biopsy of tongue; posterior one-third |
| CPT-I | 41108 | Biopsy of floor of mouth |
| CPT-I | 41110 | Excision of lesion of tongue without closure |
| CPT-I | 41112 | Excision of lesion of tongue with closure; anterior two-thirds |
| CPT-I | 41113 | Excision of lesion of tongue with closure; posterior one-third |
| CPT-I | 41114 | Excision of lesion of tongue with closure; with local tongue flap |
| CPT-I | 41115 | Excision of lingual frenum (frenectomy) |
| CPT-I | 41116 | Excision, lesion of floor of mouth |
| CPT-I | 41120 | Glossectomy; less than one-half tongue |
| CPT-I | 41130 | Glossectomy; hemiglossectomy |
| CPT-I | 41135 | Glossectomy; partial, with unilateral radical neck dissection |
| CPT-I | 41140 | Glossectomy; complete or total, with or without tracheostomy, without radical neck dissection |
| CPT-I | 41145 | Glossectomy; complete or total, with or without tracheostomy, with unilateral radical neck dissection |
| CPT-I | 41150 | Glossectomy; composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection |
| CPT-I | 41153 | Glossectomy; composite procedure with resection floor of mouth, with suprahyoid neck dissection |
| CPT-I | 41155 | Glossectomy; composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type) |
| CPT-I | 41250 | Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue |
| CPT-I | 41251 | Repair of laceration 2.5 cm or less; posterior one-third of tongue |
| CPT-I | 41252 | Repair of laceration of tongue, floor of mouth, over 2.6 cm or complex |
| CPT-I | 41510 | Suture of tongue to lip for micrognathia (Douglas type procedure) |
| CPT-I | 41520 | Frenoplasty (surgical revision of frenum, eg, with Z-plasty) |
| CPT-I | 41800 | Drainage of abscess, cyst, hematoma from dentoalveolar structures |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 41805 | Removal of embedded foreign body from dentoalveolar structures; soft tissues |
| CPT-I | 41806 | Removal of embedded foreign body from dentoalveolar structures; bone |
| CPT-I | 42000 | Drainage of abscess of palate, uvula |
| CPT-I | 42100 | Biopsy of palate, uvula |
| CPT-I | 42104 | Excision, lesion of palate, uvula; without closure |
| CPT-I | 42106 | Excision, lesion of palate, uvula; with simple primary closure |
| CPT-I | 42107 | Excision, lesion of palate, uvula; with local flap closure |
| CPT-I | 42120 | Resection of palate or extensive resection of lesion |
| CPT-I | 42160 | Destruction of lesion, palate or uvula (thermal, cryo or chemical) |
| CPT-I | 42180 | Repair, laceration of palate; up to 2 cm |
| CPT-I | 42182 | Repair, laceration of palate; over 2 cm or complex |
| CPT-I | 42200 | Palatoplasty for cleft palate, soft and/or hard palate only |
| CPT-I | 42205 | Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only |
| CPT-I | 42210 | Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft) |
| CPT-I | 42215 | Palatoplasty for cleft palate; major revision |
| CPT-I | 42220 | Palatoplasty for cleft palate; secondary lengthening procedure |
| CPT-I | 42225 | Palatoplasty for cleft palate; attachment pharyngeal flap |
| CPT-I | 42226 | Lengthening of palate, and pharyngeal flap |
| CPT-I | 42227 | Lengthening of palate, with island flap |
| CPT-I | 42235 | Repair of anterior palate, including vomer flap |
| CPT-I | 42260 | Repair of nasolabial fistula |
| CPT-I | 42300 | Drainage of abscess; parotid, simple |
| CPT-I | 42305 | Drainage of abscess; parotid, complicated |
| CPT-I | 42310 | Drainage of abscess; submaxillary or sublingual, intraoral |
| CPT-I | 42320 | Drainage of abscess; submaxillary, external |
| CPT-I | 42330 | Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral |
| CPT-I | 42335 | Sialolithotomy; submandibular (submaxillary), complicated, intraoral |
| CPT-I | 42340 | Sialolithotomy; parotid, extraoral or complicated intraoral |
| CPT-I | 42400 | Biopsy of salivary gland; needle |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 42405 | Biopsy of salivary gland; incisional |
| CPT-I | 42408 | Excision of sublingual salivary cyst (ranula) |
| CPT-I | 42409 | Marsupialization of sublingual salivary cyst (ranula) |
| CPT-I | 42410 | Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection |
| CPT-I | 42415 | Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve |
| CPT-I | 42420 | Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve |
| CPT-I | 42425 | Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve |
| CPT-I | 42426 | Excision of parotid tumor or parotid gland; total, with unilateral radical neck dissection |
| CPT-I | 42440 | Excision of submandibular (submaxillary) gland |
| CPT-I | 42450 | Excision of sublingual gland |
| CPT-I | 42500 | Plastic repair of salivary duct, sialodochoplasty; primary or simple |
| CPT-I | 42505 | Plastic repair of salivary duct, sialodochoplasty; secondary or complicated |
| CPT-I | 42507 | Parotid duct diversion, bilateral (Wilke type procedure) |
| CPT-I | 42509 | Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands |
| CPT-I | 42510 | Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts |
| CPT-I | 42550 | Injection procedure for sialography |
| CPT-I | 42600 | Closure salivary fistula |
| CPT-I | 42650 | Dilation salivary duct |
| CPT-I | 42660 | Dilation and catheterization of salivary duct, with or without injection |
| CPT-I | 42665 | Ligation salivary duct, intraoral |
| CPT-I | 42700 | Incision and drainage abscess; peritonsillar |
| CPT-I | 42720 | Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach |
| CPT-I | 42725 | Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach |
| CPT-I | 42800 | Biopsy; oropharynx |
| CPT-I | 42804 | Biopsy; nasopharynx, visible lesion, simple |
| CPT-I | 42806 | Biopsy; nasopharynx, survey for unknown primary lesion |
| CPT-I | 42808 | Excision or destruction of lesion of pharynx, any method |
| CPT-I | 42809 | Removal of foreign body from pharynx |
| CPT-I | 42810 | Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues |
| CPT-I | 42815 | Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 42842 | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure |
| CPT-I | 42844 | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with local flap (eg, tongue, buccal) |
| CPT-I | 42845 | Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; closure with other flap |
| CPT-I | 42860 | Excision of tonsil tags |
| CPT-I | 42870 | Excision or destruction lingual tonsil, any method (separate procedure) |
| CPT-I | 42900 | Suture pharynx for wound or injury |
| CPT-I | 42953 | Pharyngoesophageal repair |
| CPT-I | 42955 | Pharyngostomy (fistulization of pharynx, external for feeding) |
| CPT-I | 42960 | Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple |
| CPT-I | 42961 | Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); complicated, requiring hospitalization |
| CPT-I | 42962 | Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention |
| CPT-I | 42970 | Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cautery |
| CPT-I | 42971 | Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); complicated, requiring hospitalization |
| CPT-I | 42972 | Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention |
| CPT-I | 43020 | Esophagotomy, cervical approach, with removal of foreign body |
| CPT-I | 43030 | Cricopharyngeal myotomy |
| CPT-I | 43045 | Esophagotomy, thoracic approach, with removal of foreign body |
| CPT-I | 43100 | Excision of lesion, esophagus, with primary repair; cervical approach |
| CPT-I | 43101 | Excision of lesion, esophagus, with primary repair; thoracic or abdominal approach |
| CPT-I | 43107 | Total or near total esophagectomy, without thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (transhiatal) |
| CPT-I | 43108 | Total or near total esophagectomy, without thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation and anastomosis(es) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 43112 | Total or near total esophagectomy, with thoracotomy; with pharyngogastrostomy or cervical esophagogastrostomy, with or without pyloroplasty (ie, McKeown esophagectomy or tri-incisional esophagectomy) |
| CPT-I | 43113 | Total or near total esophagectomy, with thoracotomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) |
| CPT-I | 43116 | Partial esophagectomy, cervical, with free intestinal graft, including microvascular anastomosis, obtaining the graft and intestinal reconstruction |
| CPT-I | 43117 | Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with thoracic esophagogastrostomy, with or without pyloroplasty (Ivor Lewis) |
| CPT-I | 43118 | Partial esophagectomy, distal two-thirds, with thoracotomy and separate abdominal incision, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) |
| CPT-I | 43121 | Partial esophagectomy, distal two-thirds, with thoracotomy only, with or without proximal gastrectomy, with thoracic esophagogastrostomy, with or without pyloroplasty |
| CPT-I | 43122 | Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with esophagogastrostomy, with or without pyloroplasty |
| CPT-I | 43123 | Partial esophagectomy, thoracoabdominal or abdominal approach, with or without proximal gastrectomy; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) |
| CPT-I | 43124 | Total or partial esophagectomy, without reconstruction (any approach), with cervical esophagostomy |
| CPT-I | 43130 | Diverticulectomy of hypopharynx or esophagus, with or without myotomy; cervical approach |
| CPT-I | 43135 | Diverticulectomy of hypopharynx or esophagus, with or without myotomy; thoracic approach |
| CPT-I | 43180 | Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed |
| CPT-I | 43192 | Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance |
| CPT-I | 43193 | Esophagoscopy, rigid, transoral; with biopsy, single or multiple |
| CPT-I | 43194 | Esophagoscopy, rigid, transoral; with removal of foreign body(s) |
| CPT-I | 43198 | Esophagoscopy, flexible, transnasal; with biopsy, single or multiple |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 43200 | Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| CPT-I | 43201 | Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance |
| CPT-I | 43202 | Esophagoscopy, flexible, transoral; with biopsy, single or multiple |
| CPT-I | 43204 | Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices |
| CPT-I | 43205 | Esophagoscopy, flexible, transoral; with band ligation of esophageal varices |
| CPT-I | 43206 | Esophagoscopy, flexible, transoral; with optical endomicroscopy |
| CPT-I | 43210 | Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed |
| CPT-I | 43211 | Esophagoscopy, flexible, transoral; with endoscopic mucosal resection |
| CPT-I | 43212 | Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) |
| CPT-I | 43213 | Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed) |
| CPT-I | 43214 | Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed) |
| CPT-I | 43215 | Esophagoscopy, flexible, transoral; with removal of foreign body(s) |
| CPT-I | 43216 | Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps |
| CPT-I | 43217 | Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| CPT-I | 43220 | Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter) |
| CPT-I | 43226 | Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire |
| CPT-I | 43227 | Esophagoscopy, flexible, transoral; with control of bleeding, any method |
| CPT-I | 43229 | Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) |
| CPT-I | 43231 | Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination |
| CPT-I | 43232 | Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) |
| CPT-I | 43233 | Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 43235 | Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| CPT-I | 43236 | Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance |
| CPT-I | 43237 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures |
| CPT-I | 43238 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures) |
| CPT-I | 43239 | Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple |
| CPT-I | 43240 | Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed) |
| CPT-I | 43241 | Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter |
| CPT-I | 43242 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis) |
| CPT-I | 43243 | Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices |
| CPT-I | 43244 | Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices |
| CPT-I | 43245 | Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie) |
| CPT-I | 43246 | Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube |
| CPT-I | 43247 | Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s) |
| CPT-I | 43248 | Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire |
| CPT-I | 43249 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter) |
| CPT-I | 43250 | Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 43251 | Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| CPT-I | 43252 | Esophagogastroduodenoscopy, flexible, transoral; with optical endomicroscopy |
| CPT-I | 43253 | Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis) |
| CPT-I | 43254 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection |
| CPT-I | 43255 | Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method |
| CPT-I | 43259 | Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis |
| CPT-I | 43260 | Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| CPT-I | 43261 | Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple |
| CPT-I | 43270 | Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) |
| CPT-I | 43273 | Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure) |
| CPT-I | 43274 | Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent |
| CPT-I | 43275 | Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s) |
| CPT-I | 43276 | Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged |
| CPT-I | 43277 | Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 43278 | Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed |
| CPT-I | 43283 | Laparoscopy, surgical, esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure) |
| CPT-I | 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) |
| CPT-I | 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) |
| CPT-I | 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) |
| CPT-I | 43300 | Esophagoplasty (plastic repair or reconstruction), cervical approach; without repair of tracheoesophageal fistula |
| CPT-I | 43305 | Esophagoplasty (plastic repair or reconstruction), cervical approach; with repair of tracheoesophageal fistula |
| CPT-I | 43310 | Esophagoplasty (plastic repair or reconstruction), thoracic approach; without repair of tracheoesophageal fistula |
| CPT-I | 43312 | Esophagoplasty (plastic repair or reconstruction), thoracic approach; with repair of tracheoesophageal fistula |
| CPT-I | 43313 | Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; without repair of congenital tracheoesophageal fistula |
| CPT-I | 43314 | Esophagoplasty for congenital defect (plastic repair or reconstruction), thoracic approach; with repair of congenital tracheoesophageal fistula |
| CPT-I | 43320 | Esophagogastrostomy (cardioplasty), with or without vagotomy and pyloroplasty, transabdominal or transthoracic approach |
| CPT-I | 43325 | Esophagogastric fundoplasty, with fundic patch (Thal-Nissen procedure) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 43327 | Esophagogastric fundoplasty partial or complete; laparotomy |
| CPT-I | 43328 | Esophagogastric fundoplasty partial or complete; thoracotomy |
| CPT-I | 43330 | Esophagomyotomy (Heller type); abdominal approach |
| CPT-I | 43331 | Esophagomyotomy (Heller type); thoracic approach |
| CPT-I | 43338 | Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure) |
| CPT-I | 43340 | Esophagojejunostomy (without total gastrectomy); abdominal approach |
| CPT-I | 43341 | Esophagojejunostomy (without total gastrectomy); thoracic approach |
| CPT-I | 43351 | Esophagostomy, fistulization of esophagus, external; thoracic approach |
| CPT-I | 43352 | Esophagostomy, fistulization of esophagus, external; cervical approach |
| CPT-I | 43360 | Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with stomach, with or without pyloroplasty |
| CPT-I | 43361 | Gastrointestinal reconstruction for previous esophagectomy, for obstructing esophageal lesion or fistula, or for previous esophageal exclusion; with colon interposition or small intestine reconstruction, including intestine mobilization, preparation, and anastomosis(es) |
| CPT-I | 43400 | Ligation, direct, esophageal varices |
| CPT-I | 43405 | Ligation or stapling at gastroesophageal junction for pre-existing esophageal perforation |
| CPT-I | 43410 | Suture of esophageal wound or injury; cervical approach |
| CPT-I | 43415 | Suture of esophageal wound or injury; transthoracic or transabdominal approach |
| CPT-I | 43420 | Closure of esophagostomy or fistula; cervical approach |
| CPT-I | 43425 | Closure of esophagostomy or fistula; transthoracic or transabdominal approach |
| CPT-I | 43450 | Dilation of esophagus, by unguided sound or bougie, single or multiple passes |
| CPT-I | 43453 | Dilation of esophagus, over guide wire |
| CPT-I | 43460 | Esophagogastric tamponade, with balloon (Sengstaken type) |
| CPT-I | 43496 | Free jejunum transfer with microvascular anastomosis |
| CPT-I | 43500 | Gastrotomy; with exploration or foreign body removal |
| CPT-I | 43501 | Gastrotomy; with suture repair of bleeding ulcer |
| CPT-I | 43502 | Gastrotomy; with suture repair of pre-existing esophagogastric laceration (eg, Mallory-Weiss) |
| CPT-I | 43510 | Gastrotomy; with esophageal dilation and insertion of permanent intraluminal tube (eg, Celestin or Mousseaux-Barbin) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 43520 | Pyloromyotomy, cutting of pyloric muscle (Fredet-Ramstedt type operation) |
| CPT-I | 43605 | Biopsy of stomach, by laparotomy |
| CPT-I | 43610 | Excision, local; ulcer or benign tumor of stomach |
| CPT-I | 43611 | Excision, local; malignant tumor of stomach |
| CPT-I | 43620 | Gastrectomy, total; with esophagoenterostomy |
| CPT-I | 43622 | Gastrectomy, total; with formation of intestinal pouch, any type |
| CPT-I | 43631 | Gastrectomy, partial, distal; with gastroduodenostomy |
| CPT-I | 43632 | Gastrectomy, partial, distal; with gastrojejunostomy |
| CPT-I | 43633 | Gastrectomy, partial, distal; with Roux-en-Y reconstruction |
| CPT-I | 43634 | Gastrectomy, partial, distal; with formation of intestinal pouch |
| CPT-I | 43635 | Vagotomy when performed with partial distal gastrectomy (List separately in addition to code[s] for primary procedure) |
| CPT-I | 43640 | Vagotomy including pyloroplasty, with or without gastrostomy; truncal or selective |
| CPT-I | 43641 | Vagotomy including pyloroplasty, with or without gastrostomy; parietal cell (highly selective) |
| CPT-I | 43651 | Laparoscopy, surgical; transection of vagus nerves, truncal |
| CPT-I | 43652 | Laparoscopy, surgical; transection of vagus nerves, selective or highly selective |
| CPT-I | 43653 | Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure) |
| CPT-I | 43752 | Naso- or oro-gastric tube placement, requiring physician's skill and fluoroscopic guidance (includes fluoroscopy, image documentation and report) |
| CPT-I | 43753 | Gastric intubation and aspiration(s) therapeutic, necessitating physician's skill (eg, for gastrointestinal hemorrhage), including lavage if performed |
| CPT-I | 43754 | Gastric intubation and aspiration, diagnostic; single specimen (eg, acid analysis) |
| CPT-I | 43755 | Gastric intubation and aspiration, diagnostic; collection of multiple fractional specimens with gastric stimulation, single or double lumen tube (gastric secretory study) (eg, histamine, insulin, pentagastrin, calcium, secretin), includes drug administration |
| CPT-I | 43756 | Duodenal intubation and aspiration, diagnostic, includes image guidance; single specimen (eg, bile study for crystals or afferent loop culture) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 43757 | Duodenal intubation and aspiration, diagnostic, includes image guidance; collection of multiple fractional specimens with pancreatic or gallbladder stimulation, single or double lumen tube, includes drug administration |
| CPT-I | 43761 | Repositioning of a naso- or oro-gastric feeding tube, through the duodenum for enteric nutrition |
| CPT-I | 43762 | Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract |
| CPT-I | 43763 | Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract |
| CPT-I | 43800 | Pyloroplasty |
| CPT-I | 43810 | Gastroduodenostomy |
| CPT-I | 43820 | Gastrojejunostomy; without vagotomy |
| CPT-I | 43825 | Gastrojejunostomy; with vagotomy, any type |
| CPT-I | 43830 | Gastrostomy, open; without construction of gastric tube (eg, Stamm procedure) (separate procedure) |
| CPT-I | 43831 | Gastrostomy, open; neonatal, for feeding |
| CPT-I | 43832 | Gastrostomy, open; with construction of gastric tube (eg, Janeway procedure) |
| CPT-I | 43840 | Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury |
| CPT-I | 43860 | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; without vagotomy |
| CPT-I | 43865 | Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or intestine resection; with vagotomy |
| CPT-I | 43870 | Closure of gastrostomy, surgical |
| CPT-I | 43880 | Closure of gastrocolic fistula |
| CPT-I | 44005 | Enterolysis (freeing of intestinal adhesion) (separate procedure) |
| CPT-I | 44010 | Duodenotomy, for exploration, biopsy(s), or foreign body removal |
| CPT-I | 44015 | Tube or needle catheter jejunostomy for enteral alimentation, intraoperative, any method (List separately in addition to primary procedure) |
| CPT-I | 44020 | Enterotomy, small intestine, other than duodenum; for exploration, biopsy(s), or foreign body removal |
| CPT-I | 44021 | Enterotomy, small intestine, other than duodenum; for decompression (eg, Baker tube) |
| CPT-I | 44025 | Colotomy, for exploration, biopsy(s), or foreign body removal |
| CPT-I | 44050 | Reduction of volvulus, intussusception, internal hernia, by laparotomy |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 44055 | Correction of malrotation by lysis of duodenal bands and/or reduction of midgut volvulus (eg, Ladd procedure) |
| CPT-I | 44100 | Biopsy of intestine by capsule, tube, peroral (1 or more specimens) |
| CPT-I | 44110 | Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; single enterotomy |
| CPT-I | 44111 | Excision of 1 or more lesions of small or large intestine not requiring anastomosis, exteriorization, or fistulization; multiple enterotomies |
| CPT-I | 44120 | Enterectomy, resection of small intestine; single resection and anastomosis |
| CPT-I | 44121 | Enterectomy, resection of small intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure) |
| CPT-I | 44125 | Enterectomy, resection of small intestine; with enterostomy |
| CPT-I | 44126 | Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; without tapering |
| CPT-I | 44127 | Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; with tapering |
| CPT-I | 44128 | Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure) |
| CPT-I | 44130 | Enteroenterostomy, anastomosis of intestine, with or without cutaneous enterostomy (separate procedure) |
| CPT-I | 44139 | Mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure) |
| CPT-I | 44140 | Colectomy, partial; with anastomosis |
| CPT-I | 44141 | Colectomy, partial; with skin level cecostomy or colostomy |
| CPT-I | 44143 | Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure) |
| CPT-I | 44144 | Colectomy, partial; with resection, with colostomy or ileostomy and creation of mucofistula |
| CPT-I | 44145 | Colectomy, partial; with coloproctostomy (low pelvic anastomosis) |
| CPT-I | 44146 | Colectomy, partial; with coloproctostomy (low pelvic anastomosis), with colostomy |
| CPT-I | 44147 | Colectomy, partial; abdominal and transanal approach |
| CPT-I | 44150 | Colectomy, total, abdominal, without proctectomy; with ileostomy or ileoproctostomy |
| CPT-I | 44151 | Colectomy, total, abdominal, without proctectomy; with continent ileostomy |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 44155 | Colectomy, total, abdominal, with proctectomy; with ileostomy |
| CPT-I | 44156 | Colectomy, total, abdominal, with proctectomy; with continent ileostomy |
| CPT-I | 44157 | Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, includes loop ileostomy, and rectal mucosectomy, when performed |
| CPT-I | 44158 | Colectomy, total, abdominal, with proctectomy; with ileoanal anastomosis, creation of ileal reservoir (S or J), includes loop ileostomy, and rectal mucosectomy, when performed |
| CPT-I | 44160 | Colectomy, partial, with removal of terminal ileum with ileocolostomy |
| CPT-I | 44180 | Laparoscopy, surgical, enterolysis (freeing of intestinal adhesion) (separate procedure) |
| CPT-I | 44186 | Laparoscopy, surgical; jejunostomy (eg, for decompression or feeding) |
| CPT-I | 44187 | Laparoscopy, surgical; ileostomy or jejunostomy, non-tube |
| CPT-I | 44188 | Laparoscopy, surgical, colostomy or skin level cecostomy |
| CPT-I | 44202 | Laparoscopy, surgical; enterectomy, resection of small intestine, single resection and anastomosis |
| CPT-I | 44203 | Laparoscopy, surgical; each additional small intestine resection and anastomosis (List separately in addition to code for primary procedure) |
| CPT-I | 44204 | Laparoscopy, surgical; colectomy, partial, with anastomosis |
| CPT-I | 44205 | Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy |
| CPT-I | 44206 | Laparoscopy, surgical; colectomy, partial, with end colostomy and closure of distal segment (Hartmann type procedure) |
| CPT-I | 44207 | Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) |
| CPT-I | 44208 | Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis) with colostomy |
| CPT-I | 44210 | Laparoscopy, surgical; colectomy, total, abdominal, without proctectomy, with ileostomy or ileoproctostomy |
| CPT-I | 44211 | Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileoanal anastomosis, creation of ileal reservoir (S or J), with loop ileostomy, includes rectal mucosectomy, when performed |
| CPT-I | 44212 | Laparoscopy, surgical; colectomy, total, abdominal, with proctectomy, with ileostomy |
| CPT-I | 44213 | Laparoscopy, surgical, mobilization (take-down) of splenic flexure performed in conjunction with partial colectomy (List separately in addition to primary procedure) |
| CPT-I | 44227 | Laparoscopy, surgical, closure of enterostomy, large or small intestine, with resection and anastomosis |
| CPT-I | 44300 | Placement, enterostomy or cecostomy, tube open (eg, for feeding or decompression) (separate procedure) |
| CPT-I | 44310 | Ileostomy or jejunostomy, non-tube |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 44312 | Revision of ileostomy; simple (release of superficial scar) (separate procedure) |
| CPT-I | 44314 | Revision of ileostomy; complicated (reconstruction in-depth) (separate procedure) |
| CPT-I | 44316 | Continent ileostomy (Kock procedure) (separate procedure) |
| CPT-I | 44320 | Colostomy or skin level cecostomy |
| CPT-I | 44322 | Colostomy or skin level cecostomy; with multiple biopsies (eg, for congenital megacolon) (separate procedure) |
| CPT-I | 44340 | Revision of colostomy; simple (release of superficial scar) (separate procedure) |
| CPT-I | 44345 | Revision of colostomy; complicated (reconstruction in-depth) (separate procedure) |
| CPT-I | 44346 | Revision of colostomy; with repair of paracolostomy hernia (separate procedure) |
| CPT-I | 44360 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| CPT-I | 44361 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple |
| CPT-I | 44363 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body(s) |
| CPT-I | 44364 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| CPT-I | 44365 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery |
| CPT-I | 44366 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| CPT-I | 44369 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| CPT-I | 44370 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation) |
| CPT-I | 44372 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 44373 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy tube |
| CPT-I | 44376 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| CPT-I | 44377 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple |
| CPT-I | 44378 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| CPT-I | 44379 | Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation) |
| CPT-I | 44380 | Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| CPT-I | 44381 | Ileoscopy, through stoma; with transendoscopic balloon dilation |
| CPT-I | 44382 | Ileoscopy, through stoma; with biopsy, single or multiple |
| CPT-I | 44384 | Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) |
| CPT-I | 44385 | Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| CPT-I | 44386 | Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple |
| CPT-I | 44388 | Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| CPT-I | 44389 | Colonoscopy through stoma; with biopsy, single or multiple |
| CPT-I | 44390 | Colonoscopy through stoma; with removal of foreign body(s) |
| CPT-I | 44391 | Colonoscopy through stoma; with control of bleeding, any method |
| CPT-I | 44392 | Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps |
| CPT-I | 44394 | Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| CPT-I | 44401 | Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 44402 | Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed) |
| CPT-I | 44403 | Colonoscopy through stoma; with endoscopic mucosal resection |
| CPT-I | 44404 | Colonoscopy through stoma; with directed submucosal injection(s), any substance |
| CPT-I | 44405 | Colonoscopy through stoma; with transendoscopic balloon dilation |
| CPT-I | 44406 | Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures |
| CPT-I | 44407 | Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures |
| CPT-I | 44408 | Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed |
| CPT-I | 44500 | Introduction of long gastrointestinal tube (eg, Miller-Abbott) (separate procedure) |
| CPT-I | 44602 | Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; single perforation |
| CPT-I | 44603 | Suture of small intestine (enterorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture; multiple perforations |
| CPT-I | 44604 | Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); without colostomy |
| CPT-I | 44605 | Suture of large intestine (colorrhaphy) for perforated ulcer, diverticulum, wound, injury or rupture (single or multiple perforations); with colostomy |
| CPT-I | 44615 | Intestinal stricturoplasty (enterotomy and enterorrhaphy) with or without dilation, for intestinal obstruction |
| CPT-I | 44620 | Closure of enterostomy, large or small intestine |
| CPT-I | 44625 | Closure of enterostomy, large or small intestine; with resection and anastomosis other than colorectal |
| CPT-I | 44626 | Closure of enterostomy, large or small intestine; with resection and colorectal anastomosis (eg, closure of Hartmann type procedure) |
| CPT-I | 44640 | Closure of intestinal cutaneous fistula |
| CPT-I | 44650 | Closure of enteroenteric or enterocolic fistula |
| CPT-I | 44660 | Closure of enterovesical fistula; without intestinal or bladder resection |
| CPT-I | 44661 | Closure of enterovesical fistula; with intestine and/or bladder resection |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 44680 | Intestinal plication (separate procedure) |
| CPT-I | 44700 | Exclusion of small intestine from pelvis by mesh or other prosthesis, or native tissue (eg, bladder or omentum) |
| CPT-I | 44701 | Intraoperative colonic lavage (List separately in addition to code for primary procedure) |
| CPT-I | 44705 | Preparation of fecal microbiota for instillation, including assessment of donor specimen |
| CPT-I | 44715 | Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobilization and fashioning of the superior mesenteric artery and vein |
| CPT-I | 44720 | Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; venous anastomosis, each |
| CPT-I | 44721 | Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation; arterial anastomosis, each |
| CPT-I | 44800 | Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct |
| CPT-I | 44820 | Excision of lesion of mesentery (separate procedure) |
| CPT-I | 44850 | Suture of mesentery (separate procedure) |
| CPT-I | 44900 | Incision and drainage of appendiceal abscess, open |
| CPT-I | 44950 | Appendectomy |
| CPT-I | 44955 | Appendectomy; when done for indicated purpose at time of other major procedure (not as separate procedure) (List separately in addition to code for primary procedure) |
| CPT-I | 44960 | Appendectomy; for ruptured appendix with abscess or generalized peritonitis |
| CPT-I | 44970 | Laparoscopy, surgical, appendectomy |
| CPT-I | 45000 | Transrectal drainage of pelvic abscess |
| CPT-I | 45005 | Incision and drainage of submucosal abscess, rectum |
| CPT-I | 45020 | Incision and drainage of deep supralevator, pelvirectal, or retrorectal abscess |
| CPT-I | 45100 | Biopsy of anorectal wall, anal approach (eg, congenital megacolon) |
| CPT-I | 45108 | Anorectal myomectomy |
| CPT-I | 45110 | Proctectomy; complete, combined abdominoperineal, with colostomy |
| CPT-I | 45111 | Proctectomy; partial resection of rectum, transabdominal approach |
| CPT-I | 45112 | Proctectomy, combined abdominoperineal, pull-through procedure (eg, colo-anal anastomosis) |
| CPT-I | 45113 | Proctectomy, partial, with rectal mucosectomy, ileoanal anastomosis, creation of ileal reservoir (S or J), with or without loop ileostomy |
| CPT-I | 45114 | Proctectomy, partial, with anastomosis; abdominal and transsacral approach |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 45116 | Proctectomy, partial, with anastomosis; transsacral approach only (Kraske type) |
| CPT-I | 45119 | Proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy when performed |
| CPT-I | 45120 | Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with pull-through procedure and anastomosis (eg, Swenson, Duhamel, or Soave type operation) |
| CPT-I | 45121 | Proctectomy, complete (for congenital megacolon), abdominal and perineal approach; with subtotal or total colectomy, with multiple biopsies |
| CPT-I | 45123 | Proctectomy, partial, without anastomosis, perineal approach |
| CPT-I | 45126 | Pelvic exenteration for colorectal malignancy, with proctectomy (with or without colostomy), with removal of bladder and ureteral transplantations, and/or hysterectomy, or cervicectomy, with or without removal of tube(s), with or without removal of ovary(s), or any combination thereof |
| CPT-I | 45130 | Excision of rectal procidentia, with anastomosis; perineal approach |
| CPT-I | 45135 | Excision of rectal procidentia, with anastomosis; abdominal and perineal approach |
| CPT-I | 45136 | Excision of ileoanal reservoir with ileostomy |
| CPT-I | 45150 | Division of stricture of rectum |
| CPT-I | 45160 | Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach |
| CPT-I | 45171 | Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness) |
| CPT-I | 45172 | Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness) |
| CPT-I | 45190 | Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach |
| CPT-I | 45300 | Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| CPT-I | 45303 | Proctosigmoidoscopy, rigid; with dilation (eg, balloon, guide wire, bougie) |
| CPT-I | 45305 | Proctosigmoidoscopy, rigid; with biopsy, single or multiple |
| CPT-I | 45307 | Proctosigmoidoscopy, rigid; with removal of foreign body |
| CPT-I | 45308 | Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery |
| CPT-I | 45309 | Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique |
| CPT-I | 45315 | Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 45317 | Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| CPT-I | 45320 | Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser) |
| CPT-I | 45321 | Proctosigmoidoscopy, rigid; with decompression of volvulus |
| CPT-I | 45327 | Proctosigmoidoscopy, rigid; with transendoscopic stent placement (includes predilation) |
| CPT-I | 45330 | Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| CPT-I | 45331 | Sigmoidoscopy, flexible; with biopsy, single or multiple |
| CPT-I | 45332 | Sigmoidoscopy, flexible; with removal of foreign body(s) |
| CPT-I | 45333 | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps |
| CPT-I | 45334 | Sigmoidoscopy, flexible; with control of bleeding, any method |
| CPT-I | 45335 | Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance |
| CPT-I | 45337 | Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed |
| CPT-I | 45338 | Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| CPT-I | 45340 | Sigmoidoscopy, flexible; with transendoscopic balloon dilation |
| CPT-I | 45341 | Sigmoidoscopy, flexible; with endoscopic ultrasound examination |
| CPT-I | 45342 | Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s) |
| CPT-I | 45346 | Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) |
| CPT-I | 45347 | Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed) |
| CPT-I | 45349 | Sigmoidoscopy, flexible; with endoscopic mucosal resection |
| CPT-I | 45350 | Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids) |
| CPT-I | 45378 | Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| CPT-I | 45379 | Colonoscopy, flexible; with removal of foreign body(s) |
| CPT-I | 45380 | Colonoscopy, flexible; with biopsy, single or multiple |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 45381 | Colonoscopy, flexible; with directed submucosal injection(s), any substance |
| CPT-I | 45382 | Colonoscopy, flexible; with control of bleeding, any method |
| CPT-I | 45384 | Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps |
| CPT-I | 45385 | Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique |
| CPT-I | 45386 | Colonoscopy, flexible; with transendoscopic balloon dilation |
| CPT-I | 45388 | Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed) |
| CPT-I | 45389 | Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed) |
| CPT-I | 45390 | Colonoscopy, flexible; with endoscopic mucosal resection |
| CPT-I | 45391 | Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures |
| CPT-I | 45392 | Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures |
| CPT-I | 45393 | Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed |
| CPT-I | 45395 | Laparoscopy, surgical; proctectomy, complete, combined abdominoperineal, with colostomy |
| CPT-I | 45397 | Laparoscopy, surgical; proctectomy, combined abdominoperineal pull-through procedure (eg, colo-anal anastomosis), with creation of colonic reservoir (eg, J-pouch), with diverting enterostomy, when performed |
| CPT-I | 45398 | Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids) |
| CPT-I | 45400 | Laparoscopy, surgical; proctopexy (for prolapse) |
| CPT-I | 45402 | Laparoscopy, surgical; proctopexy (for prolapse), with sigmoid resection |
| CPT-I | 45500 | Proctoplasty; for stenosis |
| CPT-I | 45505 | Proctoplasty; for prolapse of mucous membrane |
| CPT-I | 45520 | Perirectal injection of sclerosing solution for prolapse |
| CPT-I | 45540 | Proctopexy (eg, for prolapse); abdominal approach |
| CPT-I | 45541 | Proctopexy (eg, for prolapse); perineal approach |
| CPT-I | 45550 | Proctopexy (eg, for prolapse); with sigmoid resection, abdominal approach |
| CPT-I | 45562 | Exploration, repair, and presacral drainage for rectal injury |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 45563 | Exploration, repair, and presacral drainage for rectal injury; with colostomy |
| CPT-I | 45800 | Closure of rectovesical fistula |
| CPT-I | 45805 | Closure of rectovesical fistula; with colostomy |
| CPT-I | 45820 | Closure of rectourethral fistula |
| CPT-I | 45825 | Closure of rectourethral fistula; with colostomy |
| CPT-I | 45900 | Reduction of procidentia (separate procedure) under anesthesia |
| CPT-I | 45905 | Dilation of anal sphincter (separate procedure) under anesthesia other than local |
| CPT-I | 45910 | Dilation of rectal stricture (separate procedure) under anesthesia other than local |
| CPT-I | 45915 | Removal of fecal impaction or foreign body (separate procedure) under anesthesia |
| CPT-I | 45990 | Anorectal exam, surgical, requiring anesthesia (general, spinal, or epidural), diagnostic |
| CPT-I | 46020 | Placement of seton |
| CPT-I | 46030 | Removal of anal seton, other marker |
| CPT-I | 46040 | Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure) |
| CPT-I | 46045 | Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia |
| CPT-I | 46050 | Incision and drainage, perianal abscess, superficial |
| CPT-I | 46060 | Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton |
| CPT-I | 46070 | Incision, anal septum (infant) |
| CPT-I | 46080 | Sphincterotomy, anal, division of sphincter (separate procedure) |
| CPT-I | 46083 | Incision of thrombosed hemorrhoid, external |
| CPT-I | 46200 | Fissurectomy, including sphincterotomy, when performed |
| CPT-I | 46220 | Excision of single external papilla or tag, anus |
| CPT-I | 46221 | Hemorrhoidectomy, internal, by rubber band ligation(s) |
| CPT-I | 46230 | Excision of multiple external papillae or tags, anus |
| CPT-I | 46250 | Hemorrhoidectomy, external, 2 or more columns/groups |
| CPT-I | 46255 | Hemorrhoidectomy, internal and external, single column/group |
| CPT-I | 46257 | Hemorrhoidectomy, internal and external, single column/group; with fissurectomy |
| CPT-I | 46258 | Hemorrhoidectomy, internal and external, single column/group; with fistulectomy, including fissurectomy, when performed |
| CPT-I | 46260 | Hemorrhoidectomy, internal and external, 2 or more columns/groups |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 46261 | Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fissurectomy |
| CPT-I | 46262 | Hemorrhoidectomy, internal and external, 2 or more columns/groups; with fistulectomy, including fissurectomy, when performed |
| CPT-I | 46270 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous |
| CPT-I | 46275 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); intersphincteric |
| CPT-I | 46280 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); transsphincteric, suprasphincteric, extrasphincteric or multiple, including placement of seton, when performed |
| CPT-I | 46285 | Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage |
| CPT-I | 46288 | Closure of anal fistula with rectal advancement flap |
| CPT-I | 46320 | Excision of thrombosed hemorrhoid, external |
| CPT-I | 46600 | Anoscopy; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure) |
| CPT-I | 46601 | Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed |
| CPT-I | 46604 | Anoscopy; with dilation (eg, balloon, guide wire, bougie) |
| CPT-I | 46606 | Anoscopy; with biopsy, single or multiple |
| CPT-I | 46608 | Anoscopy; with removal of foreign body |
| CPT-I | 46610 | Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery |
| CPT-I | 46611 | Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique |
| CPT-I | 46612 | Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique |
| CPT-I | 46614 | Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator) |
| CPT-I | 46615 | Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique |
| CPT-I | 46700 | Anoplasty, plastic operation for stricture; adult |
| CPT-I | 46705 | Anoplasty, plastic operation for stricture; infant |
| CPT-I | 46706 | Repair of anal fistula with fibrin glue |
| CPT-I | 46707 | Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS]) |
| CPT-I | 46710 | Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 46712 | Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdominal approach |
| CPT-I | 46715 | Repair of low imperforate anus; with anoperineal fistula (cut-back procedure) |
| CPT-I | 46716 | Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula |
| CPT-I | 46730 | Repair of high imperforate anus without fistula; perineal or sacroperineal approach |
| CPT-I | 46735 | Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches |
| CPT-I | 46740 | Repair of high imperforate anus with rectourethral or rectovaginal fistula; perineal or sacroperineal approach |
| CPT-I | 46742 | Repair of high imperforate anus with rectourethral or rectovaginal fistula; combined transabdominal and sacroperineal approaches |
| CPT-I | 46744 | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, sacroperineal approach |
| CPT-I | 46746 | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach |
| CPT-I | 46748 | Repair of cloacal anomaly by anorectovaginoplasty and urethroplasty, combined abdominal and sacroperineal approach; with vaginal lengthening by intestinal graft or pedicle flaps |
| CPT-I | 46750 | Sphincteroplasty, anal, for incontinence or prolapse; adult |
| CPT-I | 46751 | Sphincteroplasty, anal, for incontinence or prolapse; child |
| CPT-I | 46754 | Removal of Thiersch wire or suture, anal canal |
| CPT-I | 46900 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical |
| CPT-I | 46910 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation |
| CPT-I | 46916 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery |
| CPT-I | 46917 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery |
| CPT-I | 46922 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision |
| CPT-I | 46924 | Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) |
| CPT-I | 46930 | Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 46940 | Curettage or cauterization of anal fissure, including dilation of anal sphincter (separate procedure); initial |
| CPT-I | 46942 | Curettage or cauterization of anal fissure, including dilation of anal sphincter (separate procedure); subsequent |
| CPT-I | 46948 | Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed |
| CPT-I | 47000 | Biopsy of liver, needle; percutaneous |
| CPT-I | 47001 | Biopsy of liver, needle; when done for indicated purpose at time of other major procedure (List separately in addition to code for primary procedure) |
| CPT-I | 47010 | Hepatotomy, for open drainage of abscess or cyst, 1 or 2 stages |
| CPT-I | 47015 | Laparotomy, with aspiration and/or injection of hepatic parasitic (eg, amoebic or echinococcal) cyst(s) or abscess(es) |
| CPT-I | 47100 | Biopsy of liver, wedge |
| CPT-I | 47120 | Hepatectomy, resection of liver; partial lobectomy |
| CPT-I | 47122 | Hepatectomy, resection of liver; trisegmentectomy |
| CPT-I | 47125 | Hepatectomy, resection of liver; total left lobectomy |
| CPT-I | 47130 | Hepatectomy, resection of liver; total right lobectomy |
| CPT-I | 47133 | Donor hepatectomy (including cold preservation), from cadaver donor |
| CPT-I | 47140 | Donor hepatectomy (including cold preservation), from living donor; left lateral segment only (segments II and III) |
| CPT-I | 47141 | Donor hepatectomy (including cold preservation), from living donor; total left lobectomy (segments II, III and IV) |
| CPT-I | 47142 | Donor hepatectomy (including cold preservation), from living donor; total right lobectomy (segments V, VI, VII and VIII) |
| CPT-I | 47143 | Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; without trisegment or lobe split |
| CPT-I | 47144 | Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with trisegment split of whole liver graft into 2 partial liver grafts (ie, left lateral segment [segments II and III] and right trisegment [segments I and IV through VIII]) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 47145 | Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy, if necessary, and dissection and removal of surrounding soft tissues to prepare the vena cava, portal vein, hepatic artery, and common bile duct for implantation; with lobe split of whole liver graft into 2 partial liver grafts (ie, left lobe [segments II, III, and IV] and right lobe [segments I and V through VIII]) |
| CPT-I | 47146 | Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each |
| CPT-I | 47147 | Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each |
| CPT-I | 47300 | Marsupialization of cyst or abscess of liver |
| CPT-I | 47350 | Management of liver hemorrhage; simple suture of liver wound or injury |
| CPT-I | 47360 | Management of liver hemorrhage; complex suture of liver wound or injury, with or without hepatic artery ligation |
| CPT-I | 47361 | Management of liver hemorrhage; exploration of hepatic wound, extensive debridement, coagulation and/or suture, with or without packing of liver |
| CPT-I | 47362 | Management of liver hemorrhage; re-exploration of hepatic wound for removal of packing |
| CPT-I | 47370 | Laparoscopy, surgical, ablation of 1 or more liver tumor(s); radiofrequency |
| CPT-I | 47371 | Laparoscopy, surgical, ablation of 1 or more liver tumor(s); cryosurgical |
| CPT-I | 47380 | Ablation, open, of 1 or more liver tumor(s); radiofrequency |
| CPT-I | 47381 | Ablation, open, of 1 or more liver tumor(s); cryosurgical |
| CPT-I | 47382 | Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency |
| CPT-I | 47383 | Ablation, 1 or more liver tumor(s), percutaneous, cryoablation |
| CPT-I | 47400 | Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus |
| CPT-I | 47420 | Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; without transduodenal sphincterotomy or sphincteroplasty |
| CPT-I | 47425 | Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy; with transduodenal sphincterotomy or sphincteroplasty |
| CPT-I | 47460 | Transduodenal sphincterotomy or sphincteroplasty, with or without transduodenal extraction of calculus (separate procedure) |
| CPT-I | 47480 | Cholecystotomy or cholecystostomy, open, with exploration, drainage, or removal of calculus (separate procedure) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 47490 | Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation |
| CPT-I | 47531 | Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access |
| CPT-I | 47532 | Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram) |
| CPT-I | 47533 | Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external |
| CPT-I | 47534 | Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external |
| CPT-I | 47535 | Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation |
| CPT-I | 47536 | Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation |
| CPT-I | 47537 | Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation |
| CPT-I | 47538 | Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access |
| CPT-I | 47539 | Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 47540 | Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external) |
| CPT-I | 47541 | Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access |
| CPT-I | 47542 | Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure) |
| CPT-I | 47543 | Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure) |
| CPT-I | 47544 | Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure) |
| CPT-I | 47550 | Biliary endoscopy, intraoperative (choledochoscopy) (List separately in addition to code for primary procedure) |
| CPT-I | 47552 | Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with collection of specimen(s) by brushing and/or washing, when performed (separate procedure) |
| CPT-I | 47553 | Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple |
| CPT-I | 47554 | Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi |
| CPT-I | 47555 | Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent |
| CPT-I | 47556 | Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent |
| CPT-I | 47562 | Laparoscopy, surgical; cholecystectomy |
| CPT-I | 47563 | Laparoscopy, surgical; cholecystectomy with cholangiography |
| CPT-I | 47564 | Laparoscopy, surgical; cholecystectomy with exploration of common duct |
| CPT-I | 47570 | Laparoscopy, surgical; cholecystoenterostomy |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 47600 | Cholecystectomy |
| CPT-I | 47605 | Cholecystectomy; with cholangiography |
| CPT-I | 47610 | Cholecystectomy with exploration of common duct |
| CPT-I | 47612 | Cholecystectomy with exploration of common duct; with choledochoenterostomy |
| CPT-I | 47620 | Cholecystectomy with exploration of common duct; with transduodenal sphincterotomy or sphincteroplasty, with or without cholangiography |
| CPT-I | 47700 | Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography |
| CPT-I | 47701 | Portoenterostomy (eg, Kasai procedure) |
| CPT-I | 47711 | Excision of bile duct tumor, with or without primary repair of bile duct; extrahepatic |
| CPT-I | 47712 | Excision of bile duct tumor, with or without primary repair of bile duct; intrahepatic |
| CPT-I | 47715 | Excision of choledochal cyst |
| CPT-I | 47720 | Cholecystoenterostomy; direct |
| CPT-I | 47721 | Cholecystoenterostomy; with gastroenterostomy |
| CPT-I | 47740 | Cholecystoenterostomy; Roux-en-Y |
| CPT-I | 47741 | Cholecystoenterostomy; Roux-en-Y with gastroenterostomy |
| CPT-I | 47760 | Anastomosis, of extrahepatic biliary ducts and gastrointestinal tract |
| CPT-I | 47765 | Anastomosis, of intrahepatic ducts and gastrointestinal tract |
| CPT-I | 47780 | Anastomosis, Roux-en-Y, of extrahepatic biliary ducts and gastrointestinal tract |
| CPT-I | 47785 | Anastomosis, Roux-en-Y, of intrahepatic biliary ducts and gastrointestinal tract |
| CPT-I | 47800 | Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis |
| CPT-I | 47801 | Placement of choledochal stent |
| CPT-I | 47802 | U-tube hepaticoenterostomy |
| CPT-I | 47900 | Suture of extrahepatic biliary duct for pre-existing injury (separate procedure) |
| CPT-I | 48000 | Placement of drains, peripancreatic, for acute pancreatitis |
| CPT-I | 48001 | Placement of drains, peripancreatic, for acute pancreatitis; with cholecystostomy, gastrostomy, and jejunostomy |
| CPT-I | 48020 | Removal of pancreatic calculus |
| CPT-I | 48100 | Biopsy of pancreas, open (eg, fine needle aspiration, needle core biopsy, wedge biopsy) |
| CPT-I | 48102 | Biopsy of pancreas, percutaneous needle |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 48105 | Resection or debridement of pancreas and peripancreatic tissue for acute necrotizing pancreatitis |
| CPT-I | 48120 | Excision of lesion of pancreas (eg, cyst, adenoma) |
| CPT-I | 48140 | Pancreatectomy, distal subtotal, with or without splenectomy; without pancreaticojejunostomy |
| CPT-I | 48145 | Pancreatectomy, distal subtotal, with or without splenectomy; with pancreaticojejunostomy |
| CPT-I | 48146 | Pancreatectomy, distal, near-total with preservation of duodenum (Child-type procedure) |
| CPT-I | 48148 | Excision of ampulla of Vater |
| CPT-I | 48150 | Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); with pancreaticojejunostomy |
| CPT-I | 48152 | Pancreatectomy, proximal subtotal with total duodenectomy, partial gastrectomy, choledochoenterostomy and gastrojejunostomy (Whipple-type procedure); without pancreaticojejunostomy |
| CPT-I | 48153 | Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); with pancreaticojejunostomy |
| CPT-I | 48154 | Pancreatectomy, proximal subtotal with near-total duodenectomy, choledochoenterostomy and duodenojejunostomy (pylorus-sparing, Whipple-type procedure); without pancreaticojejunostomy |
| CPT-I | 48155 | Pancreatectomy, total |
| CPT-I | 48400 | Injection procedure for intraoperative pancreatography (List separately in addition to code for primary procedure) |
| CPT-I | 48500 | Marsupialization of pancreatic cyst |
| CPT-I | 48510 | External drainage, pseudocyst of pancreas, open |
| CPT-I | 48520 | Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct |
| CPT-I | 48540 | Internal anastomosis of pancreatic cyst to gastrointestinal tract; Roux-en-Y |
| CPT-I | 48545 | Pancreatorrhaphy for injury |
| CPT-I | 48547 | Duodenal exclusion with gastrojejunostomy for pancreatic injury |
| CPT-I | 48548 | Pancreaticojejunostomy, side-to-side anastomosis (Puestow-type operation) |
| CPT-I | 48550 | Donor pancreatectomy (including cold preservation), with or without duodenal segment for transplantation |
| CPT-I | 48551 | Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of allograft from surrounding soft tissues, splenectomy, duodenotomy, ligation of bile duct, ligation of mesenteric vessels, and Y-graft arterial anastomoses from iliac artery to superior mesenteric artery and to splenic artery |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 48552 | Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each |
| CPT-I | 49000 | Exploratory laparotomy, exploratory celiotomy with or without biopsy(s) (separate procedure) |
| CPT-I | 49002 | Reopening of recent laparotomy |
| CPT-I | 49010 | Exploration, retroperitoneal area with or without biopsy(s) (separate procedure) |
| CPT-I | 49013 | Preperitoneal pelvic packing for hemorrhage associated with pelvic trauma, including local exploration |
| CPT-I | 49014 | Re-exploration of pelvic wound with removal of preperitoneal pelvic packing, including repacking, when performed |
| CPT-I | 49020 | Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, open |
| CPT-I | 49040 | Drainage of subdiaphragmatic or subphrenic abscess, open |
| CPT-I | 49060 | Drainage of retroperitoneal abscess, open |
| CPT-I | 49062 | Drainage of extraperitoneal lymphocele to peritoneal cavity, open |
| CPT-I | 49082 | Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance |
| CPT-I | 49083 | Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance |
| CPT-I | 49084 | Peritoneal lavage, including imaging guidance, when performed |
| CPT-I | 49180 | Biopsy, abdominal or retroperitoneal mass, percutaneous needle |
| CPT-I | 49185 | Sclerotherapy of a fluid collection (eg, lymphocele, cyst, or seroma), percutaneous, including contrast injection(s), sclerosant injection(s), diagnostic study, imaging guidance (eg, ultrasound, fluoroscopy) and radiological supervision and interpretation when performed |
| CPT-I | 49203 | Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5 cm diameter or less |
| CPT-I | 49204 | Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor 5.1-10.0 cm diameter |
| CPT-I | 49205 | Excision or destruction, open, intra-abdominal tumors, cysts or endometriomas, 1 or more peritoneal, mesenteric, or retroperitoneal primary or secondary tumors; largest tumor greater than 10.0 cm diameter |
| CPT-I | 49215 | Excision of presacral or sacrococcygeal tumor |
| CPT-I | 49255 | Omentectomy, epiploectomy, resection of omentum (separate procedure) |
| CPT-I | 49320 | Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure) |
| CPT-I | 49321 | Laparoscopy, surgical; with biopsy (single or multiple) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 49322 | Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple) |
| CPT-I | 49323 | Laparoscopy, surgical; with drainage of lymphocele to peritoneal cavity |
| CPT-I | 49324 | Laparoscopy, surgical; with insertion of tunneled intraperitoneal catheter |
| CPT-I | 49325 | Laparoscopy, surgical; with revision of previously placed intraperitoneal cannula or catheter, with removal of intraluminal obstructive material if performed |
| CPT-I | 49326 | Laparoscopy, surgical; with omentopexy (omental tacking procedure) (List separately in addition to code for primary procedure) |
| CPT-I | 49327 | Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (List separately in addition to code for primary procedure) |
| CPT-I | 49400 | Injection of air or contrast into peritoneal cavity (separate procedure) |
| CPT-I | 49402 | Removal of peritoneal foreign body from peritoneal cavity |
| CPT-I | 49405 | Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous |
| CPT-I | 49406 | Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous |
| CPT-I | 49407 | Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal |
| CPT-I | 49411 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple |
| CPT-I | 49412 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (List separately in addition to code for primary procedure) |
| CPT-I | 49418 | Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous |
| CPT-I | 49419 | Insertion of tunneled intraperitoneal catheter, with subcutaneous port (ie, totally implantable) |
| CPT-I | 49421 | Insertion of tunneled intraperitoneal catheter for dialysis, open |
| CPT-I | 49422 | Removal of tunneled intraperitoneal catheter |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 49423 | Exchange of previously placed abscess or cyst drainage catheter under radiological guidance (separate procedure) |
| CPT-I | 49424 | Contrast injection for assessment of abscess or cyst via previously placed drainage catheter or tube (separate procedure) |
| CPT-I | 49425 | Insertion of peritoneal-venous shunt |
| CPT-I | 49426 | Revision of peritoneal-venous shunt |
| CPT-I | 49427 | Injection procedure (eg, contrast media) for evaluation of previously placed peritoneal-venous shunt |
| CPT-I | 49428 | Ligation of peritoneal-venous shunt |
| CPT-I | 49429 | Removal of peritoneal-venous shunt |
| CPT-I | 49435 | Insertion of subcutaneous extension to intraperitoneal cannula or catheter with remote chest exit site (List separately in addition to code for primary procedure) |
| CPT-I | 49436 | Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter |
| CPT-I | 49440 | Insertion of gastrostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report |
| CPT-I | 49441 | Insertion of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report |
| CPT-I | 49442 | Insertion of cecostomy or other colonic tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report |
| CPT-I | 49446 | Conversion of gastrostomy tube to gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report |
| CPT-I | 49450 | Replacement of gastrostomy or cecostomy (or other colonic) tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report |
| CPT-I | 49451 | Replacement of duodenostomy or jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report |
| CPT-I | 49452 | Replacement of gastro-jejunostomy tube, percutaneous, under fluoroscopic guidance including contrast injection(s), image documentation and report |
| CPT-I | 49460 | Mechanical removal of obstructive material from gastrostomy, duodenostomy, jejunostomy, gastro-jejunostomy, or cecostomy (or other colonic) tube, any method, under fluoroscopic guidance including contrast injection(s), if performed, image documentation and report |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 49465 | Contrast injection(s) for radiological evaluation of existing gastrostomy, duodenostomy, jejunostomy, gastro-jejunosotomy, or cecostomy (or other colonic) tube, from a percutaneous approach including image documentation and report |
| CPT-I | 49491 | Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; reducible |
| CPT-I | 49492 | Repair, initial inguinal hernia, preterm infant (younger than 37 weeks gestation at birth), performed from birth up to 50 weeks postconception age, with or without hydrocelectomy; incarcerated or strangulated |
| CPT-I | 49495 | Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; reducible |
| CPT-I | 49496 | Repair, initial inguinal hernia, full term infant younger than age 6 months, or preterm infant older than 50 weeks postconception age and younger than age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated |
| CPT-I | 49500 | Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; reducible |
| CPT-I | 49501 | Repair initial inguinal hernia, age 6 months to younger than 5 years, with or without hydrocelectomy; incarcerated or strangulated |
| CPT-I | 49505 | Repair initial inguinal hernia, age 5 years or older; reducible |
| CPT-I | 49507 | Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated |
| CPT-I | 49520 | Repair recurrent inguinal hernia, any age; reducible |
| CPT-I | 49521 | Repair recurrent inguinal hernia, any age; incarcerated or strangulated |
| CPT-I | 49525 | Repair inguinal hernia, sliding, any age |
| CPT-I | 49553 | Repair initial femoral hernia, any age; incarcerated or strangulated |
| CPT-I | 49557 | Repair recurrent femoral hernia; incarcerated or strangulated |
| CPT-I | 49560 | Repair initial incisional or ventral hernia; reducible |
| CPT-I | 49561 | Repair initial incisional or ventral hernia; incarcerated or strangulated |
| CPT-I | 49565 | Repair recurrent incisional or ventral hernia; reducible |
| CPT-I | 49566 | Repair recurrent incisional or ventral hernia; incarcerated or strangulated |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 49568 | Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair) |
| CPT-I | 49572 | Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated |
| CPT-I | 49580 | Repair umbilical hernia, younger than age 5 years; reducible |
| CPT-I | 49582 | Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated |
| CPT-I | 49587 | Repair umbilical hernia, age 5 years or older; incarcerated or strangulated |
| CPT-I | 49605 | Repair of large omphalocele or gastroschisis; with or without prosthesis |
| CPT-I | 49606 | Repair of large omphalocele or gastroschisis; with removal of prosthesis, final reduction and closure, in operating room |
| CPT-I | 49610 | Repair of omphalocele (Gross type operation); first stage |
| CPT-I | 49653 | Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated |
| CPT-I | 49655 | Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated |
| CPT-I | 49657 | Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated |
| CPT-I | 49900 | Suture, secondary, of abdominal wall for evisceration or dehiscence |
| CPT-I | 49904 | Omental flap, extra-abdominal (eg, for reconstruction of sternal and chest wall defects) |
| CPT-I | 49905 | Omental flap, intra-abdominal (List separately in addition to code for primary procedure) |
| CPT-I | 49906 | Free omental flap with microvascular anastomosis |
| CPT-I | 50010 | Renal exploration, not necessitating other specific procedures |
| CPT-I | 50020 | Drainage of perirenal or renal abscess, open |
| CPT-I | 50040 | Nephrostomy, nephrotomy with drainage |
| CPT-I | 50045 | Nephrotomy, with exploration |
| CPT-I | 50060 | Nephrolithotomy; removal of calculus |
| CPT-I | 50065 | Nephrolithotomy; secondary surgical operation for calculus |
| CPT-I | 50070 | Nephrolithotomy; complicated by congenital kidney abnormality |
| CPT-I | 50075 | Nephrolithotomy; removal of large staghorn calculus filling renal pelvis and calyces (including anatomic pyelolithotomy) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 50080 | Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm |
| CPT-I | 50081 | Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm |
| CPT-I | 50100 | Transection or repositioning of aberrant renal vessels (separate procedure) |
| CPT-I | 50120 | Pyelotomy; with exploration |
| CPT-I | 50125 | Pyelotomy; with drainage, pyelostomy |
| CPT-I | 50130 | Pyelotomy; with removal of calculus (pyelolithotomy, pelviolithotomy, including coagulum pyelolithotomy) |
| CPT-I | 50135 | Pyelotomy; complicated (eg, secondary operation, congenital kidney abnormality) |
| CPT-I | 50200 | Renal biopsy; percutaneous, by trocar or needle |
| CPT-I | 50205 | Renal biopsy; by surgical exposure of kidney |
| CPT-I | 50220 | Nephrectomy, including partial ureterectomy, any open approach including rib resection |
| CPT-I | 50225 | Nephrectomy, including partial ureterectomy, any open approach including rib resection; complicated because of previous surgery on same kidney |
| CPT-I | 50230 | Nephrectomy, including partial ureterectomy, any open approach including rib resection; radical, with regional lymphadenectomy and/or vena caval thrombectomy |
| CPT-I | 50234 | Nephrectomy with total ureterectomy and bladder cuff; through same incision |
| CPT-I | 50236 | Nephrectomy with total ureterectomy and bladder cuff; through separate incision |
| CPT-I | 50240 | Nephrectomy, partial |
| CPT-I | 50250 | Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed |
| CPT-I | 50280 | Excision or unroofing of cyst(s) of kidney |
| CPT-I | 50290 | Excision of perinephric cyst |
| CPT-I | 50323 | Backbench standard preparation of cadaver donor renal allograft prior to transplantation, including dissection and removal of perinephric fat, diaphragmatic and retroperitoneal attachments, excision of adrenal gland, and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary |
| CPT-I | 50325 | Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, including dissection and removal of perinephric fat and preparation of ureter(s), renal vein(s), and renal artery(s), ligating branches, as necessary |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 50327 | Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each |
| CPT-I | 50340 | Recipient nephrectomy (separate procedure) |
| CPT-I | 50382 | Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation |
| CPT-I | 50384 | Removal (via snare/capture) of internally dwelling ureteral stent via percutaneous approach, including radiological supervision and interpretation |
| CPT-I | 50385 | Removal (via snare/capture) and replacement of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation |
| CPT-I | 50386 | Removal (via snare/capture) of internally dwelling ureteral stent via transurethral approach, without use of cystoscopy, including radiological supervision and interpretation |
| CPT-I | 50387 | Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation |
| CPT-I | 50389 | Removal of nephrostomy tube, requiring fluoroscopic guidance (eg, with concurrent indwelling ureteral stent) |
| CPT-I | 50400 | Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; simple |
| CPT-I | 50405 | Pyeloplasty (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter, nephropexy, nephrostomy, pyelostomy, or ureteral splinting; complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney, calycolasty) |
| CPT-I | 50430 | Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access |
| CPT-I | 50431 | Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access |
| CPT-I | 50432 | Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 50433 | Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access |
| CPT-I | 50434 | Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract |
| CPT-I | 50435 | Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation |
| CPT-I | 50436 | Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed |
| CPT-I | 50437 | Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system |
| CPT-I | 50500 | Nephrorrhaphy, suture of kidney wound or injury |
| CPT-I | 50520 | Closure of nephrocutaneous or pyelocutaneous fistula |
| CPT-I | 50525 | Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; abdominal approach |
| CPT-I | 50526 | Closure of nephrovisceral fistula (eg, renocolic), including visceral repair; thoracic approach |
| CPT-I | 50540 | Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (1 operation) |
| CPT-I | 50541 | Laparoscopy, surgical; ablation of renal cysts |
| CPT-I | 50542 | Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed |
| CPT-I | 50543 | Laparoscopy, surgical; partial nephrectomy |
| CPT-I | 50544 | Laparoscopy, surgical; pyeloplasty |
| CPT-I | 50545 | Laparoscopy, surgical; radical nephrectomy (includes removal of Gerota's fascia and surrounding fatty tissue, removal of regional lymph nodes, and adrenalectomy) |
| CPT-I | 50546 | Laparoscopy, surgical; nephrectomy, including partial ureterectomy |
| CPT-I | 50547 | Laparoscopy, surgical; donor nephrectomy (including cold preservation), from living donor |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 50548 | Laparoscopy, surgical; nephrectomy with total ureterectomy |
| CPT-I | 50551 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service |
| CPT-I | 50553 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter |
| CPT-I | 50555 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy |
| CPT-I | 50557 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy |
| CPT-I | 50561 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus |
| CPT-I | 50562 | Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with resection of tumor |
| CPT-I | 50570 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service |
| CPT-I | 50572 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter |
| CPT-I | 50574 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy |
| CPT-I | 50575 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with endopyelotomy (includes cystoscopy, ureteroscopy, dilation of ureter and ureteral pelvic junction, incision of ureteral pelvic junction and insertion of endopyelotomy stent) |
| CPT-I | 50576 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy |
| CPT-I | 50580 | Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus |
| CPT-I | 50590 | Lithotripsy, extracorporeal shock wave |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 50592 | Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency |
| CPT-I | 50593 | Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy |
| CPT-I | 50600 | Ureterotomy with exploration or drainage (separate procedure) |
| CPT-I | 50605 | Ureterotomy for insertion of indwelling stent, all types |
| CPT-I | 50606 | Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure) |
| CPT-I | 50610 | Ureterolithotomy; upper one-third of ureter |
| CPT-I | 50620 | Ureterolithotomy; middle one-third of ureter |
| CPT-I | 50630 | Ureterolithotomy; lower one-third of ureter |
| CPT-I | 50650 | Ureterectomy, with bladder cuff (separate procedure) |
| CPT-I | 50660 | Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach |
| CPT-I | 50705 | Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure) |
| CPT-I | 50706 | Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure) |
| CPT-I | 50715 | Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis |
| CPT-I | 50722 | Ureterolysis for ovarian vein syndrome |
| CPT-I | 50725 | Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava |
| CPT-I | 50727 | Revision of urinary-cutaneous anastomosis (any type urostomy) |
| CPT-I | 50728 | Revision of urinary-cutaneous anastomosis (any type urostomy); with repair of fascial defect and hernia |
| CPT-I | 50740 | Ureteropyelostomy, anastomosis of ureter and renal pelvis |
| CPT-I | 50750 | Ureterocalycostomy, anastomosis of ureter to renal calyx |
| CPT-I | 50760 | Ureteroureterostomy |
| CPT-I | 50770 | Transureteroureterostomy, anastomosis of ureter to contralateral ureter |
| CPT-I | 50780 | Ureteroneocystostomy; anastomosis of single ureter to bladder |
| CPT-I | 50782 | Ureteroneocystostomy; anastomosis of duplicated ureter to bladder |
| CPT-I | 50783 | Ureteroneocystostomy; with extensive ureteral tailoring |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 50785 | Ureteroneocystostomy; with vesico-psoas hitch or bladder flap |
| CPT-I | 50800 | Ureteroenterostomy, direct anastomosis of ureter to intestine |
| CPT-I | 50810 | Ureterosigmoidostomy, with creation of sigmoid bladder and establishment of abdominal or perineal colostomy, including intestine anastomosis |
| CPT-I | 50815 | Ureterocolon conduit, including intestine anastomosis |
| CPT-I | 50820 | Ureteroileal conduit (ileal bladder), including intestine anastomosis (Bricker operation) |
| CPT-I | 50825 | Continent diversion, including intestine anastomosis using any segment of small and/or large intestine (Kock pouch or Camey enterocystoplasty) |
| CPT-I | 50830 | Urinary undiversion (eg, taking down of ureteroileal conduit, uretersigmoidostomy or ureteroenterostomy with ureteroureterostomy or ureteroneocystostomy) |
| CPT-I | 50840 | Replacement of all or part of ureter by intestine segment, including intestine anastomosis |
| CPT-I | 50845 | Cutaneous appendico-vesicostomy |
| CPT-I | 50860 | Ureterostomy, transplantation of ureter to skin |
| CPT-I | 50900 | Ureterorrhaphy, suture of ureter (separate procedure) |
| CPT-I | 50920 | Closure of ureterocutaneous fistula |
| CPT-I | 50930 | Closure of ureterovisceral fistula (including visceral repair) |
| CPT-I | 50940 | Deligation of ureter |
| CPT-I | 50945 | Laparoscopy, surgical; ureterolithotomy |
| CPT-I | 50947 | Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement |
| CPT-I | 50948 | Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement |
| CPT-I | 50951 | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service |
| CPT-I | 50953 | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter |
| CPT-I | 50955 | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy |
| CPT-I | 50957 | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 50961 | Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus |
| CPT-I | 50970 | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service |
| CPT-I | 50972 | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter |
| CPT-I | 50974 | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy |
| CPT-I | 50976 | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy |
| CPT-I | 50980 | Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus |
| CPT-I | 51020 | Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material |
| CPT-I | 51030 | Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion |
| CPT-I | 51040 | Cystostomy, cystotomy with drainage |
| CPT-I | 51045 | Cystotomy, with insertion of ureteral catheter or stent (separate procedure) |
| CPT-I | 51050 | Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection |
| CPT-I | 51060 | Transvesical ureterolithotomy |
| CPT-I | 51065 | Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus |
| CPT-I | 51080 | Drainage of perivesical or prevesical space abscess |
| CPT-I | 51102 | Aspiration of bladder; with insertion of suprapubic catheter |
| CPT-I | 51500 | Excision of urachal cyst or sinus, with or without umbilical hernia repair |
| CPT-I | 51520 | Cystotomy; for simple excision of vesical neck (separate procedure) |
| CPT-I | 51525 | Cystotomy; for excision of bladder diverticulum, single or multiple (separate procedure) |
| CPT-I | 51530 | Cystotomy; for excision of bladder tumor |
| CPT-I | 51535 | Cystotomy for excision, incision, or repair of ureterocele |
| CPT-I | 51550 | Cystectomy, partial; simple |
| CPT-I | 51555 | Cystectomy, partial; complicated (eg, postradiation, previous surgery, difficult location) |
| CPT-I | 51565 | Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureteroneocystostomy) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 51570 | Cystectomy, complete; (separate procedure) |
| CPT-I | 51575 | Cystectomy, complete; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes |
| CPT-I | 51580 | Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations |
| CPT-I | 51585 | Cystectomy, complete, with ureterosigmoidostomy or ureterocutaneous transplantations; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes |
| CPT-I | 51590 | Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis |
| CPT-I | 51595 | Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including intestine anastomosis; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes |
| CPT-I | 51596 | Cystectomy, complete, with continent diversion, any open technique, using any segment of small and/or large intestine to construct neobladder |
| CPT-I | 51597 | Pelvic exenteration, complete, for vesical, prostatic or urethral malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof |
| CPT-I | 51700 | Bladder irrigation, simple, lavage and/or instillation |
| CPT-I | 51715 | Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck |
| CPT-I | 51720 | Bladder instillation of anticarcinogenic agent (including retention time) |
| CPT-I | 51800 | Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck |
| CPT-I | 51820 | Cystourethroplasty with unilateral or bilateral ureteroneocystostomy |
| CPT-I | 51840 | Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); simple |
| CPT-I | 51841 | Anterior vesicourethropexy, or urethropexy (eg, Marshall-Marchetti-Krantz, Burch); complicated (eg, secondary repair) |
| CPT-I | 51845 | Abdomino-vaginal vesical neck suspension, with or without endoscopic control (eg, Stamey, Raz, modified Pereyra) |
| CPT-I | 51860 | Cystorrhaphy, suture of bladder wound, injury or rupture; simple |
| CPT-I | 51865 | Cystorrhaphy, suture of bladder wound, injury or rupture; complicated |
| CPT-I | 51880 | Closure of cystostomy (separate procedure) |
| CPT-I | 51900 | Closure of vesicovaginal fistula, abdominal approach |
| CPT-I | 51920 | Closure of vesicouterine fistula |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 51925 | Closure of vesicouterine fistula; with hysterectomy |
| CPT-I | 51940 | Closure, exstrophy of bladder |
| CPT-I | 51960 | Enterocystoplasty, including intestinal anastomosis |
| CPT-I | 51980 | Cutaneous vesicostomy |
| CPT-I | 52000 | Cystourethroscopy (separate procedure) |
| CPT-I | 52001 | Cystourethroscopy with irrigation and evacuation of multiple obstructing clots |
| CPT-I | 52005 | Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service |
| CPT-I | 52007 | Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis |
| CPT-I | 52010 | Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service |
| CPT-I | 52204 | Cystourethroscopy, with biopsy(s) |
| CPT-I | 52214 | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands |
| CPT-I | 52224 | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy |
| CPT-I | 52234 | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm) |
| CPT-I | 52235 | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm) |
| CPT-I | 52240 | Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s) |
| CPT-I | 52250 | Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration |
| CPT-I | 52260 | Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia |
| CPT-I | 52265 | Cystourethroscopy, with dilation of bladder for interstitial cystitis; local anesthesia |
| CPT-I | 52270 | Cystourethroscopy, with internal urethrotomy; female |
| CPT-I | 52275 | Cystourethroscopy, with internal urethrotomy; male |
| CPT-I | 52276 | Cystourethroscopy with direct vision internal urethrotomy |
| CPT-I | 52277 | Cystourethroscopy, with resection of external sphincter (sphincterotomy) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 52281 | Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female |
| CPT-I | 52282 | Cystourethroscopy, with insertion of permanent urethral stent |
| CPT-I | 52283 | Cystourethroscopy, with steroid injection into stricture |
| CPT-I | 52285 | Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of polyp(s) of urethra, bladder neck, and/or trigone |
| CPT-I | 52287 | Cystourethroscopy, with injection(s) for chemodenervation of the bladder |
| CPT-I | 52290 | Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral |
| CPT-I | 52300 | Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral |
| CPT-I | 52301 | Cystourethroscopy; with resection or fulguration of ectopic ureterocele(s), unilateral or bilateral |
| CPT-I | 52305 | Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple |
| CPT-I | 52310 | Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple |
| CPT-I | 52315 | Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated |
| CPT-I | 52317 | Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm) |
| CPT-I | 52318 | Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm) |
| CPT-I | 52320 | Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus |
| CPT-I | 52325 | Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique) |
| CPT-I | 52327 | Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material |
| CPT-I | 52330 | Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus |
| CPT-I | 52332 | Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type) |
| CPT-I | 52334 | Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 52341 | Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| CPT-I | 52342 | Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| CPT-I | 52343 | Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| CPT-I | 52344 | Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| CPT-I | 52345 | Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| CPT-I | 52346 | Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision) |
| CPT-I | 52351 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic |
| CPT-I | 52352 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included) |
| CPT-I | 52353 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included) |
| CPT-I | 52354 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion |
| CPT-I | 52355 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor |
| CPT-I | 52356 | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type) |
| CPT-I | 52400 | Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds |
| CPT-I | 52402 | Cystourethroscopy with transurethral resection or incision of ejaculatory ducts |
| CPT-I | 52441 | Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant |
| CPT-I | 52442 | Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure) |
| CPT-I | 52450 | Transurethral incision of prostate |
| CPT-I | 52500 | Transurethral resection of bladder neck (separate procedure) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 52601 | Transurethral electro-surgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) |
| CPT-I | 52630 | Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included) |
| CPT-I | 52640 | Transurethral resection; of postoperative bladder neck contracture |
| CPT-I | 52647 | Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed) |
| CPT-I | 52648 | Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) |
| CPT-I | 52649 | Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed) |
| CPT-I | 52700 | Transurethral drainage of prostatic abscess |
| CPT-I | 53010 | Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external |
| CPT-I | 53040 | Drainage of deep periurethral abscess |
| CPT-I | 53080 | Drainage of perineal urinary extravasation; uncomplicated (separate procedure) |
| CPT-I | 53085 | Drainage of perineal urinary extravasation; complicated |
| CPT-I | 53210 | Urethrectomy, total, including cystostomy; female |
| CPT-I | 53215 | Urethrectomy, total, including cystostomy; male |
| CPT-I | 53220 | Excision or fulguration of carcinoma of urethra |
| CPT-I | 53230 | Excision of urethral diverticulum (separate procedure); female |
| CPT-I | 53235 | Excision of urethral diverticulum (separate procedure); male |
| CPT-I | 53240 | Marsupialization of urethral diverticulum, male or female |
| CPT-I | 53250 | Excision of bulbourethral gland (Cowper's gland) |
| CPT-I | 53260 | Excision or fulguration; urethral polyp(s), distal urethra |
| CPT-I | 53265 | Excision or fulguration; urethral caruncle |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 53270 | Excision or fulguration; Skene's glands |
| CPT-I | 53275 | Excision or fulguration; urethral prolapse |
| CPT-I | 53400 | Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type) |
| CPT-I | 53405 | Urethroplasty; second stage (formation of urethra), including urinary diversion |
| CPT-I | 53410 | Urethroplasty, 1-stage reconstruction of male anterior urethra |
| CPT-I | 53415 | Urethroplasty, transpubic or perineal, 1-stage, for reconstruction or repair of prostatic or membranous urethra |
| CPT-I | 53420 | Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; first stage |
| CPT-I | 53425 | Urethroplasty, 2-stage reconstruction or repair of prostatic or membranous urethra; second stage |
| CPT-I | 53430 | Urethroplasty, reconstruction of female urethra |
| CPT-I | 53431 | Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure) |
| CPT-I | 53440 | Sling operation for correction of male urinary incontinence (eg, fascia or synthetic) |
| CPT-I | 53442 | Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic) |
| CPT-I | 53444 | Insertion of tandem cuff (dual cuff) |
| CPT-I | 53445 | Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff |
| CPT-I | 53446 | Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff |
| CPT-I | 53447 | Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session |
| CPT-I | 53448 | Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff through an infected field at the same operative session including irrigation and debridement of infected tissue |
| CPT-I | 53449 | Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff |
| CPT-I | 53450 | Urethromeatoplasty, with mucosal advancement |
| CPT-I | 53460 | Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure) |
| CPT-I | 53500 | Urethrolisis, transvaginal, secondary, open, including cystourethroscopy (eg, postsurgical obstruction, scarring) |
| CPT-I | 53502 | Urethrorrhaphy, suture of urethral wound or injury, female |
| CPT-I | 53505 | Urethrorrhaphy, suture of urethral wound or injury; penile |
| CPT-I | 53510 | Urethrorrhaphy, suture of urethral wound or injury; perineal |
| CPT-I | 53515 | Urethrorrhaphy, suture of urethral wound or injury; prostatomembranous |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 53520 | Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure) |
| CPT-I | 53850 | Transurethral destruction of prostate tissue; by microwave thermotherapy |
| CPT-I | 53852 | Transurethral destruction of prostate tissue; by radiofrequency thermotherapy |
| CPT-I | 53855 | Insertion of a temporary prostatic urethral stent, including urethral measurement |
| CPT-I | 54000 | Slitting of prepuce, dorsal or lateral (separate procedure); newborn |
| CPT-I | 54001 | Slitting of prepuce, dorsal or lateral (separate procedure); except newborn |
| CPT-I | 54015 | Incision and drainage of penis, deep |
| CPT-I | 54050 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical |
| CPT-I | 54055 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; electrodesiccation |
| CPT-I | 54056 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery |
| CPT-I | 54057 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery |
| CPT-I | 54060 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision |
| CPT-I | 54065 | Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) |
| CPT-I | 54100 | Biopsy of penis; (separate procedure) |
| CPT-I | 54105 | Biopsy of penis; deep structures |
| CPT-I | 54110 | Excision of penile plaque (Peyronie disease) |
| CPT-I | 54111 | Excision of penile plaque (Peyronie disease); with graft to 5 cm in length |
| CPT-I | 54112 | Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length |
| CPT-I | 54115 | Removal foreign body from deep penile tissue (eg, plastic implant) |
| CPT-I | 54120 | Amputation of penis; partial |
| CPT-I | 54130 | Amputation of penis, radical; with bilateral inguofemoral lymphadenectomy |
| CPT-I | 54135 | Amputation of penis, radical; in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes |
| CPT-I | 54161 | Circumcision, surgical excision other than clamp, device, or dorsal slit; older than 28 days of age |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 54162 | Lysis or excision of penile post-circumcision adhesions |
| CPT-I | 54163 | Repair incomplete circumcision |
| CPT-I | 54164 | Frenulotomy of penis |
| CPT-I | 54200 | Injection procedure for Peyronie disease |
| CPT-I | 54205 | Injection procedure for Peyronie disease; with surgical exposure of plaque |
| CPT-I | 54220 | Irrigation of corpora cavernosa for priapism |
| CPT-I | 54230 | Injection procedure for corpora cavernosography |
| CPT-I | 54231 | Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine) |
| CPT-I | 54235 | Injection of corpora cavernosa with pharmacologic agent(s) (eg, papaverine, phentolamine) |
| CPT-I | 54240 | Penile plethysmography |
| CPT-I | 54250 | Nocturnal penile tumescence and/or rigidity test |
| CPT-I | 54300 | Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra |
| CPT-I | 54304 | Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps |
| CPT-I | 54308 | Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm |
| CPT-I | 54312 | Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm |
| CPT-I | 54316 | Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia |
| CPT-I | 54318 | Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair) |
| CPT-I | 54322 | 1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap) |
| CPT-I | 54324 | 1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuce flap) |
| CPT-I | 54326 | 1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra |
| CPT-I | 54328 | 1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 54332 | 1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap |
| CPT-I | 54336 | 1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap |
| CPT-I | 54340 | Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple |
| CPT-I | 54344 | Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft |
| CPT-I | 54348 | Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring extensive dissection, and urethroplasty with flap, patch or tubed graft (including urinary diversion, when performed) |
| CPT-I | 54352 | Revision of prior hypospadias repair requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts |
| CPT-I | 54380 | Plastic operation on penis for epispadias distal to external sphincter |
| CPT-I | 54385 | Plastic operation on penis for epispadias distal to external sphincter; with incontinence |
| CPT-I | 54390 | Plastic operation on penis for epispadias distal to external sphincter; with exstrophy of bladder |
| CPT-I | 54400 | Insertion of penile prosthesis; non-inflatable (semi-rigid) |
| CPT-I | 54401 | Insertion of penile prosthesis; inflatable (self-contained) |
| CPT-I | 54405 | Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir |
| CPT-I | 54406 | Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis |
| CPT-I | 54408 | Repair of component(s) of a multi-component, inflatable penile prosthesis |
| CPT-I | 54410 | Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session |
| CPT-I | 54411 | Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue |
| CPT-I | 54415 | Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis |
| CPT-I | 54416 | Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 54417 | Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue |
| CPT-I | 54420 | Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral |
| CPT-I | 54430 | Corpora cavernosa-corpora spongiosum shunt (priapism operation), unilateral or bilateral |
| CPT-I | 54435 | Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism |
| CPT-I | 54437 | Repair of traumatic corporeal tear(s) |
| CPT-I | 54438 | Replantation, penis, complete amputation including urethral repair |
| CPT-I | 54440 | Plastic operation of penis for injury |
| CPT-I | 54450 | Foreskin manipulation including lysis of preputial adhesions and stretching |
| CPT-I | 54500 | Biopsy of testis, needle (separate procedure) |
| CPT-I | 54505 | Biopsy of testis, incisional (separate procedure) |
| CPT-I | 54512 | Excision of extraparenchymal lesion of testis |
| CPT-I | 54520 | Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach |
| CPT-I | 54522 | Orchiectomy, partial |
| CPT-I | 54530 | Orchiectomy, radical, for tumor; inguinal approach |
| CPT-I | 54535 | Orchiectomy, radical, for tumor; with abdominal exploration |
| CPT-I | 54550 | Exploration for undescended testis (inguinal or scrotal area) |
| CPT-I | 54560 | Exploration for undescended testis with abdominal exploration |
| CPT-I | 54600 | Reduction of torsion of testis, surgical, with or without fixation of contralateral testis |
| CPT-I | 54620 | Fixation of contralateral testis (separate procedure) |
| CPT-I | 54640 | Orchiopexy, inguinal or scrotal approach |
| CPT-I | 54650 | Orchiopexy, abdominal approach, for intra-abdominal testis (eg, Fowler-Stephens) |
| CPT-I | 54660 | Insertion of testicular prosthesis (separate procedure) |
| CPT-I | 54670 | Suture or repair of testicular injury |
| CPT-I | 54680 | Transplantation of testis(es) to thigh (because of scrotal destruction) |
| CPT-I | 54690 | Laparoscopy, surgical; orchiectomy |
| CPT-I | 54692 | Laparoscopy, surgical; orchiopexy for intra-abdominal testis |
| CPT-I | 54700 | Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 54800 | Biopsy of epididymis, needle |
| CPT-I | 54830 | Excision of local lesion of epididymis |
| CPT-I | 54840 | Excision of spermatocele, with or without epididymectomy |
| CPT-I | 54860 | Epididymectomy; unilateral |
| CPT-I | 54861 | Epididymectomy; bilateral |
| CPT-I | 54865 | Exploration of epididymis, with or without biopsy |
| CPT-I | 54900 | Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral |
| CPT-I | 54901 | Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral |
| CPT-I | 55000 | Puncture aspiration of hydrocele, tunica vaginalis, with or without injection of medication |
| CPT-I | 55040 | Excision of hydrocele; unilateral |
| CPT-I | 55041 | Excision of hydrocele; bilateral |
| CPT-I | 55060 | Repair of tunica vaginalis hydrocele (Bottle type) |
| CPT-I | 55100 | Drainage of scrotal wall abscess |
| CPT-I | 55110 | Scrotal exploration |
| CPT-I | 55120 | Removal of foreign body in scrotum |
| CPT-I | 55150 | Resection of scrotum |
| CPT-I | 55200 | Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure) |
| CPT-I | 55250 | Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) |
| CPT-I | 55300 | Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral |
| CPT-I | 55400 | Vasovasostomy, vasovasorrhaphy |
| CPT-I | 55500 | Excision of hydrocele of spermatic cord, unilateral (separate procedure) |
| CPT-I | 55520 | Excision of lesion of spermatic cord (separate procedure) |
| CPT-I | 55530 | Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure) |
| CPT-I | 55535 | Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach |
| CPT-I | 55540 | Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair |
| CPT-I | 55550 | Laparoscopy, surgical, with ligation of spermatic veins for varicocele |
| CPT-I | 55600 | Vesiculotomy |
| CPT-I | 55605 | Vesiculotomy; complicated |
| CPT-I | 55650 | Vesiculectomy, any approach |
| CPT-I | 55680 | Excision of Mullerian duct cyst |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 55700 | Biopsy, prostate; needle or punch, single or multiple, any approach |
| CPT-I | 55705 | Biopsy, prostate; incisional, any approach |
| CPT-I | 55720 | Prostatotomy, external drainage of prostatic abscess, any approach; simple |
| CPT-I | 55725 | Prostatotomy, external drainage of prostatic abscess, any approach; complicated |
| CPT-I | 55801 | Prostatectomy, perineal, subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy) |
| CPT-I | 55810 | Prostatectomy, perineal radical |
| CPT-I | 55812 | Prostatectomy, perineal radical; with lymph node biopsy(s) (limited pelvic lymphadenectomy) |
| CPT-I | 55815 | Prostatectomy, perineal radical; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes |
| CPT-I | 55821 | Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); suprapubic, subtotal, 1 or 2 stages |
| CPT-I | 55831 | Prostatectomy (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy); retropubic, subtotal |
| CPT-I | 55840 | Prostatectomy, retropubic radical, with or without nerve sparing |
| CPT-I | 55842 | Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy) |
| CPT-I | 55845 | Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes |
| CPT-I | 55860 | Exposure of prostate, any approach, for insertion of radioactive substance |
| CPT-I | 55862 | Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy) |
| CPT-I | 55865 | Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes |
| CPT-I | 55866 | Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed |
| CPT-I | 55873 | Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring) |
| CPT-I | 55874 | Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 55875 | Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy |
| CPT-I | 55876 | Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), prostate (via needle, any approach), single or multiple |
| CPT-I | 56515 | Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) |
| CPT-I | 56630 | Vulvectomy, radical, partial |
| CPT-I | 56631 | Vulvectomy, radical, partial; with unilateral inguinofemoral lymphadenectomy |
| CPT-I | 56632 | Vulvectomy, radical, partial; with bilateral inguinofemoral lymphadenectomy |
| CPT-I | 56633 | Vulvectomy, radical, complete |
| CPT-I | 56634 | Vulvectomy, radical, complete; with unilateral inguinofemoral lymphadenectomy |
| CPT-I | 56637 | Vulvectomy, radical, complete; with bilateral inguinofemoral lymphadenectomy |
| CPT-I | 56640 | Vulvectomy, radical, complete, with inguinofemoral, iliac, and pelvic lymphadenectomy |
| CPT-I | 57010 | Colpotomy; with drainage of pelvic abscess |
| CPT-I | 57023 | Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding) |
| CPT-I | 57107 | Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) |
| CPT-I | 57109 | Vaginectomy, partial removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling (biopsy) |
| CPT-I | 57111 | Vaginectomy, complete removal of vaginal wall; with removal of paravaginal tissue (radical vaginectomy) |
| CPT-I | 57120 | Colpocleisis (Le Fort type) |
| CPT-I | 57155 | Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy |
| CPT-I | 57156 | Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy |
| CPT-I | 57200 | Colporrhaphy, suture of injury of vagina (nonobstetrical) |
| CPT-I | 57210 | Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical) |
| CPT-I | 57220 | Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication) |
| CPT-I | 57230 | Plastic repair of urethrocele |
| CPT-I | 57240 | Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed |
| CPT-I | 57250 | Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy |
| CPT-I | 57260 | Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 57265 | Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair |
| CPT-I | 57267 | Insertion of mesh or other prosthesis for repair of pelvic floor defect, each site (anterior, posterior compartment), vaginal approach (List separately in addition to code for primary procedure) |
| CPT-I | 57268 | Repair of enterocele, vaginal approach (separate procedure) |
| CPT-I | 57270 | Repair of enterocele, abdominal approach (separate procedure) |
| CPT-I | 57280 | Colpopexy, abdominal approach |
| CPT-I | 57282 | Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus) |
| CPT-I | 57283 | Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy) |
| CPT-I | 57284 | Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach |
| CPT-I | 57285 | Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach |
| CPT-I | 57289 | Pereyra procedure, including anterior colporrhaphy |
| CPT-I | 57300 | Closure of rectovaginal fistula; vaginal or transanal approach |
| CPT-I | 57305 | Closure of rectovaginal fistula; abdominal approach |
| CPT-I | 57307 | Closure of rectovaginal fistula; abdominal approach, with concomitant colostomy |
| CPT-I | 57308 | Closure of rectovaginal fistula; transperineal approach, with perineal body reconstruction, with or without levator plication |
| CPT-I | 57310 | Closure of urethrovaginal fistula |
| CPT-I | 57311 | Closure of urethrovaginal fistula; with bulbo cavernosus transplant |
| CPT-I | 57320 | Closure of vesicovaginal fistula; vaginal approach |
| CPT-I | 57330 | Closure of vesicovaginal fistula; transvesical and vaginal approach |
| CPT-I | 57423 | Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach |
| CPT-I | 57425 | Laparoscopy, surgical, colpopexy (suspension of vaginal apex) |
| CPT-I | 57460 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix |
| CPT-I | 57461 | Colposcopy of the cervix including upper/adjacent vagina; with loop electrode conization of the cervix |
| CPT-I | 57520 | Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser |
| CPT-I | 57530 | Trachelectomy (cervicectomy), amputation of cervix (separate procedure) |
| CPT-I | 57531 | Radical trachelectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node sampling biopsy, with or without removal of tube(s), with or without removal of ovary(s) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 57540 | Excision of cervical stump, abdominal approach |
| CPT-I | 57545 | Excision of cervical stump, abdominal approach; with pelvic floor repair |
| CPT-I | 57550 | Excision of cervical stump, vaginal approach |
| CPT-I | 57555 | Excision of cervical stump, vaginal approach; with anterior and/or posterior repair |
| CPT-I | 57556 | Excision of cervical stump, vaginal approach; with repair of enterocele |
| CPT-I | 57720 | Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach |
| CPT-I | 58120 | Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical) |
| CPT-I | 58140 | Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; abdominal approach |
| CPT-I | 58145 | Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or removal of surface myomas; vaginal approach |
| CPT-I | 58146 | Myomectomy, excision of fibroid tumor(s) of uterus, 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 g, abdominal approach |
| CPT-I | 58340 | Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography |
| CPT-I | 58345 | Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography |
| CPT-I | 58346 | Insertion of Heyman capsules for clinical brachytherapy |
| CPT-I | 58350 | Chromotubation of oviduct, including materials |
| CPT-I | 58353 | Endometrial ablation, thermal, without hysteroscopic guidance |
| CPT-I | 58356 | Endometrial cryoablation with ultrasonic guidance, including endometrial curettage, when performed |
| CPT-I | 58400 | Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure) |
| CPT-I | 58410 | Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; with presacral sympathectomy |
| CPT-I | 58520 | Hysterorrhaphy, repair of ruptured uterus (nonobstetrical) |
| CPT-I | 58540 | Hysteroplasty, repair of uterine anomaly (Strassman type) |
| CPT-I | 58555 | Hysteroscopy, diagnostic (separate procedure) |
| CPT-I | 58558 | Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C |
| CPT-I | 58559 | Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method) |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 58560 | Hysteroscopy, surgical; with division or resection of intrauterine septum (any method) |
| CPT-I | 58561 | Hysteroscopy, surgical; with removal of leiomyomata |
| CPT-I | 58562 | Hysteroscopy, surgical; with removal of impacted foreign body |
| CPT-I | 58563 | Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation) |
| CPT-I | 58565 | Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants |
| CPT-I | 58600 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral |
| CPT-I | 58605 | Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral, during same hospitalization (separate procedure) |
| CPT-I | 58611 | Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure) |
| CPT-I | 58615 | Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach |
| CPT-I | 58660 | Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure) |
| CPT-I | 58661 | Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) |
| CPT-I | 58662 | Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method |
| CPT-I | 58670 | Laparoscopy, surgical; with fulguration of oviducts (with or without transection) |
| CPT-I | 58671 | Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring) |
| CPT-I | 58672 | Laparoscopy, surgical; with fimbrioplasty |
| CPT-I | 58673 | Laparoscopy, surgical; with salpingostomy (salpingoneostomy) |
| CPT-I | 58674 | Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency |
| CPT-I | 58700 | Salpingectomy, complete or partial, unilateral or bilateral (separate procedure) |
| CPT-I | 58720 | Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure) |
| CPT-I | 58740 | Lysis of adhesions (salpingolysis, ovariolysis) |
| CPT-I | 58760 | Fimbrioplasty |
| CPT-I | 58770 | Salpingostomy (salpingoneostomy) |
| CPT-I | 58800 | Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); vaginal approach |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 58805 | Drainage of ovarian cyst(s), unilateral or bilateral (separate procedure); abdominal approach |
| CPT-I | 58820 | Drainage of ovarian abscess; vaginal approach, open |
| CPT-I | 58822 | Drainage of ovarian abscess; abdominal approach |
| CPT-I | 58825 | Transposition, ovary(s) |
| CPT-I | 58900 | Biopsy of ovary, unilateral or bilateral (separate procedure) |
| CPT-I | 58920 | Wedge resection or bisection of ovary, unilateral or bilateral |
| CPT-I | 58925 | Ovarian cystectomy, unilateral or bilateral |
| CPT-I | 58940 | Oophorectomy, partial or total, unilateral or bilateral |
| CPT-I | 58943 | Oophorectomy, partial or total, unilateral or bilateral; for ovarian, tubal or primary peritoneal malignancy, with para-aortic and pelvic lymph node biopsies, peritoneal washings, peritoneal biopsies, diaphragmatic assessments, with or without salpingectomy(s), with or without omentectomy |
| CPT-I | 58950 | Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy |
| CPT-I | 58952 | Resection (initial) of ovarian, tubal or primary peritoneal malignancy with bilateral salpingo-oophorectomy and omentectomy; with radical dissection for debulking (ie, radical excision or destruction, intra-abdominal or retroperitoneal tumors) |
| CPT-I | 58957 | Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed |
| CPT-I | 58958 | Resection (tumor debulking) of recurrent ovarian, tubal, primary peritoneal, uterine malignancy (intra-abdominal, retroperitoneal tumors), with omentectomy, if performed; with pelvic lymphadenectomy and limited para-aortic lymphadenectomy |
| CPT-I | 58960 | Laparotomy, for staging or restaging of ovarian, tubal, or primary peritoneal malignancy (second look), with or without omentectomy, peritoneal washing, biopsy of abdominal and pelvic peritoneum, diaphragmatic assessment with pelvic and limited para-aortic lymphadenectomy |
| CPT-I | 59000 | Amniocentesis; diagnostic |
| CPT-I | 59001 | Amniocentesis; therapeutic amniotic fluid reduction (includes ultrasound guidance) |
| CPT-I | 59012 | Cordocentesis (intrauterine), any method |
| CPT-I | 59015 | Chorionic villus sampling, any method |
| CPT-I | 59020 | Fetal contraction stress test |
| CPT-I | 59025 | Fetal non-stress test |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 59030 | Fetal scalp blood sampling |
| CPT-I | 59050 | Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; supervision and interpretation |
| CPT-I | 59051 | Fetal monitoring during labor by consulting physician (ie, non-attending physician) with written report; interpretation only |
| CPT-I | 59070 | Transabdominal amnioinfusion, including ultrasound guidance |
| CPT-I | 59072 | Fetal umbilical cord occlusion, including ultrasound guidance |
| CPT-I | 59074 | Fetal fluid drainage (eg, vesicocentesis, thoracocentesis, paracentesis), including ultrasound guidance |
| CPT-I | 59076 | Fetal shunt placement, including ultrasound guidance |
| CPT-I | 59100 | Hysterotomy, abdominal (eg, for hydatidiform mole, abortion) |
| CPT-I | 59120 | Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach |
| CPT-I | 59121 | Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy |
| CPT-I | 59130 | Surgical treatment of ectopic pregnancy; abdominal pregnancy |
| CPT-I | 59136 | Surgical treatment of ectopic pregnancy; interstitial, uterine pregnancy with partial resection of uterus |
| CPT-I | 59140 | Surgical treatment of ectopic pregnancy; cervical, with evacuation |
| CPT-I | 59150 | Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy |
| CPT-I | 59151 | Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy |
| CPT-I | 59160 | Curettage, postpartum |
| CPT-I | 59200 | Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure) |
| CPT-I | 59300 | Episiotomy or vaginal repair, by other than attending |
| CPT-I | 59320 | Cerclage of cervix, during pregnancy; vaginal |
| CPT-I | 59325 | Cerclage of cervix, during pregnancy; abdominal |
| CPT-I | 59350 | Hysterorrhaphy of ruptured uterus |
| CPT-I | 59400 | Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care |
| CPT-I | 59409 | Vaginal delivery only (with or without episiotomy and/or forceps) |
| CPT-I | 59410 | Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care |
| CPT-I | 59412 | External cephalic version, with or without tocolysis |
| CPT-I | 59414 | Delivery of placenta (separate procedure) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 59425 | Antepartum care only; 4-6 visits |
| CPT-I | 59426 | Antepartum care only; 7 or more visits |
| CPT-I | 59430 | Postpartum care only (separate procedure) |
| CPT-I | 59510 | Routine obstetric care including antepartum care, cesarean delivery, and postpartum care |
| CPT-I | 59514 | Cesarean delivery only |
| CPT-I | 59515 | Cesarean delivery only; including postpartum care |
| CPT-I | 59525 | Subtotal or total hysterectomy after cesarean delivery (List separately in addition to code for primary procedure) |
| CPT-I | 59610 | Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery |
| CPT-I | 59612 | Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps) |
| CPT-I | 59614 | Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care |
| CPT-I | 59618 | Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery |
| CPT-I | 59620 | Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery |
| CPT-I | 59622 | Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care |
| CPT-I | 59812 | Treatment of incomplete abortion, any trimester, completed surgically |
| CPT-I | 59820 | Treatment of missed abortion, completed surgically; first trimester |
| CPT-I | 59821 | Treatment of missed abortion, completed surgically; second trimester |
| CPT-I | 59830 | Treatment of septic abortion, completed surgically |
| CPT-I | 59840 | Induced abortion, by dilation and curettage |
| CPT-I | 59841 | Induced abortion, by dilation and evacuation |
| CPT-I | 59850 | Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines |
| CPT-I | 59851 | Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation |
| CPT-I | 59852 | Induced abortion, by 1 or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 59855 | Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines |
| CPT-I | 59856 | Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation |
| CPT-I | 59857 | Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation) |
| CPT-I | 59870 | Uterine evacuation and curettage for hydatidiform mole |
| CPT-I | 59871 | Removal of cerclage suture under anesthesia (other than local) |
| CPT-I | 60000 | Incision and drainage of thyroglossal duct cyst, infected |
| CPT-I | 60100 | Biopsy thyroid, percutaneous core needle |
| CPT-I | 60200 | Excision of cyst or adenoma of thyroid, or transection of isthmus |
| CPT-I | 60210 | Partial thyroid lobectomy, unilateral; with or without isthmusectomy |
| CPT-I | 60212 | Partial thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy |
| CPT-I | 60220 | Total thyroid lobectomy, unilateral; with or without isthmusectomy |
| CPT-I | 60225 | Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy |
| CPT-I | 60240 | Thyroidectomy, total or complete |
| CPT-I | 60252 | Thyroidectomy, total or subtotal for malignancy; with limited neck dissection |
| CPT-I | 60254 | Thyroidectomy, total or subtotal for malignancy; with radical neck dissection |
| CPT-I | 60260 | Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid |
| CPT-I | 60270 | Thyroidectomy, including substernal thyroid; sternal split or transthoracic approach |
| CPT-I | 60271 | Thyroidectomy, including substernal thyroid; cervical approach |
| CPT-I | 60280 | Excision of thyroglossal duct cyst or sinus |
| CPT-I | 60281 | Excision of thyroglossal duct cyst or sinus; recurrent |
| CPT-I | 60300 | Aspiration and/or injection, thyroid cyst |
| CPT-I | 60500 | Parathyroidectomy or exploration of parathyroid(s) |
| CPT-I | 60502 | Parathyroidectomy or exploration of parathyroid(s); re-exploration |
| CPT-I | 60505 | Parathyroidectomy or exploration of parathyroid(s); with mediastinal exploration, sternal split or transthoracic approach |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 60512 | Parathyroid autotransplantation (List separately in addition to code for primary procedure) |
| CPT-I | 60520 | Thymectomy, partial or total; transcervical approach (separate procedure) |
| CPT-I | 60521 | Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure) |
| CPT-I | 60522 | Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure) |
| CPT-I | 60540 | Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure) |
| CPT-I | 60545 | Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal (separate procedure); with excision of adjacent retroperitoneal tumor |
| CPT-I | 60600 | Excision of carotid body tumor; without excision of carotid artery |
| CPT-I | 60605 | Excision of carotid body tumor; with excision of carotid artery |
| CPT-I | 60650 | Laparoscopy, surgical, with adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal |
| CPT-I | 61000 | Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; initial |
| CPT-I | 61001 | Subdural tap through fontanelle, or suture, infant, unilateral or bilateral; subsequent taps |
| CPT-I | 61020 | Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection |
| CPT-I | 61026 | Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment |
| CPT-I | 61050 | Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure) |
| CPT-I | 61055 | Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment |
| CPT-I | 61070 | Puncture of shunt tubing or reservoir for aspiration or injection procedure |
| CPT-I | 61105 | Twist drill hole for subdural or ventricular puncture |
| CPT-I | 61107 | Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for implanting ventricular catheter, pressure recording device, or other intracerebral monitoring device |
| CPT-I | 61108 | Twist drill hole(s) for subdural, intracerebral, or ventricular puncture; for evacuation and/or drainage of subdural hematoma |
| CPT-I | 61120 | Burr hole(s) for ventricular puncture (including injection of gas, contrast media, dye, or radioactive material) |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 61140 | Burr hole(s) or trephine; with biopsy of brain or intracranial lesion |
| CPT-I | 61150 | Burr hole(s) or trephine; with drainage of brain abscess or cyst |
| CPT-I | 61151 | Burr hole(s) or trephine; with subsequent tapping (aspiration) of intracranial abscess or cyst |
| CPT-I | 61154 | Burr hole(s) with evacuation and/or drainage of hematoma, extradural or subdural |
| CPT-I | 61156 | Burr hole(s); with aspiration of hematoma or cyst, intracerebral |
| CPT-I | 61210 | Burr hole(s); for implanting ventricular catheter, reservoir, EEG electrode(s), pressure recording device, or other cerebral monitoring device (separate procedure) |
| CPT-I | 61215 | Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter |
| CPT-I | 61250 | Burr hole(s) or trephine, supratentorial, exploratory, not followed by other surgery |
| CPT-I | 61253 | Burr hole(s) or trephine, infratentorial, unilateral or bilateral |
| CPT-I | 61304 | Craniectomy or craniotomy, exploratory; supratentorial |
| CPT-I | 61305 | Craniectomy or craniotomy, exploratory; infratentorial (posterior fossa) |
| CPT-I | 61312 | Craniectomy or craniotomy for evacuation of hematoma, supratentorial; extradural or subdural |
| CPT-I | 61313 | Craniectomy or craniotomy for evacuation of hematoma, supratentorial; intracerebral |
| CPT-I | 61314 | Craniectomy or craniotomy for evacuation of hematoma, infratentorial; extradural or subdural |
| CPT-I | 61315 | Craniectomy or craniotomy for evacuation of hematoma, infratentorial; intracerebellar |
| CPT-I | 61316 | Incision and subcutaneous placement of cranial bone graft (List separately in addition to code for primary procedure) |
| CPT-I | 61320 | Craniectomy or craniotomy, drainage of intracranial abscess; supratentorial |
| CPT-I | 61321 | Craniectomy or craniotomy, drainage of intracranial abscess; infratentorial |
| CPT-I | 61322 | Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; without lobectomy |
| CPT-I | 61323 | Craniectomy or craniotomy, decompressive, with or without duraplasty, for treatment of intracranial hypertension, without evacuation of associated intraparenchymal hematoma; with lobectomy |
| CPT-I | 61330 | Decompression of orbit only, transcranial approach |
| CPT-I | 61333 | Exploration of orbit (transcranial approach), with removal of lesion |
| CPT-I | 61340 | Subtemporal cranial decompression (pseudotumor cerebri, slit ventricle syndrome) |
| CPT-I | 61343 | Craniectomy, suboccipital with cervical laminectomy for decompression of medulla and spinal cord, with or without dural graft (eg, Arnold-Chiari malformation) |
| CPT-I | 61345 | Other cranial decompression, posterior fossa |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 61450 | Craniectomy, subtemporal, for section, compression, or decompression of sensory root of gasserian ganglion |
| CPT-I | 61458 | Craniectomy, suboccipital; for exploration or decompression of cranial nerves |
| CPT-I | 61460 | Craniectomy, suboccipital; for section of 1 or more cranial nerves |
| CPT-I | 61500 | Craniectomy; with excision of tumor or other bone lesion of skull |
| CPT-I | 61501 | Craniectomy; for osteomyelitis |
| CPT-I | 61510 | Craniectomy, trephination, bone flap craniotomy; for excision of brain tumor, supratentorial, except meningioma |
| CPT-I | 61512 | Craniectomy, trephination, bone flap craniotomy; for excision of meningioma, supratentorial |
| CPT-I | 61514 | Craniectomy, trephination, bone flap craniotomy; for excision of brain abscess, supratentorial |
| CPT-I | 61516 | Craniectomy, trephination, bone flap craniotomy; for excision or fenestration of cyst, supratentorial |
| CPT-I | 61518 | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; except meningioma, cerebellopontine angle tumor, or midline tumor at base of skull |
| CPT-I | 61519 | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; meningioma |
| CPT-I | 61520 | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; cerebellopontine angle tumor |
| CPT-I | 61521 | Craniectomy for excision of brain tumor, infratentorial or posterior fossa; midline tumor at base of skull |
| CPT-I | 61522 | Craniectomy, infratentorial or posterior fossa; for excision of brain abscess |
| CPT-I | 61524 | Craniectomy, infratentorial or posterior fossa; for excision or fenestration of cyst |
| CPT-I | 61526 | Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor |
| CPT-I | 61530 | Craniectomy, bone flap craniotomy, transtemporal (mastoid) for excision of cerebellopontine angle tumor; combined with middle/posterior fossa craniotomy/craniectomy |
| CPT-I | 61541 | Craniotomy with elevation of bone flap; for transection of corpus callosum |
| CPT-I | 61543 | Craniotomy with elevation of bone flap; for partial or subtotal (functional) hemispherectomy |
| CPT-I | 61544 | Craniotomy with elevation of bone flap; for excision or coagulation of choroid plexus |
| CPT-I | 61545 | Craniotomy with elevation of bone flap; for excision of craniopharyngioma |
| CPT-I | 61546 | Craniotomy for hypophysectomy or excision of pituitary tumor, intracranial approach |
| CPT-I | 61548 | Hypophysectomy or excision of pituitary tumor, transnasal or transeptal approach, nonstereotactic |
| CPT-I | 61563 | Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); without optic nerve decompression |
| CPT-I | 61564 | Excision, intra and extracranial, benign tumor of cranial bone (eg, fibrous dysplasia); with optic nerve decompression |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 61566 | Craniotomy with elevation of bone flap; for selective amygdalohippocampectomy |
| CPT-I | 61567 | Craniotomy with elevation of bone flap; for multiple subpial transections, with electrocorticography during surgery |
| CPT-I | 61570 | Craniectomy or craniotomy; with excision of foreign body from brain |
| CPT-I | 61571 | Craniectomy or craniotomy; with treatment of penetrating wound of brain |
| CPT-I | 61575 | Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion |
| CPT-I | 61576 | Transoral approach to skull base, brain stem or upper spinal cord for biopsy, decompression or excision of lesion; requiring splitting of tongue and/or mandible (including tracheostomy) |
| CPT-I | 61580 | Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, ethmoidectomy, sphenoidectomy, without maxillectomy or orbital exenteration |
| CPT-I | 61581 | Craniofacial approach to anterior cranial fossa; extradural, including lateral rhinotomy, orbital exenteration, ethmoidectomy, sphenoidectomy and/or maxillectomy |
| CPT-I | 61582 | Craniofacial approach to anterior cranial fossa; extradural, including unilateral or bifrontal craniotomy, elevation of frontal lobe(s), osteotomy of base of anterior cranial fossa |
| CPT-I | 61583 | Craniofacial approach to anterior cranial fossa; intradural, including unilateral or bifrontal craniotomy, elevation or resection of frontal lobe, osteotomy of base of anterior cranial fossa |
| CPT-I | 61584 | Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); without orbital exenteration |
| CPT-I | 61585 | Orbitocranial approach to anterior cranial fossa, extradural, including supraorbital ridge osteotomy and elevation of frontal and/or temporal lobe(s); with orbital exenteration |
| CPT-I | 61586 | Bicoronal, transzygomatic and/or LeFort I osteotomy approach to anterior cranial fossa with or without internal fixation, without bone graft |
| CPT-I | 61590 | Infratemporal pre-auricular approach to middle cranial fossa (parapharyngeal space, infratemporal and midline skull base, nasopharynx), with or without disarticulation of the mandible, including parotidectomy, craniotomy, decompression and/or mobilization of the facial nerve and/or petrous carotid artery |
| CPT-I | 61591 | Infratemporal post-auricular approach to middle cranial fossa (internal auditory meatus, petrous apex, tentorium, cavernous sinus, parasellar area, infratemporal fossa) including mastoidectomy, resection of sigmoid sinus, with or without decompression and/or mobilization of contents of auditory canal or petrous carotid artery |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 61592 | Orbitocranial zygomatic approach to middle cranial fossa (cavernous sinus and carotid artery, clivus, basilar artery or petrous apex) including osteotomy of zygoma, craniotomy, extra- or intradural elevation of temporal lobe |
| CPT-I | 61595 | Transtemporal approach to posterior cranial fossa, jugular foramen or midline skull base, including mastoidectomy, decompression of sigmoid sinus and/or facial nerve, with or without mobilization |
| CPT-I | 61596 | Transcochlear approach to posterior cranial fossa, jugular foramen or midline skull base, including labyrinthectomy, decompression, with or without mobilization of facial nerve and/or petrous carotid artery |
| CPT-I | 61597 | Transcondylar (far lateral) approach to posterior cranial fossa, jugular foramen or midline skull base, including occipital condylectomy, mastoidectomy, resection of C1-C3 vertebral body(s), decompression of vertebral artery, with or without mobilization |
| CPT-I | 61598 | Transpetrosal approach to posterior cranial fossa, clivus or foramen magnum, including ligation of superior petrosal sinus and/or sigmoid sinus |
| CPT-I | 61600 | Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; extradural |
| CPT-I | 61601 | Resection or excision of neoplastic, vascular or infectious lesion of base of anterior cranial fossa; intradural, including dural repair, with or without graft |
| CPT-I | 61605 | Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; extradural |
| CPT-I | 61606 | Resection or excision of neoplastic, vascular or infectious lesion of infratemporal fossa, parapharyngeal space, petrous apex; intradural, including dural repair, with or without graft |
| CPT-I | 61607 | Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; extradural |
| CPT-I | 61608 | Resection or excision of neoplastic, vascular or infectious lesion of parasellar area, cavernous sinus, clivus or midline skull base; intradural, including dural repair, with or without graft |
| CPT-I | 61611 | Transection or ligation, carotid artery in petrous canal; without repair (List separately in addition to code for primary procedure) |
| CPT-I | 61613 | Obliteration of carotid aneurysm, arteriovenous malformation, or carotid-cavernous fistula by dissection within cavernous sinus |
| CPT-I | 61615 | Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; extradural |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 61616 | Resection or excision of neoplastic, vascular or infectious lesion of base of posterior cranial fossa, jugular foramen, foramen magnum, or C1-C3 vertebral bodies; intradural, including dural repair, with or without graft |
| CPT-I | 61618 | Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by free tissue graft (eg, pericranium, fascia, tensor fascia lata, adipose tissue, homologous or synthetic grafts) |
| CPT-I | 61619 | Secondary repair of dura for cerebrospinal fluid leak, anterior, middle or posterior cranial fossa following surgery of the skull base; by local or regionalized vascularized pedicle flap or myocutaneous flap (including galea, temporalis, frontalis or occipitalis muscle) |
| CPT-I | 61623 | Endovascular temporary balloon arterial occlusion, head or neck (extracranial/intracranial) including selective catheterization of vessel to be occluded, positioning and inflation of occlusion balloon, concomitant neurological monitoring, and radiologic supervision and interpretation of all angiography required for balloon occlusion and to exclude vascular injury post occlusion |
| CPT-I | 61624 | Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord) |
| CPT-I | 61626 | Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch) |
| CPT-I | 61630 | Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous |
| CPT-I | 61635 | Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angioplasty, if performed |
| CPT-I | 61640 | Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel |
| CPT-I | 61641 | Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (List separately in addition to code for primary procedure) |
| CPT-I | 61642 | Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (List separately in addition to code for primary procedure) |
| CPT-I | 61645 | Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 61650 | Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory |
| CPT-I | 61651 | Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (List separately in addition to code for primary procedure) |
| CPT-I | 61680 | Surgery of intracranial arteriovenous malformation; supratentorial, simple |
| CPT-I | 61682 | Surgery of intracranial arteriovenous malformation; supratentorial, complex |
| CPT-I | 61684 | Surgery of intracranial arteriovenous malformation; infratentorial, simple |
| CPT-I | 61686 | Surgery of intracranial arteriovenous malformation; infratentorial, complex |
| CPT-I | 61690 | Surgery of intracranial arteriovenous malformation; dural, simple |
| CPT-I | 61692 | Surgery of intracranial arteriovenous malformation; dural, complex |
| CPT-I | 61697 | Surgery of complex intracranial aneurysm, intracranial approach; carotid circulation |
| CPT-I | 61698 | Surgery of complex intracranial aneurysm, intracranial approach; vertebrobasilar circulation |
| CPT-I | 61700 | Surgery of simple intracranial aneurysm, intracranial approach; carotid circulation |
| CPT-I | 61702 | Surgery of simple intracranial aneurysm, intracranial approach; vertebrobasilar circulation |
| CPT-I | 61703 | Surgery of intracranial aneurysm, cervical approach by application of occluding clamp to cervical carotid artery (Selverstone-Crutchfield type) |
| CPT-I | 61705 | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial and cervical occlusion of carotid artery |
| CPT-I | 61708 | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intracranial electrothrombosis |
| CPT-I | 61710 | Surgery of aneurysm, vascular malformation or carotid-cavernous fistula; by intra-arterial embolization, injection procedure, or balloon catheter |
| CPT-I | 61711 | Anastomosis, arterial, extracranial-intracranial (eg, middle cerebral/cortical) arteries |
| CPT-I | 61720 | Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; globus pallidus or thalamus |
| CPT-I | 61735 | Creation of lesion by stereotactic method, including burr hole(s) and localizing and recording techniques, single or multiple stages; subcortical structure(s) other than globus pallidus or thalamus |
| CPT-I | 61750 | Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 61751 | Stereotactic biopsy, aspiration, or excision, including burr hole(s), for intracranial lesion; with computed tomography and/or magnetic resonance guidance |
| CPT-I | 61770 | Stereotactic localization, including burr hole(s), with insertion of catheter(s) or probe(s) for placement of radiation source |
| CPT-I | 61781 | Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure) |
| CPT-I | 61782 | Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure) |
| CPT-I | 61783 | Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure) |
| CPT-I | 61790 | Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion |
| CPT-I | 61791 | Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract |
| CPT-I | 61880 | Revision or removal of intracranial neurostimulator electrodes |
| CPT-I | 61888 | Revision or removal of cranial neurostimulator pulse generator or receiver |
| CPT-I | 62000 | Elevation of depressed skull fracture; simple, extradural |
| CPT-I | 62005 | Elevation of depressed skull fracture; compound or comminuted, extradural |
| CPT-I | 62010 | Elevation of depressed skull fracture; with repair of dura and/or debridement of brain |
| CPT-I | 62100 | Craniotomy for repair of dural/cerebrospinal fluid leak, including surgery for rhinorrhea/otorrhea |
| CPT-I | 62117 | Reduction of craniomegalic skull (eg, treated hydrocephalus); requiring craniotomy and reconstruction with or without bone graft (includes obtaining grafts) |
| CPT-I | 62120 | Repair of encephalocele, skull vault, including cranioplasty |
| CPT-I | 62121 | Craniotomy for repair of encephalocele, skull base |
| CPT-I | 62140 | Cranioplasty for skull defect; up to 5 cm diameter |
| CPT-I | 62141 | Cranioplasty for skull defect; larger than 5 cm diameter |
| CPT-I | 62142 | Removal of bone flap or prosthetic plate of skull |
| CPT-I | 62143 | Replacement of bone flap or prosthetic plate of skull |
| CPT-I | 62145 | Cranioplasty for skull defect with reparative brain surgery |
| CPT-I | 62146 | Cranioplasty with autograft (includes obtaining bone grafts); up to 5 cm diameter |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 62147 | Cranioplasty with autograft (includes obtaining bone grafts); larger than 5 cm diameter |
| CPT-I | 62148 | Incision and retrieval of subcutaneous cranial bone graft for cranioplasty (List separately in addition to code for primary procedure) |
| CPT-I | 62160 | Neuroendoscopy, intracranial, for placement or replacement of ventricular catheter and attachment to shunt system or external drainage (List separately in addition to code for primary procedure) |
| CPT-I | 62161 | Neuroendoscopy, intracranial; with dissection of adhesions, fenestration of septum pellucidum or intraventricular cysts (including placement, replacement, or removal of ventricular catheter) |
| CPT-I | 62162 | Neuroendoscopy, intracranial; with fenestration or excision of colloid cyst, including placement of external ventricular catheter for drainage |
| CPT-I | 62164 | Neuroendoscopy, intracranial; with excision of brain tumor, including placement of external ventricular catheter for drainage |
| CPT-I | 62165 | Neuroendoscopy, intracranial; with excision of pituitary tumor, transnasal or trans-sphenoidal approach |
| CPT-I | 62180 | Ventriculocisternostomy (Torkildsen type operation) |
| CPT-I | 62190 | Creation of shunt; subarachnoid/subdural-atrial, -jugular, -auricular |
| CPT-I | 62192 | Creation of shunt; subarachnoid/subdural-peritoneal, -pleural, other terminus |
| CPT-I | 62194 | Replacement or irrigation, subarachnoid/subdural catheter |
| CPT-I | 62200 | Ventriculocisternostomy, third ventricle |
| CPT-I | 62201 | Ventriculocisternostomy, third ventricle; stereotactic, neuroendoscopic method |
| CPT-I | 62220 | Creation of shunt; ventriculo-atrial, -jugular, -auricular |
| CPT-I | 62223 | Creation of shunt; ventriculo-peritoneal, -pleural, other terminus |
| CPT-I | 62225 | Replacement or irrigation, ventricular catheter |
| CPT-I | 62230 | Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system |
| CPT-I | 62252 | Reprogramming of programmable cerebrospinal shunt |
| CPT-I | 62256 | Removal of complete cerebrospinal fluid shunt system; without replacement |
| CPT-I | 62258 | Removal of complete cerebrospinal fluid shunt system; with replacement by similar or other shunt at same operation |
| CPT-I | 62268 | Percutaneous aspiration, spinal cord cyst or syrinx |
| CPT-I | 62269 | Biopsy of spinal cord, percutaneous needle |
| CPT-I | 62270 | Spinal puncture, lumbar, diagnostic |
| CPT-I | 62272 | Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 62273 | Injection, epidural, of blood or clot patch |
| CPT-I | 62280 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid |
| CPT-I | 62281 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic |
| CPT-I | 62282 | Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal) |
| CPT-I | 62290 | Injection procedure for discography, each level; lumbar |
| CPT-I | 62291 | Injection procedure for discography, each level; cervical or thoracic |
| CPT-I | 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 |
| CPT-I | 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) |
| CPT-I | 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 |
| CPT-I | 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) |
| CPT-I | 62328 | Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance |
| CPT-I | 62329 | Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance |
| CPT-I | 62355 | Removal of previously implanted intrathecal or epidural catheter |
| CPT-I | 62365 | Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 62367 | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill |
| CPT-I | 62368 | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming |
| CPT-I | 62369 | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill |
| CPT-I | 62370 | Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional) |
| CPT-I | 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 |
| CPT-I | 63003 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; thoracic |
| CPT-I | 63011 | Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral segments; sacral |
| CPT-I | 63276 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, thoracic |
| CPT-I | 63278 | Laminectomy for biopsy/excision of intraspinal neoplasm; extradural, sacral |
| CPT-I | 63281 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, extramedullary, thoracic |
| CPT-I | 63283 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, sacral |
| CPT-I | 63286 | Laminectomy for biopsy/excision of intraspinal neoplasm; intradural, intramedullary, thoracic |
| CPT-I | 63295 | Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (List separately in addition to code for primary procedure) |
| CPT-I | 63300 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, cervical |
| CPT-I | 63301 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by transthoracic approach |
| CPT-I | 63302 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, thoracic by thoracolumbar approach |
| CPT-I | 63303 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; extradural, lumbar or sacral by transperitoneal or retroperitoneal approach |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 63304 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, cervical |
| CPT-I | 63305 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by transthoracic approach |
| CPT-I | 63306 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, thoracic by thoracolumbar approach |
| CPT-I | 63307 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; intradural, lumbar or sacral by transperitoneal or retroperitoneal approach |
| CPT-I | 63308 | Vertebral corpectomy (vertebral body resection), partial or complete, for excision of intraspinal lesion, single segment; each additional segment (List separately in addition to codes for single segment) |
| CPT-I | 63600 | Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording) |
| CPT-I | 63610 | Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery |
| CPT-I | 63700 | Repair of meningocele; less than 5 cm diameter |
| CPT-I | 63702 | Repair of meningocele; larger than 5 cm diameter |
| CPT-I | 63704 | Repair of myelomeningocele; less than 5 cm diameter |
| CPT-I | 63706 | Repair of myelomeningocele; larger than 5 cm diameter |
| CPT-I | 63707 | Repair of dural/cerebrospinal fluid leak, not requiring laminectomy |
| CPT-I | 63709 | Repair of dural/cerebrospinal fluid leak or pseudomeningocele, with laminectomy |
| CPT-I | 63710 | Dural graft, spinal |
| CPT-I | 63740 | Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; including laminectomy |
| CPT-I | 63741 | Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural, or other; percutaneous, not requiring laminectomy |
| CPT-I | 63744 | Replacement, irrigation or revision of lumbosubarachnoid shunt |
| CPT-I | 63746 | Removal of entire lumbosubarachnoid shunt system without replacement |
| CPT-I | 64408 | Injection(s), anesthetic agent(s) and/or steroid; vagus nerve |
| CPT-I | 64415 | Injection(s), anesthetic agent(s) and/or steroid; brachial plexus |
| CPT-I | 64416 | Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement) |
| CPT-I | 64417 | Injection(s), anesthetic agent(s) and/or steroid; axillary nerve |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 64430 | Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve |
| CPT-I | 64435 | Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve |
| CPT-I | 64445 | Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve |
| CPT-I | 64446 | Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement) |
| CPT-I | 64447 | Injection(s), anesthetic agent(s) and/or steroid; femoral nerve |
| CPT-I | 64448 | Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement) |
| CPT-I | 64449 | Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement) |
| CPT-I | 64451 | Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) |
| CPT-I | 64454 | Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed |
| CPT-I | 64455 | Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma) |
| CPT-I | 64486 | Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed) |
| CPT-I | 64487 | Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by continuous infusion(s) (includes imaging guidance, when performed) |
| CPT-I | 64488 | Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed) |
| CPT-I | 64489 | Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by continuous infusions (includes imaging guidance, when performed) |
| CPT-I | 64490 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level |
| CPT-I | 64491 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 64492 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure) |
| CPT-I | 64493 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level |
| CPT-I | 64494 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure) |
| CPT-I | 64495 | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure) |
| CPT-I | 64566 | Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming |
| CPT-I | 64570 | Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator |
| CPT-I | 64575 | Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve) |
| CPT-I | 64580 | Open implantation of neurostimulator electrode array; neuromuscular |
| CPT-I | 64583 | Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator |
| CPT-I | 64584 | Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array |
| CPT-I | 64611 | Chemodeneration of parotid and submandibular salivary glands, bilateral |
| CPT-I | 64612 | Chemodeneration of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm) |
| CPT-I | 64624 | Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed |
| CPT-I | 64625 | Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography) |
| CPT-I | 64632 | Destruction by neurolytic agent; plantar common digital nerve |
| CPT-I | 64650 | Chemodeneration of eccrine glands; both axillae |
| CPT-I | 64653 | Chemodeneration of eccrine glands; other area(s) (eg, scalp, face, neck), per day |
| CPT-I | 64702 | Neuroplasty; digital, 1 or both, same digit |
| CPT-I | 64704 | Neuroplasty; nerve of hand or foot |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 64708 | Neuroplasty, major peripheral nerve, arm or leg, open; other than specified |
| CPT-I | 64712 | Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve |
| CPT-I | 64713 | Neuroplasty, major peripheral nerve, arm or leg, open; brachial plexus |
| CPT-I | 64714 | Neuroplasty, major peripheral nerve, arm or leg, open; lumbar plexus |
| CPT-I | 64716 | Neuroplasty and/or transposition; cranial nerve (specify) |
| CPT-I | 64718 | Neuroplasty and/or transposition; ulnar nerve at elbow |
| CPT-I | 64719 | Neuroplasty and/or transposition; ulnar nerve at wrist |
| CPT-I | 64721 | Neuroplasty and/or transposition; median nerve at carpal tunnel |
| CPT-I | 64722 | Decompression; unspecified nerve(s) (specify) |
| CPT-I | 64726 | Decompression; plantar digital nerve |
| CPT-I | 64727 | Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis) |
| CPT-I | 64732 | Transection or avulsion of; supraorbital nerve |
| CPT-I | 64734 | Transection or avulsion of; infraorbital nerve |
| CPT-I | 64736 | Transection or avulsion of; mental nerve |
| CPT-I | 64738 | Transection or avulsion of; inferior alveolar nerve by osteotomy |
| CPT-I | 64740 | Transection or avulsion of; lingual nerve |
| CPT-I | 64742 | Transection or avulsion of; facial nerve, differential or complete |
| CPT-I | 64744 | Transection or avulsion of; greater occipital nerve |
| CPT-I | 64746 | Transection or avulsion of; phrenic nerve |
| CPT-I | 64755 | Transection or avulsion of; vagus nerves limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy) |
| CPT-I | 64760 | Transection or avulsion of; vagus nerve (vagotomy), abdominal |
| CPT-I | 64763 | Transection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy |
| CPT-I | 64766 | Transection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy |
| CPT-I | 64771 | Transection or avulsion of other cranial nerve, extradural |
| CPT-I | 64772 | Transection or avulsion of other spinal nerve, extradural |
| CPT-I | 64774 | Excision of neuroma; cutaneous nerve, surgically identifiable |
| CPT-I | 64776 | Excision of neuroma; digital nerve, 1 or both, same digit |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 64778 | Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure) |
| CPT-I | 64782 | Excision of neuroma; hand or foot, except digital nerve |
| CPT-I | 64783 | Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure) |
| CPT-I | 64784 | Excision of neuroma; major peripheral nerve, except sciatic |
| CPT-I | 64786 | Excision of neuroma; sciatic nerve |
| CPT-I | 64787 | Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision) |
| CPT-I | 64788 | Excision of neurofibroma or neurolemmoma; cutaneous nerve |
| CPT-I | 64790 | Excision of neurofibroma or neurolemmoma; major peripheral nerve |
| CPT-I | 64792 | Excision of neurofibroma or neurolemmoma; extensive (including malignant type) |
| CPT-I | 64795 | Biopsy of nerve |
| CPT-I | 64831 | Suture of digital nerve, hand or foot; 1 nerve |
| CPT-I | 64832 | Suture of digital nerve, hand or foot; each additional digital nerve (List separately in addition to code for primary procedure) |
| CPT-I | 64834 | Suture of 1 nerve; hand or foot, common sensory nerve |
| CPT-I | 64835 | Suture of 1 nerve; median motor thenar |
| CPT-I | 64836 | Suture of 1 nerve; ulnar motor |
| CPT-I | 64837 | Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure) |
| CPT-I | 64840 | Suture of posterior tibial nerve |
| CPT-I | 64856 | Suture of major peripheral nerve, arm or leg, except sciatic; including transposition |
| CPT-I | 64857 | Suture of major peripheral nerve, arm or leg, except sciatic; without transposition |
| CPT-I | 64858 | Suture of sciatic nerve |
| CPT-I | 64859 | Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure) |
| CPT-I | 64861 | Suture of; brachial plexus |
| CPT-I | 64862 | Suture of; lumbar plexus |
| CPT-I | 64864 | Suture of facial nerve; extracranial |
| CPT-I | 64865 | Suture of facial nerve; infratemporal, with or without grafting |
| CPT-I | 64866 | Anastomosis; facial-spinal accessory |
| CPT-I | 64868 | Anastomosis; facial-hypoglossal |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 64872 | Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy) |
| CPT-I | 64874 | Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture) |
| CPT-I | 64876 | Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture) |
| CPT-I | 64885 | Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length |
| CPT-I | 64886 | Nerve graft (includes obtaining graft), head or neck; more than 4 cm length |
| CPT-I | 64890 | Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length |
| CPT-I | 64891 | Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length |
| CPT-I | 64892 | Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length |
| CPT-I | 64893 | Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length |
| CPT-I | 64895 | Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length |
| CPT-I | 64896 | Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length |
| CPT-I | 64897 | Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length |
| CPT-I | 64898 | Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length |
| CPT-I | 64901 | Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure) |
| CPT-I | 64902 | Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure) |
| CPT-I | 64905 | Nerve pedicle transfer; first stage |
| CPT-I | 64907 | Nerve pedicle transfer; second stage |
| CPT-I | 64910 | Nerve repair; with synthetic conduit or vein allograft (eg, nerve tube), each nerve |
| CPT-I | 64911 | Nerve repair; with autogenous vein graft (includes harvest of vein graft), each nerve |
| CPT-I | 65091 | Evisceration of ocular contents; without implant |
| CPT-I | 65093 | Evisceration of ocular contents; with implant |
| CPT-I | 65101 | Enucleation of eye; without implant |
| CPT-I | 65103 | Enucleation of eye; with implant, muscles not attached to implant |
| CPT-I | 65105 | Enucleation of eye; with implant, muscles attached to implant |
| CPT-I | 65110 | Exenteration of orbit (does not include skin graft), removal of orbital contents; only |
| CPT-I | 65112 | Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 65114 | Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap |
| CPT-I | 65125 | Modification of ocular implant with placement or replacement of pegs (eg, drilling receptacle for prosthesis appendage) (separate procedure) |
| CPT-I | 65130 | Insertion of ocular implant secondary; after evisceration, in scleral shell |
| CPT-I | 65135 | Insertion of ocular implant secondary; after enucleation, muscles not attached to implant |
| CPT-I | 65140 | Insertion of ocular implant secondary; after enucleation, muscles attached to implant |
| CPT-I | 65150 | Reinsertion of ocular implant; with or without conjunctival graft |
| CPT-I | 65155 | Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant |
| CPT-I | 65175 | Removal of ocular implant |
| CPT-I | 65205 | Removal of foreign body, external eye; conjunctival superficial |
| CPT-I | 65210 | Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating |
| CPT-I | 65220 | Removal of foreign body, external eye; corneal, without slit lamp |
| CPT-I | 65222 | Removal of foreign body, external eye; corneal, with slit lamp |
| CPT-I | 65235 | Removal of foreign body, intraocular; from anterior chamber of eye or lens |
| CPT-I | 65260 | Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route |
| CPT-I | 65265 | Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction |
| CPT-I | 65270 | Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure |
| CPT-I | 65272 | Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization |
| CPT-I | 65273 | Repair of laceration; conjunctiva, by mobilization and rearrangement, with hospitalization |
| CPT-I | 65275 | Repair of laceration; cornea, nonperforating, with or without removal foreign body |
| CPT-I | 65280 | Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue |
| CPT-I | 65285 | Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue |
| CPT-I | 65286 | Repair of laceration; application of tissue glue, wounds of cornea and/or sclera |
| CPT-I | 65290 | Repair of wound, extraocular muscle, tendon and/or Tenon's capsule |
| CPT-I | 65400 | Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium |
| CPT-I | 65410 | Biopsy of cornea |
| CPT-I | 65420 | Excision or transposition of pterygium; without graft |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 65426 | Excision or transposition of pterygium; with graft |
| CPT-I | 65430 | Scraping of cornea, diagnostic, for smear and/or culture |
| CPT-I | 65435 | Removal of corneal epithelium; with or without chemocauterization (abrasion, curettage) |
| CPT-I | 65436 | Removal of corneal epithelium; with application of chelating agent (eg, EDTA) |
| CPT-I | 65450 | Destruction of lesion of cornea by cryotherapy, photocoagulation or thermocauterization |
| CPT-I | 65600 | Multiple punctures of anterior cornea (eg, for corneal erosion, tattoo) |
| CPT-I | 65710 | Keratoplasty (corneal transplant); anterior lamellar |
| CPT-I | 65730 | Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia) |
| CPT-I | 65750 | Keratoplasty (corneal transplant); penetrating (in aphakia) |
| CPT-I | 65755 | Keratoplasty (corneal transplant); penetrating (in pseudophakia) |
| CPT-I | 65756 | Keratoplasty (corneal transplant); endothelial |
| CPT-I | 65757 | Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure) |
| CPT-I | 65772 | Corneal relaxing incision for correction of surgically induced astigmatism |
| CPT-I | 65775 | Corneal wedge resection for correction of surgically induced astigmatism |
| CPT-I | 65778 | Placement of amniotic membrane on the ocular surface; without sutures |
| CPT-I | 65779 | Placement of amniotic membrane on the ocular surface; single layer, sutured |
| CPT-I | 65780 | Ocular surface reconstruction; amniotic membrane transplantation, multiple layers |
| CPT-I | 65781 | Ocular surface reconstruction; limbal stem cell allograft (eg, cadaveric or living donor) |
| CPT-I | 65782 | Ocular surface reconstruction; limbal conjunctival autograft (includes obtaining graft) |
| CPT-I | 65800 | Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous |
| CPT-I | 65810 | Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection |
| CPT-I | 65815 | Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection |
| CPT-I | 65820 | Goniotomy |
| CPT-I | 65850 | Trabeculotomy ab externo |
| CPT-I | 65855 | Trabeculoplasty by laser surgery |
| CPT-I | 65860 | Severing adhesions of anterior segment, laser technique (separate procedure) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 65865 | Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechiae |
| CPT-I | 65870 | Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechiae, except goniosynechiae |
| CPT-I | 65875 | Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechiae |
| CPT-I | 65880 | Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreal adhesions |
| CPT-I | 65900 | Removal of epithelial downgrowth, anterior chamber of eye |
| CPT-I | 65920 | Removal of implanted material, anterior segment of eye |
| CPT-I | 65930 | Removal of blood clot, anterior segment of eye |
| CPT-I | 66020 | Injection, anterior chamber of eye (separate procedure); air or liquid |
| CPT-I | 66030 | Injection, anterior chamber of eye (separate procedure); medication |
| CPT-I | 66130 | Excision of lesion, sclera |
| CPT-I | 66150 | Fistulization of sclera for glaucoma; trephination with iridectomy |
| CPT-I | 66155 | Fistulization of sclera for glaucoma; thermocauterization with iridectomy |
| CPT-I | 66160 | Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy |
| CPT-I | 66170 | Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery |
| CPT-I | 66172 | Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents) |
| CPT-I | 66174 | Transluminal dilation of aqueous outflow canal; without retention of device or stent |
| CPT-I | 66175 | Transluminal dilation of aqueous outflow canal; with retention of device or stent |
| CPT-I | 66179 | Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft |
| CPT-I | 66180 | Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft |
| CPT-I | 66183 | Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach |
| CPT-I | 66184 | Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft |
| CPT-I | 66185 | Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft |
| CPT-I | 66225 | Repair of scleral staphyloma with graft |
| CPT-I | 66250 | Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure |
| CPT-I | 66500 | Iridotomy by stab incision (separate procedure); except transfixion |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 66505 | Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe |
| CPT-I | 66600 | Iridectomy, with corneoscleral or corneal section; for removal of lesion |
| CPT-I | 66605 | Iridectomy, with corneoscleral or corneal section; with cyclectomy |
| CPT-I | 66625 | Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure) |
| CPT-I | 66630 | Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure) |
| CPT-I | 66635 | Iridectomy, with corneoscleral or corneal section; optical (separate procedure) |
| CPT-I | 66680 | Repair of iris, ciliary body (as for iridodialysis) |
| CPT-I | 66682 | Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture) |
| CPT-I | 66700 | Ciliary body destruction; diathermy |
| CPT-I | 66710 | Ciliary body destruction; cyclophotocoagulation, transscleral |
| CPT-I | 66711 | Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens |
| CPT-I | 66720 | Ciliary body destruction; cryotherapy |
| CPT-I | 66740 | Ciliary body destruction; cyclodialysis |
| CPT-I | 66761 | Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session) |
| CPT-I | 66762 | Iridoplasty by photocoagulation (1 or more sessions) (eg, for improvement of vision, for widening of anterior chamber angle) |
| CPT-I | 66770 | Destruction of cyst or lesion iris or ciliary body (nonexcisional procedure) |
| CPT-I | 66820 | Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); stab incision technique (Ziegler or Wheeler knife) |
| CPT-I | 66821 | Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages) |
| CPT-I | 66825 | Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure) |
| CPT-I | 66830 | Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy) |
| CPT-I | 66840 | Removal of lens material; aspiration technique, 1 or more stages |
| CPT-I | 66850 | Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration |
| CPT-I | 66852 | Removal of lens material; pars plana approach, with or without vitrectomy |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 66920 | Removal of lens material; intracapsular |
| CPT-I | 66930 | Removal of lens material; intracapsular, for dislocated lens |
| CPT-I | 66940 | Removal of lens material; extracapsular (other than 66840, 66850, 66852) |
| CPT-I | 66982 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation |
| CPT-I | 66983 | Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure) |
| CPT-I | 66984 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation |
| CPT-I | 66985 | Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal |
| CPT-I | 66986 | Exchange of intraocular lens |
| CPT-I | 66987 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation |
| CPT-I | 66988 | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation |
| CPT-I | 66990 | Use of ophthalmic endoscope (List separately in addition to code for primary procedure) |
| CPT-I | 67005 | Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal |
| CPT-I | 67010 | Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy |
| CPT-I | 67015 | Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy) |
| CPT-I | 67025 | Injection of vitreous substitute, pars plana or limbal approach (fluid-gas exchange), with or without aspiration (separate procedure) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 67027 | Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous |
| CPT-I | 67028 | Intravitreal injection of a pharmacologic agent (separate procedure) |
| CPT-I | 67030 | Discission of vitreous strands (without removal), pars plana approach |
| CPT-I | 67031 | Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (1 or more stages) |
| CPT-I | 67036 | Vitrectomy, mechanical, pars plana approach |
| CPT-I | 67039 | Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation |
| CPT-I | 67040 | Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation |
| CPT-I | 67041 | Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker) |
| CPT-I | 67042 | Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) |
| CPT-I | 67043 | Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation |
| CPT-I | 67101 | Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy |
| CPT-I | 67105 | Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation |
| CPT-I | 67107 | Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid |
| CPT-I | 67108 | Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique |
| CPT-I | 67110 | Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy) |
| CPT-I | 67113 | Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, |



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| Type of Code | Code | Description |
|--------------|-------|---|
| | | cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens |
| CPT-I | 67115 | Release of encircling material (posterior segment) |
| CPT-I | 67120 | Removal of implanted material, posterior segment; extraocular |
| CPT-I | 67121 | Removal of implanted material, posterior segment; intraocular |
| CPT-I | 67141 | Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy |
| CPT-I | 67145 | Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation |
| CPT-I | 67208 | Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; cryotherapy, diathermy |
| CPT-I | 67210 | Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation |
| CPT-I | 67218 | Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source) |
| CPT-I | 67220 | Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions |
| CPT-I | 67221 | Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion) |
| CPT-I | 67225 | Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment) |
| CPT-I | 67227 | Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), cryotherapy, diathermy |
| CPT-I | 67228 | Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation |
| CPT-I | 67229 | Treatment of extensive or progressive retinopathy, 1 or more sessions, preterm infant (less than 37 weeks gestation at birth), performed from birth up to 1 year of age (eg, retinopathy of prematurity), photocoagulation or cryotherapy |
| CPT-I | 67250 | Scleral reinforcement (separate procedure); without graft |
| CPT-I | 67255 | Scleral reinforcement (separate procedure); with graft |
| CPT-I | 67311 | Strabismus surgery, recession or resection procedure; 1 horizontal muscle |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 67312 | Strabismus surgery, recession or resection procedure; 2 horizontal muscles |
| CPT-I | 67314 | Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique) |
| CPT-I | 67316 | Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique) |
| CPT-I | 67318 | Strabismus surgery, any procedure, superior oblique muscle |
| CPT-I | 67320 | Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure) |
| CPT-I | 67331 | Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure) |
| CPT-I | 67332 | Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure) |
| CPT-I | 67334 | Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure) |
| CPT-I | 67335 | Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery) |
| CPT-I | 67340 | Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure) |
| CPT-I | 67343 | Release of extensive scar tissue without detaching extraocular muscle (separate procedure) |
| CPT-I | 67345 | Chemodeneration of extraocular muscle |
| CPT-I | 67346 | Biopsy of extraocular muscle |
| CPT-I | 67400 | Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy |
| CPT-I | 67405 | Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only |
| CPT-I | 67412 | Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion |
| CPT-I | 67413 | Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body |
| CPT-I | 67414 | Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of bone for decompression |
| CPT-I | 67415 | Fine needle aspiration of orbital contents |
| CPT-I | 67420 | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion |
| CPT-I | 67430 | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body |
| CPT-I | 67440 | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 67445 | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of bone for decompression |
| CPT-I | 67450 | Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy |
| CPT-I | 67500 | Retrobular injection; medication (separate procedure, does not include supply of medication) |
| CPT-I | 67505 | Retrobular injection; alcohol |
| CPT-I | 67515 | Injection of medication or other substance into Tenon's capsule |
| CPT-I | 67550 | Orbital implant (implant outside muscle cone); insertion |
| CPT-I | 67560 | Orbital implant (implant outside muscle cone); removal or revision |
| CPT-I | 67570 | Optic nerve decompression (eg, incision or fenestration of optic nerve sheath) |
| CPT-I | 67700 | Blepharotomy, drainage of abscess, eyelid |
| CPT-I | 67710 | Severing of tarsorrhaphy |
| CPT-I | 67715 | Canthotomy (separate procedure) |
| CPT-I | 67800 | Excision of chalazion; single |
| CPT-I | 67801 | Excision of chalazion; multiple, same lid |
| CPT-I | 67805 | Excision of chalazion; multiple, different lids |
| CPT-I | 67808 | Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple |
| CPT-I | 67810 | Incisional biopsy of eyelid skin including lid margin |
| CPT-I | 67820 | Correction of trichiasis; epilation, by forceps only |
| CPT-I | 67825 | Correction of trichiasis; epilation by other than forceps (eg, by electrosurgery, cryotherapy, laser surgery) |
| CPT-I | 67830 | Correction of trichiasis; incision of lid margin |
| CPT-I | 67835 | Correction of trichiasis; incision of lid margin, with free mucous membrane graft |
| CPT-I | 67840 | Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure |
| CPT-I | 67850 | Destruction of lesion of lid margin (up to 1 cm) |
| CPT-I | 67875 | Temporary closure of eyelids by suture (eg, Frost suture) |
| CPT-I | 67880 | Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy |
| CPT-I | 67882 | Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate |
| CPT-I | 67930 | Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; partial thickness |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 67935 | Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness |
| CPT-I | 67938 | Removal of embedded foreign body, eyelid |
| CPT-I | 68020 | Incision of conjunctiva, drainage of cyst |
| CPT-I | 68040 | Expression of conjunctival follicles (eg, for trachoma) |
| CPT-I | 68100 | Biopsy of conjunctiva |
| CPT-I | 68110 | Excision of lesion, conjunctiva; up to 1 cm |
| CPT-I | 68115 | Excision of lesion, conjunctiva; over 1 cm |
| CPT-I | 68130 | Excision of lesion, conjunctiva; with adjacent sclera |
| CPT-I | 68135 | Destruction of lesion, conjunctiva |
| CPT-I | 68200 | Subconjunctival injection |
| CPT-I | 68320 | Conjunctivoplasty; with conjunctival graft or extensive rearrangement |
| CPT-I | 68325 | Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft) |
| CPT-I | 68326 | Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement |
| CPT-I | 68328 | Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft) |
| CPT-I | 68330 | Repair of symblepharon; conjunctivoplasty, without graft |
| CPT-I | 68335 | Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft) |
| CPT-I | 68340 | Repair of symblepharon; division of symblepharon, with or without insertion of conformer or contact lens |
| CPT-I | 68360 | Conjunctival flap; bridge or partial (separate procedure) |
| CPT-I | 68362 | Conjunctival flap; total (such as Gunderson thin flap or purse string flap) |
| CPT-I | 68371 | Harvesting conjunctival allograft, living donor |
| CPT-I | 68400 | Incision, drainage of lacrimal gland |
| CPT-I | 68420 | Incision, drainage of lacrimal sac (dacryocystotomy or dacryocystostomy) |
| CPT-I | 68440 | Snip incision of lacrimal punctum |
| CPT-I | 68500 | Excision of lacrimal gland (dacryoadenectomy), except for tumor; total |
| CPT-I | 68505 | Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial |
| CPT-I | 68510 | Biopsy of lacrimal gland |
| CPT-I | 68520 | Excision of lacrimal sac (dacryocystectomy) |
| CPT-I | 68525 | Biopsy of lacrimal sac |
| CPT-I | 68530 | Removal of foreign body or dacryolith, lacrimal passages |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 68540 | Excision of lacrimal gland tumor; frontal approach |
| CPT-I | 68550 | Excision of lacrimal gland tumor; involving osteotomy |
| CPT-I | 68700 | Plastic repair of canaliculi |
| CPT-I | 68705 | Correction of everted punctum, cautery |
| CPT-I | 68720 | Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity) |
| CPT-I | 68745 | Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube |
| CPT-I | 68750 | Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent |
| CPT-I | 68760 | Closure of the lacrimal punctum; by thermocauterization, ligation, or laser surgery |
| CPT-I | 68761 | Closure of the lacrimal punctum; by plug, each |
| CPT-I | 68770 | Closure of lacrimal fistula (separate procedure) |
| CPT-I | 68801 | Dilation of lacrimal punctum, with or without irrigation |
| CPT-I | 68810 | Probing of nasolacrimal duct, with or without irrigation |
| CPT-I | 68811 | Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia |
| CPT-I | 68815 | Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent |
| CPT-I | 68816 | Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation |
| CPT-I | 68840 | Probing of lacrimal canaliculi, with or without irrigation |
| CPT-I | 68850 | Injection of contrast medium for dacryocystography |
| CPT-I | 69000 | Drainage external ear, abscess or hematoma; simple |
| CPT-I | 69005 | Drainage external ear, abscess or hematoma; complicated |
| CPT-I | 69020 | Drainage external auditory canal, abscess |
| CPT-I | 69100 | Biopsy external ear |
| CPT-I | 69105 | Biopsy external auditory canal |
| CPT-I | 69110 | Excision external ear; partial, simple repair |
| CPT-I | 69120 | Excision external ear; complete amputation |
| CPT-I | 69140 | Excision exostosis(es), external auditory canal |
| CPT-I | 69145 | Excision soft tissue lesion, external auditory canal |
| CPT-I | 69150 | Radical excision external auditory canal lesion; without neck dissection |
| CPT-I | 69155 | Radical excision external auditory canal lesion; with neck dissection |
| CPT-I | 69200 | Removal foreign body from external auditory canal; without general anesthesia |
| CPT-I | 69205 | Removal foreign body from external auditory canal; with general anesthesia |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 69209 | Removal impacted cerumen using irrigation/lavage, unilateral |
| CPT-I | 69210 | Removal impacted cerumen requiring instrumentation, unilateral |
| CPT-I | 69220 | Debridement, mastoidectomy cavity, simple (eg, routine cleaning) |
| CPT-I | 69222 | Debridement, mastoidectomy cavity, complex (eg, with anesthesia or more than routine cleaning) |
| CPT-I | 69310 | Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure) |
| CPT-I | 69320 | Reconstruction external auditory canal for congenital atresia, single stage |
| CPT-I | 69420 | Myringotomy including aspiration and/or eustachian tube inflation |
| CPT-I | 69421 | Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia |
| CPT-I | 69424 | Ventilating tube removal requiring general anesthesia |
| CPT-I | 69433 | Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia |
| CPT-I | 69436 | Tympanostomy (requiring insertion of ventilating tube), general anesthesia |
| CPT-I | 69440 | Middle ear exploration through postauricular or ear canal incision |
| CPT-I | 69450 | Tympanolysis, transcanal |
| CPT-I | 69501 | Transmastoid antrotomy (simple mastoidectomy) |
| CPT-I | 69502 | Mastoidectomy; complete |
| CPT-I | 69505 | Mastoidectomy; modified radical |
| CPT-I | 69511 | Mastoidectomy; radical |
| CPT-I | 69530 | Petrous apicectomy including radical mastoidectomy |
| CPT-I | 69535 | Resection temporal bone, external approach |
| CPT-I | 69540 | Excision aural polyp |
| CPT-I | 69550 | Excision aural glomus tumor; transcanal |
| CPT-I | 69552 | Excision aural glomus tumor; transmastoid |
| CPT-I | 69554 | Excision aural glomus tumor; extended (extratemporal) |
| CPT-I | 69601 | Revision mastoidectomy; resulting in complete mastoidectomy |
| CPT-I | 69602 | Revision mastoidectomy; resulting in modified radical mastoidectomy |
| CPT-I | 69603 | Revision mastoidectomy; resulting in radical mastoidectomy |
| CPT-I | 69604 | Revision mastoidectomy; resulting in tympanoplasty |
| CPT-I | 69610 | Tympanic membrane repair, with or without site preparation of perforation for closure, with or without patch |
| CPT-I | 69620 | Myringoplasty (surgery confined to drumhead and donor area) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 69631 | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction |
| CPT-I | 69632 | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration) |
| CPT-I | 69633 | Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP]) |
| CPT-I | 69635 | Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction |
| CPT-I | 69636 | Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction |
| CPT-I | 69637 | Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis [PORP], total ossicular replacement prosthesis [TORP]) |
| CPT-I | 69641 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction |
| CPT-I | 69642 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction |
| CPT-I | 69643 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction |
| CPT-I | 69644 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction |
| CPT-I | 69645 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction |
| CPT-I | 69646 | Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction |
| CPT-I | 69650 | Stapes mobilization |
| CPT-I | 69660 | Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 69661 | Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out |
| CPT-I | 69662 | Revision of stapedectomy or stapedotomy |
| CPT-I | 69666 | Repair oval window fistula |
| CPT-I | 69667 | Repair round window fistula |
| CPT-I | 69670 | Mastoid obliteration (separate procedure) |
| CPT-I | 69676 | Tympanic neurectomy |
| CPT-I | 69700 | Closure postauricular fistula, mastoid (separate procedure) |
| CPT-I | 69720 | Decompression facial nerve, intratemporal; lateral to geniculate ganglion |
| CPT-I | 69725 | Decompression facial nerve, intratemporal; including medial to geniculate ganglion |
| CPT-I | 69740 | Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion |
| CPT-I | 69745 | Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion |
| CPT-I | 69801 | Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal |
| CPT-I | 69805 | Endolymphatic sac operation; without shunt |
| CPT-I | 69806 | Endolymphatic sac operation; with shunt |
| CPT-I | 69905 | Labyrinthectomy; transcanal |
| CPT-I | 69910 | Labyrinthectomy; with mastoidectomy |
| CPT-I | 69915 | Vestibular nerve section, translabyrinthine approach |
| CPT-I | 69955 | Total facial nerve decompression and/or repair (may include graft) |
| CPT-I | 69960 | Decompression internal auditory canal |
| CPT-I | 69970 | Removal of tumor, temporal bone |
| CPT-I | 69990 | Microsurgical techniques, requiring use of operating microscope (List separately in addition to code for primary procedure) |
| CPT-I | 70010 | Myelography, posterior fossa, radiological supervision and interpretation |
| CPT-I | 70015 | Cisternography, positive contrast, radiological supervision and interpretation |
| CPT-I | 70030 | Radiologic examination, eye, for detection of foreign body |
| CPT-I | 70100 | Radiologic examination, mandible; partial, less than 4 views |
| CPT-I | 70110 | Radiologic examination, mandible; complete, minimum of 4 views |
| CPT-I | 70120 | Radiologic examination, mastoids; less than 3 views per side |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 70130 | Radiologic examination, mastoids; complete, minimum of 3 views per side |
| CPT-I | 70134 | Radiologic examination, internal auditory meati, complete |
| CPT-I | 70140 | Radiologic examination, facial bones; less than 3 views |
| CPT-I | 70150 | Radiologic examination, facial bones; complete, minimum of 3 views |
| CPT-I | 70160 | Radiologic examination, nasal bones, complete, minimum of 3 views |
| CPT-I | 70170 | Dacryocystography, nasolacrimal duct, radiological supervision and interpretation |
| CPT-I | 70190 | Radiologic examination; optic foramina |
| CPT-I | 70200 | Radiologic examination; orbits, complete, minimum of 4 views |
| CPT-I | 70210 | Radiologic examination, sinuses, paranasal, less than 3 views |
| CPT-I | 70220 | Radiologic examination, sinuses, paranasal, complete, minimum of 3 views |
| CPT-I | 70240 | Radiologic examination, sella turcica |
| CPT-I | 70250 | Radiologic examination, skull; less than 4 views |
| CPT-I | 70260 | Radiologic examination, skull; complete, minimum of 4 views |
| CPT-I | 70300 | Radiologic examination, teeth; single view |
| CPT-I | 70310 | Radiologic examination, teeth; partial examination, less than full mouth |
| CPT-I | 70320 | Radiologic examination, teeth; complete, full mouth |
| CPT-I | 70328 | Radiologic examination, temporomandibular joint, open and closed mouth; unilateral |
| CPT-I | 70330 | Radiologic examination, temporomandibular joint, open and closed mouth; bilateral |
| CPT-I | 70332 | Temporomandibular joint arthrography, radiological supervision and interpretation |
| CPT-I | 70336 | Magnetic resonance (eg, proton) imaging, temporomandibular joint(s) |
| CPT-I | 70350 | Cephalogram, orthodontic |
| CPT-I | 70355 | Orthopantogram (eg, panoramic x-ray) |
| CPT-I | 70360 | Radiologic examination; neck, soft tissue |
| CPT-I | 70370 | Radiologic examination; pharynx or larynx, including fluoroscopy and/or magnification technique |
| CPT-I | 70371 | Complex dynamic pharyngeal and speech evaluation by cine or video recording |
| CPT-I | 70380 | Radiologic examination, salivary gland for calculus |
| CPT-I | 70390 | Sialography, radiological supervision and interpretation |
| CPT-I | 70450 | Computed tomography, head or brain; without contrast material |
| CPT-I | 70460 | Computed tomography, head or brain; with contrast material(s) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 70470 | Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections |
| CPT-I | 70480 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material |
| CPT-I | 70481 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s) |
| CPT-I | 70482 | Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections |
| CPT-I | 70486 | Computed tomography, maxillofacial area; without contrast material |
| CPT-I | 70487 | Computed tomography, maxillofacial area; with contrast material(s) |
| CPT-I | 70488 | Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections |
| CPT-I | 70490 | Computed tomography, soft tissue neck; without contrast material |
| CPT-I | 70491 | Computed tomography, soft tissue neck; with contrast material(s) |
| CPT-I | 70492 | Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections |
| CPT-I | 70496 | Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing |
| CPT-I | 70498 | Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing |
| CPT-I | 70540 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) |
| CPT-I | 70542 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s) |
| CPT-I | 70543 | Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences |
| CPT-I | 70544 | Magnetic resonance angiography, head; without contrast material(s) |
| CPT-I | 70545 | Magnetic resonance angiography, head; with contrast material(s) |
| CPT-I | 70546 | Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences |
| CPT-I | 70547 | Magnetic resonance angiography, neck; without contrast material(s) |
| CPT-I | 70548 | Magnetic resonance angiography, neck; with contrast material(s) |
| CPT-I | 70549 | Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 70551 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material |
| CPT-I | 70552 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s) |
| CPT-I | 70553 | Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences |
| CPT-I | 70554 | Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration |
| CPT-I | 70555 | Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing |
| CPT-I | 70557 | Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material |
| CPT-I | 70558 | Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); with contrast material(s) |
| CPT-I | 70559 | Magnetic resonance (eg, proton) imaging, brain (including brain stem and skull base), during open intracranial procedure (eg, to assess for residual tumor or residual vascular malformation); without contrast material(s), followed by contrast material(s) and further sequences |
| CPT-I | 71045 | Radiologic examination, chest; single view |
| CPT-I | 71046 | Radiologic examination, chest; 2 views |
| CPT-I | 71047 | Radiologic examination, chest; 3 views |
| CPT-I | 71048 | Radiologic examination, chest; 4 or more views |
| CPT-I | 71100 | Radiologic examination, ribs, unilateral; 2 views |
| CPT-I | 71101 | Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views |
| CPT-I | 71110 | Radiologic examination, ribs, bilateral; 3 views |
| CPT-I | 71111 | Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views |
| CPT-I | 71120 | Radiologic examination; sternum, minimum of 2 views |
| CPT-I | 71130 | Radiologic examination; sternoclavicular joint or joints, minimum of 3 views |
| CPT-I | 71250 | Computed tomography, thorax, diagnostic; without contrast material |
| CPT-I | 71260 | Computed tomography, thorax, diagnostic; with contrast material(s) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 71270 | Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections |
| CPT-I | 71271 | Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s) |
| CPT-I | 71275 | Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing |
| CPT-I | 71550 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s) |
| CPT-I | 71551 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s) |
| CPT-I | 71552 | Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences |
| CPT-I | 71555 | Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) |
| CPT-I | 72020 | Radiologic examination, spine, single view, specify level |
| CPT-I | 72040 | Radiologic examination, spine, cervical; 2 or 3 views |
| CPT-I | 72050 | Radiologic examination, spine, cervical; 4 or 5 views |
| CPT-I | 72052 | Radiologic examination, spine, cervical; 6 or more views |
| CPT-I | 72070 | Radiologic examination, spine; thoracic, 2 views |
| CPT-I | 72072 | Radiologic examination, spine; thoracic, 3 views |
| CPT-I | 72074 | Radiologic examination, spine; thoracic, minimum of 4 views |
| CPT-I | 72080 | Radiologic examination, spine; thoracolumbar junction, minimum of 2 views |
| CPT-I | 72081 | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); one view |
| CPT-I | 72082 | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 2 or 3 views |
| CPT-I | 72083 | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); 4 or 5 views |
| CPT-I | 72084 | Radiologic examination, spine, entire thoracic and lumbar, including skull, cervical and sacral spine if performed (eg, scoliosis evaluation); minimum of 6 views |
| CPT-I | 72100 | Radiologic examination, spine, lumbosacral; 2 or 3 views |
| CPT-I | 72110 | Radiologic examination, spine, lumbosacral; minimum of 4 views |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 72114 | Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views |
| CPT-I | 72120 | Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views |
| CPT-I | 72125 | Computed tomography, cervical spine; without contrast material |
| CPT-I | 72126 | Computed tomography, cervical spine; with contrast material |
| CPT-I | 72127 | Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections |
| CPT-I | 72128 | Computed tomography, thoracic spine; without contrast material |
| CPT-I | 72129 | Computed tomography, thoracic spine; with contrast material |
| CPT-I | 72130 | Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections |
| CPT-I | 72131 | Computed tomography, lumbar spine; without contrast material |
| CPT-I | 72132 | Computed tomography, lumbar spine; with contrast material |
| CPT-I | 72133 | Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections |
| CPT-I | 72141 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material |
| CPT-I | 72142 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s) |
| CPT-I | 72146 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material |
| CPT-I | 72147 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s) |
| CPT-I | 72148 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material |
| CPT-I | 72149 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s) |
| CPT-I | 72156 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical |
| CPT-I | 72157 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic |
| CPT-I | 72158 | Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar |
| CPT-I | 72170 | Radiologic examination, pelvis; 1 or 2 views |
| CPT-I | 72190 | Radiologic examination, pelvis; complete, minimum of 3 views |
| CPT-I | 72191 | Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 72192 | Computed tomography, pelvis; without contrast material |
| CPT-I | 72193 | Computed tomography, pelvis; with contrast material(s) |
| CPT-I | 72194 | Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections |
| CPT-I | 72195 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) |
| CPT-I | 72196 | Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) |
| CPT-I | 72197 | Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences |
| CPT-I | 72198 | Magnetic resonance angiography, pelvis, with or without contrast material(s) |
| CPT-I | 72200 | Radiologic examination, sacroiliac joints; less than 3 views |
| CPT-I | 72202 | Radiologic examination, sacroiliac joints; 3 or more views |
| CPT-I | 72220 | Radiologic examination, sacrum and coccyx, minimum of 2 views |
| CPT-I | 72240 | Myelography, cervical, radiological supervision and interpretation |
| CPT-I | 72255 | Myelography, thoracic, radiological supervision and interpretation |
| CPT-I | 72265 | Myelography, lumbosacral, radiological supervision and interpretation |
| CPT-I | 72270 | Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation |
| CPT-I | 72285 | Discography, cervical or thoracic, radiological supervision and interpretation |
| CPT-I | 72295 | Discography, lumbar, radiological supervision and interpretation |
| CPT-I | 73000 | Radiologic examination; clavicle, complete |
| CPT-I | 73010 | Radiologic examination; scapula, complete |
| CPT-I | 73020 | Radiologic examination, shoulder; 1 view |
| CPT-I | 73030 | Radiologic examination, shoulder; complete, minimum of 2 views |
| CPT-I | 73040 | Radiologic examination, shoulder, arthrography, radiological supervision and interpretation |
| CPT-I | 73050 | Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction |
| CPT-I | 73060 | Radiologic examination; humerus, minimum of 2 views |
| CPT-I | 73070 | Radiologic examination, elbow; 2 views |
| CPT-I | 73080 | Radiologic examination, elbow; complete, minimum of 3 views |
| CPT-I | 73085 | Radiologic examination, elbow, arthrography, radiological supervision and interpretation |
| CPT-I | 73090 | Radiologic examination; forearm, 2 views |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 73092 | Radiologic examination; upper extremity, infant, minimum of 2 views |
| CPT-I | 73100 | Radiologic examination, wrist; 2 views |
| CPT-I | 73110 | Radiologic examination, wrist; complete, minimum of 3 views |
| CPT-I | 73115 | Radiologic examination, wrist, arthrography, radiological supervision and interpretation |
| CPT-I | 73120 | Radiologic examination, hand; 2 views |
| CPT-I | 73130 | Radiologic examination, hand; minimum of 3 views |
| CPT-I | 73140 | Radiologic examination, finger(s), minimum of 2 views |
| CPT-I | 73200 | Computed tomography, upper extremity; without contrast material |
| CPT-I | 73201 | Computed tomography, upper extremity; with contrast material(s) |
| CPT-I | 73202 | Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections |
| CPT-I | 73206 | Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing |
| CPT-I | 73218 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s) |
| CPT-I | 73219 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s) |
| CPT-I | 73220 | Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences |
| CPT-I | 73221 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s) |
| CPT-I | 73222 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s) |
| CPT-I | 73223 | Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences |
| CPT-I | 73501 | Radiologic examination, hip, unilateral, with pelvis when performed; 1 view |
| CPT-I | 73502 | Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views |
| CPT-I | 73503 | Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views |
| CPT-I | 73521 | Radiologic examination, hips, bilateral, with pelvis when performed; 2 views |
| CPT-I | 73522 | Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views |
| CPT-I | 73523 | Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views |
| CPT-I | 73525 | Radiologic examination, hip, arthrography, radiological supervision and interpretation |
| CPT-I | 73551 | Radiologic examination, femur; 1 view |
| CPT-I | 73552 | Radiologic examination, femur; minimum 2 views |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 73560 | Radiologic examination, knee; 1 or 2 views |
| CPT-I | 73562 | Radiologic examination, knee; 3 views |
| CPT-I | 73564 | Radiologic examination, knee; complete, 4 or more views |
| CPT-I | 73565 | Radiologic examination, knee; both knees, standing, anteroposterior |
| CPT-I | 73580 | Radiologic examination, knee, arthrography, radiological supervision and interpretation |
| CPT-I | 73590 | Radiologic examination; tibia and fibula, 2 views |
| CPT-I | 73592 | Radiologic examination; lower extremity, infant, minimum of 2 views |
| CPT-I | 73600 | Radiologic examination, ankle; 2 views |
| CPT-I | 73610 | Radiologic examination, ankle; complete, minimum of 3 views |
| CPT-I | 73615 | Radiologic examination, ankle, arthrography, radiological supervision and interpretation |
| CPT-I | 73620 | Radiologic examination, foot; 2 views |
| CPT-I | 73630 | Radiologic examination, foot; complete, minimum of 3 views |
| CPT-I | 73650 | Radiologic examination; calcaneus, minimum of 2 views |
| CPT-I | 73660 | Radiologic examination; toe(s), minimum of 2 views |
| CPT-I | 73700 | Computed tomography, lower extremity; without contrast material |
| CPT-I | 73701 | Computed tomography, lower extremity; with contrast material(s) |
| CPT-I | 73702 | Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections |
| CPT-I | 73706 | Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing |
| CPT-I | 73718 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s) |
| CPT-I | 73719 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s) |
| CPT-I | 73720 | Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences |
| CPT-I | 73721 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material |
| CPT-I | 73722 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s) |
| CPT-I | 73723 | Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences |
| CPT-I | 73725 | Magnetic resonance angiography, lower extremity, with or without contrast material(s) |
| CPT-I | 74018 | Radiologic examination, abdomen; 1 view |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 74019 | Radiologic examination, abdomen; 2 views |
| CPT-I | 74021 | Radiologic examination, abdomen; 3 or more views |
| CPT-I | 74022 | Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest |
| CPT-I | 74150 | Computed tomography, abdomen; without contrast material |
| CPT-I | 74160 | Computed tomography, abdomen; with contrast material(s) |
| CPT-I | 74170 | Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections |
| CPT-I | 74174 | Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing |
| CPT-I | 74175 | Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing |
| CPT-I | 74176 | Computed tomography, abdomen and pelvis; without contrast material |
| CPT-I | 74177 | Computed tomography, abdomen and pelvis; with contrast material(s) |
| CPT-I | 74178 | Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions |
| CPT-I | 74181 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) |
| CPT-I | 74182 | Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s) |
| CPT-I | 74183 | Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences |
| CPT-I | 74185 | Magnetic resonance angiography, abdomen, with or without contrast material(s) |
| CPT-I | 74190 | Peritoneogram (eg, after injection of air or contrast), radiological supervision and interpretation |
| CPT-I | 74210 | Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study |
| CPT-I | 74220 | Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study |
| CPT-I | 74221 | Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study |
| CPT-I | 74230 | Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 74235 | Removal of foreign body(s), esophageal, with use of balloon catheter, radiological supervision and interpretation |
| CPT-I | 74240 | Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study |
| CPT-I | 74246 | Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered |
| CPT-I | 74248 | Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination) |
| CPT-I | 74250 | Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study |
| CPT-I | 74251 | Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered |
| CPT-I | 74261 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material |
| CPT-I | 74262 | Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed |
| CPT-I | 74263 | Computed tomographic (CT) colonography, screening, including image postprocessing |
| CPT-I | 74270 | Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study |
| CPT-I | 74280 | Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered |
| CPT-I | 74283 | Therapeutic enema, contrast or air, for reduction of intussusception or other intraluminal obstruction (eg, meconium ileus) |
| CPT-I | 74290 | Cholecystography, oral contrast |
| CPT-I | 74300 | Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation |
| CPT-I | 74301 | Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure) |
| CPT-I | 74328 | Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 74329 | Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation |
| CPT-I | 74330 | Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation |
| CPT-I | 74340 | Introduction of long gastrointestinal tube (eg, Miller-Abbott), including multiple fluoroscopies and images, radiological supervision and interpretation |
| CPT-I | 74355 | Percutaneous placement of enteroclysis tube, radiological supervision and interpretation |
| CPT-I | 74360 | Intraluminal dilation of strictures and/or obstructions (eg, esophagus), radiological supervision and interpretation |
| CPT-I | 74363 | Percutaneous transhepatic dilation of biliary duct stricture with or without placement of stent, radiological supervision and interpretation |
| CPT-I | 74400 | Urography (pyelography), intravenous, with or without KUB, with or without tomography |
| CPT-I | 74410 | Urography, infusion, drip technique and/or bolus technique |
| CPT-I | 74415 | Urography, infusion, drip technique and/or bolus technique; with nephrotomography |
| CPT-I | 74420 | Urography, retrograde, with or without KUB |
| CPT-I | 74425 | Urography, antegrade, radiological supervision and interpretation |
| CPT-I | 74430 | Cystography, minimum of 3 views, radiological supervision and interpretation |
| CPT-I | 74440 | Vasography, vesiculography, or epididymography, radiological supervision and interpretation |
| CPT-I | 74445 | Corpora cavernosography, radiological supervision and interpretation |
| CPT-I | 74450 | Urethrocytography, retrograde, radiological supervision and interpretation |
| CPT-I | 74455 | Urethrocytography, voiding, radiological supervision and interpretation |
| CPT-I | 74470 | Radiologic examination, renal cyst study, translumbar, contrast visualization, radiological supervision and interpretation |
| CPT-I | 74485 | Dilation of ureter(s) or urethra, radiological supervision and interpretation |
| CPT-I | 74710 | Pelvimetry, with or without placental localization |
| CPT-I | 74712 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation |
| CPT-I | 74713 | Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; each additional gestation (List separately in addition to code for primary procedure) |
| CPT-I | 74740 | Hysterosalpingography, radiological supervision and interpretation |
| CPT-I | 74742 | Transcervical catheterization of fallopian tube, radiological supervision and interpretation |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 74775 | Perineogram (eg, vaginogram, for sex determination or extent of anomalies) |
| CPT-I | 75557 | Cardiac magnetic resonance imaging for morphology and function without contrast material |
| CPT-I | 75559 | Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging |
| CPT-I | 75561 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences |
| CPT-I | 75563 | Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging |
| CPT-I | 75565 | Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure) |
| CPT-I | 75572 | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) |
| CPT-I | 75573 | Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed) |
| CPT-I | 75574 | Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) |
| CPT-I | 75600 | Aortography, thoracic, without serialography, radiological supervision and interpretation |
| CPT-I | 75605 | Aortography, thoracic, by serialography, radiological supervision and interpretation |
| CPT-I | 75625 | Aortography, abdominal, by serialography, radiological supervision and interpretation |
| CPT-I | 75630 | Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation |
| CPT-I | 75635 | Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing |
| CPT-I | 75705 | Angiography, spinal, selective, radiological supervision and interpretation |
| CPT-I | 75710 | Angiography, extremity, unilateral, radiological supervision and interpretation |
| CPT-I | 75716 | Angiography, extremity, bilateral, radiological supervision and interpretation |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 75726 | Angiography, visceral, selective or supraseductive (with or without flush aortogram), radiological supervision and interpretation |
| CPT-I | 75731 | Angiography, adrenal, unilateral, selective, radiological supervision and interpretation |
| CPT-I | 75733 | Angiography, adrenal, bilateral, selective, radiological supervision and interpretation |
| CPT-I | 75736 | Angiography, pelvic, selective or supraseductive, radiological supervision and interpretation |
| CPT-I | 75741 | Angiography, pulmonary, unilateral, selective, radiological supervision and interpretation |
| CPT-I | 75743 | Angiography, pulmonary, bilateral, selective, radiological supervision and interpretation |
| CPT-I | 75746 | Angiography, pulmonary, by nonselective catheter or venous injection, radiological supervision and interpretation |
| CPT-I | 75756 | Angiography, internal mammary, radiological supervision and interpretation |
| CPT-I | 75774 | Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure) |
| CPT-I | 75801 | Lymphangiography, extremity only, unilateral, radiological supervision and interpretation |
| CPT-I | 75803 | Lymphangiography, extremity only, bilateral, radiological supervision and interpretation |
| CPT-I | 75805 | Lymphangiography, pelvic/abdominal, unilateral, radiological supervision and interpretation |
| CPT-I | 75807 | Lymphangiography, pelvic/abdominal, bilateral, radiological supervision and interpretation |
| CPT-I | 75809 | Shuntogram for investigation of previously placed indwelling nonvascular shunt (eg, LeVeen shunt, ventriculoperitoneal shunt, indwelling infusion pump), radiological supervision and interpretation |
| CPT-I | 75810 | Splenoportography, radiological supervision and interpretation |
| CPT-I | 75820 | Venography, extremity, unilateral, radiological supervision and interpretation |
| CPT-I | 75822 | Venography, extremity, bilateral, radiological supervision and interpretation |
| CPT-I | 75825 | Venography, caval, inferior, with serialography, radiological supervision and interpretation |
| CPT-I | 75827 | Venography, caval, superior, with serialography, radiological supervision and interpretation |
| CPT-I | 75831 | Venography, renal, unilateral, selective, radiological supervision and interpretation |
| CPT-I | 75833 | Venography, renal, bilateral, selective, radiological supervision and interpretation |
| CPT-I | 75840 | Venography, adrenal, unilateral, selective, radiological supervision and interpretation |
| CPT-I | 75842 | Venography, adrenal, bilateral, selective, radiological supervision and interpretation |
| CPT-I | 75860 | Venography, venous sinus (eg, petrosal and inferior sagittal) or jugular, catheter, radiological supervision and interpretation |
| CPT-I | 75870 | Venography, superior sagittal sinus, radiological supervision and interpretation |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 75872 | Venography, epidural, radiological supervision and interpretation |
| CPT-I | 75880 | Venography, orbital, radiological supervision and interpretation |
| CPT-I | 75885 | Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation |
| CPT-I | 75887 | Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation |
| CPT-I | 75889 | Hepatic venography, wedged or free, with hemodynamic evaluation, radiological supervision and interpretation |
| CPT-I | 75891 | Hepatic venography, wedged or free, without hemodynamic evaluation, radiological supervision and interpretation |
| CPT-I | 75893 | Venous sampling through catheter, with or without angiography (eg, for parathyroid hormone, renin), radiological supervision and interpretation |
| CPT-I | 75894 | Transcatheter therapy, embolization, any method, radiological supervision and interpretation |
| CPT-I | 75898 | Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis |
| CPT-I | 75901 | Mechanical removal of pericatheter obstructive material (eg, fibrin sheath) from central venous device via separate venous access, radiologic supervision and interpretation |
| CPT-I | 75902 | Mechanical removal of intraluminal (intracatheter) obstructive material from central venous device through device lumen, radiologic supervision and interpretation |
| CPT-I | 75956 | Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation |
| CPT-I | 75957 | Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation |
| CPT-I | 75958 | Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 75959 | Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation |
| CPT-I | 75970 | Transcatheter biopsy, radiological supervision and interpretation |
| CPT-I | 75984 | Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation |
| CPT-I | 75989 | Radiological guidance (ie, fluoroscopy, ultrasound, or computed tomography), for percutaneous drainage (eg, abscess, specimen collection), with placement of catheter, radiological supervision and interpretation |
| CPT-I | 76000 | Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time |
| CPT-I | 76010 | Radiologic examination from nose to rectum for foreign body, single view, child |
| CPT-I | 76080 | Radiologic examination, abscess, fistula or sinus tract study, radiological supervision and interpretation |
| CPT-I | 76098 | Radiological examination, surgical specimen |
| CPT-I | 76100 | Radiologic examination, single plane body section (eg, tomography), other than with urography |
| CPT-I | 76120 | Cineradiography/videoradiography, except where specifically included |
| CPT-I | 76125 | Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure) |
| CPT-I | 76140 | Consultation on X-ray examination made elsewhere, written report |
| CPT-I | 76145 | Medical physics dose evaluation for radiation exposure that exceeds institutional review threshold, including report |
| CPT-I | 76376 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation |
| CPT-I | 76377 | 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation |
| CPT-I | 76380 | Computed tomography, limited or localized follow-up study |
| CPT-I | 76390 | Magnetic resonance spectroscopy |
| CPT-I | 76506 | Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 76510 | Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter |
| CPT-I | 76511 | Ophthalmic ultrasound, diagnostic; quantitative A-scan only |
| CPT-I | 76512 | Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan) |
| CPT-I | 76513 | Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral |
| CPT-I | 76514 | Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness) |
| CPT-I | 76516 | Ophthalmic biometry by ultrasound echography, A-scan |
| CPT-I | 76519 | Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation |
| CPT-I | 76529 | Ophthalmic ultrasonic foreign body localization |
| CPT-I | 76536 | Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation |
| CPT-I | 76604 | Ultrasound, chest (includes mediastinum), real time with image documentation |
| CPT-I | 76641 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete |
| CPT-I | 76642 | Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited |
| CPT-I | 76700 | Ultrasound, abdominal, real time with image documentation; complete |
| CPT-I | 76705 | Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up) |
| CPT-I | 76706 | Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA) |
| CPT-I | 76770 | Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete |
| CPT-I | 76775 | Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited |
| CPT-I | 76776 | Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation |
| CPT-I | 76800 | Ultrasound, spinal canal and contents |
| CPT-I | 76801 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation |
| CPT-I | 76802 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 76805 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation |
| CPT-I | 76810 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) |
| CPT-I | 76811 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation |
| CPT-I | 76812 | Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure) |
| CPT-I | 76813 | Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation |
| CPT-I | 76814 | Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure) |
| CPT-I | 76815 | Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses |
| CPT-I | 76816 | Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus |
| CPT-I | 76817 | Ultrasound, pregnant uterus, real time with image documentation, transvaginal |
| CPT-I | 76818 | Fetal biophysical profile; with non-stress testing |
| CPT-I | 76819 | Fetal biophysical profile; without non-stress testing |
| CPT-I | 76820 | Doppler velocimetry, fetal; umbilical artery |
| CPT-I | 76821 | Doppler velocimetry, fetal; middle cerebral artery |
| CPT-I | 76825 | Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording |
| CPT-I | 76826 | Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study |
| CPT-I | 76827 | Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 76828 | Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study |
| CPT-I | 76830 | Ultrasound, transvaginal |
| CPT-I | 76831 | Saline infusion sonohysterography (SIS), including color flow Doppler, when performed |
| CPT-I | 76856 | Ultrasound, pelvic (nonobstetric), real time with image documentation; complete |
| CPT-I | 76857 | Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles) |
| CPT-I | 76870 | Ultrasound, scrotum and contents |
| CPT-I | 76872 | Ultrasound, transrectal |
| CPT-I | 76873 | Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure) |
| CPT-I | 76881 | Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation |
| CPT-I | 76882 | Ultrasound, limited, joint or other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation |
| CPT-I | 76885 | Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation) |
| CPT-I | 76886 | Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation) |
| CPT-I | 76932 | Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation |
| CPT-I | 76937 | Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure) |
| CPT-I | 76940 | Ultrasound guidance for, and monitoring of, parenchymal tissue ablation |
| CPT-I | 76941 | Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation |
| CPT-I | 76942 | Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation |
| CPT-I | 76945 | Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation |
| CPT-I | 76946 | Ultrasonic guidance for amniocentesis, imaging supervision and interpretation |
| CPT-I | 76948 | Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation |
| CPT-I | 76965 | Ultrasonic guidance for interstitial radioelement application |
| CPT-I | 76975 | Gastrointestinal endoscopic ultrasound, supervision and interpretation |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 76977 | Ultrasound bone density measurement and interpretation, peripheral site(s), any method |
| CPT-I | 76998 | Ultrasonic guidance, intraoperative |
| CPT-I | 77001 | Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure) |
| CPT-I | 77002 | Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure) |
| CPT-I | 77003 | Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure) |
| CPT-I | 77011 | Computed tomography guidance for stereotactic localization |
| CPT-I | 77012 | Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation |
| CPT-I | 77013 | Computed tomography guidance for, and monitoring of, parenchymal tissue ablation |
| CPT-I | 77014 | Computed tomography guidance for placement of radiation therapy fields |
| CPT-I | 77021 | Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation |
| CPT-I | 77022 | Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation |
| CPT-I | 77046 | Magnetic resonance imaging, breast, without contrast material; unilateral |
| CPT-I | 77047 | Magnetic resonance imaging, breast, without contrast material; bilateral |
| CPT-I | 77048 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral |
| CPT-I | 77049 | Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral |
| CPT-I | 77053 | Mammary ductogram or galactogram, single duct, radiological supervision and interpretation |
| CPT-I | 77054 | Mammary ductogram or galactogram, multiple ducts, radiological supervision and interpretation |



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|--------------|-------|---|
| CPT-I | 77061 | Diagnostic digital breast tomosynthesis; unilateral |
| CPT-I | 77062 | Diagnostic digital breast tomosynthesis; bilateral |
| CPT-I | 77063 | Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure) |
| CPT-I | 77065 | Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral |
| CPT-I | 77066 | Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral |
| CPT-I | 77067 | Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed |
| CPT-I | 77071 | Manual application of stress performed by physician or other qualified health care professional for joint radiography, including contralateral joint if indicated |
| CPT-I | 77072 | Bone age studies |
| CPT-I | 77073 | Bone length studies (orthoroentgenogram, scanogram) |
| CPT-I | 77074 | Radiologic examination, osseous survey; limited (eg, for metastases) |
| CPT-I | 77075 | Radiologic examination, osseous survey; complete (axial and appendicular skeleton) |
| CPT-I | 77076 | Radiologic examination, osseous survey, infant |
| CPT-I | 77077 | Joint survey, single view, 2 or more joints (specify) |
| CPT-I | 77078 | Computed tomography, bone mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine) |
| CPT-I | 77080 | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) |
| CPT-I | 77081 | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel) |
| CPT-I | 77084 | Magnetic resonance (eg, proton) imaging, bone marrow blood supply |
| CPT-I | 77085 | Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment |
| CPT-I | 77086 | Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA) |
| CPT-I | 77261 | Therapeutic radiology treatment planning; simple |
| CPT-I | 77262 | Therapeutic radiology treatment planning; intermediate |
| CPT-I | 77263 | Therapeutic radiology treatment planning; complex |
| CPT-I | 77280 | Therapeutic radiology simulation-aided field setting; simple |
| CPT-I | 77285 | Therapeutic radiology simulation-aided field setting; intermediate |
| CPT-I | 77290 | Therapeutic radiology simulation-aided field setting; complex |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 77293 | Respiratory motion management simulation (List separately in addition to code for primary procedure) |
| CPT-I | 77295 | 3-dimensional radiotherapy plan, including dose-volume histograms |
| CPT-I | 77300 | Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician |
| CPT-I | 77301 | Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications |
| CPT-I | 77306 | Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s) |
| CPT-I | 77307 | Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s) |
| CPT-I | 77321 | Special teletherapy port plan, particles, hemibody, total body |
| CPT-I | 77331 | Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician |
| CPT-I | 77332 | Treatment devices, design and construction; simple (simple block, simple bolus) |
| CPT-I | 77333 | Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus) |
| CPT-I | 77334 | Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts) |
| CPT-I | 77336 | Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy |
| CPT-I | 77338 | Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan |
| CPT-I | 77370 | Special medical radiation physics consultation |
| CPT-I | 77385 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple |
| CPT-I | 77386 | Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex |
| CPT-I | 77387 | Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed |
| CPT-I | 77401 | Radiation treatment delivery, superficial and/or ortho voltage, per day |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 77402 | Radiation treatment delivery, ≥ 1 MeV; simple |
| CPT-I | 77407 | Radiation treatment delivery, ≥ 1 MeV; intermediate |
| CPT-I | 77412 | Radiation treatment delivery, ≥ 1 MeV; complex |
| CPT-I | 77417 | Therapeutic radiology port image(s) |
| CPT-I | 77423 | High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s) |
| CPT-I | 77424 | Intraoperative radiation treatment delivery, x-ray, single treatment session |
| CPT-I | 77425 | Intraoperative radiation treatment delivery, electrons, single treatment session |
| CPT-I | 77427 | Radiation treatment management, 5 treatments |
| CPT-I | 77431 | Radiation therapy management with complete course of therapy consisting of 1 or 2 fractions only |
| CPT-I | 77432 | Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session) |
| CPT-I | 77435 | Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions |
| CPT-I | 77469 | Intraoperative radiation treatment management |
| CPT-I | 77470 | Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation) |
| CPT-I | 77600 | Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less) |
| CPT-I | 77605 | Hyperthermia, externally generated; deep (ie, heating to depths greater than 4 cm) |
| CPT-I | 77610 | Hyperthermia generated by interstitial probe(s); 5 or fewer interstitial applicators |
| CPT-I | 77615 | Hyperthermia generated by interstitial probe(s); more than 5 interstitial applicators |
| CPT-I | 77620 | Hyperthermia generated by intracavitary probe(s) |
| CPT-I | 77750 | Infusion or instillation of radioelement solution (includes 3-month follow-up care) |
| CPT-I | 77789 | Surface application of low dose rate radionuclide source |
| CPT-I | 78012 | Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) |
| CPT-I | 78013 | Thyroid imaging (including vascular flow, when performed) |
| CPT-I | 78014 | Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed) |
| CPT-I | 78015 | Thyroid carcinoma metastases imaging; limited area (eg, neck and chest only) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 78016 | Thyroid carcinoma metastases imaging; with additional studies (eg, urinary recovery) |
| CPT-I | 78018 | Thyroid carcinoma metastases imaging; whole body |
| CPT-I | 78020 | Thyroid carcinoma metastases uptake (List separately in addition to code for primary procedure) |
| CPT-I | 78070 | Parathyroid planar imaging (including subtraction, when performed) |
| CPT-I | 78071 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT) |
| CPT-I | 78072 | Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization |
| CPT-I | 78075 | Adrenal imaging, cortex and/or medulla |
| CPT-I | 78102 | Bone marrow imaging; limited area |
| CPT-I | 78103 | Bone marrow imaging; multiple areas |
| CPT-I | 78104 | Bone marrow imaging; whole body |
| CPT-I | 78110 | Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); single sampling |
| CPT-I | 78111 | Plasma volume, radiopharmaceutical volume-dilution technique (separate procedure); multiple samplings |
| CPT-I | 78120 | Red cell volume determination (separate procedure); single sampling |
| CPT-I | 78121 | Red cell volume determination (separate procedure); multiple samplings |
| CPT-I | 78122 | Whole blood volume determination, including separate measurement of plasma volume and red cell volume (radiopharmaceutical volume-dilution technique) |
| CPT-I | 78130 | Red cell survival study |
| CPT-I | 78140 | Labeled red cell sequestration, differential organ/tissue (eg, splenic and/or hepatic) |
| CPT-I | 78185 | Spleen imaging only, with or without vascular flow |
| CPT-I | 78191 | Platelet survival study |
| CPT-I | 78195 | Lymphatics and lymph nodes imaging |
| CPT-I | 78201 | Liver imaging; static only |
| CPT-I | 78202 | Liver imaging; with vascular flow |
| CPT-I | 78215 | Liver and spleen imaging; static only |
| CPT-I | 78216 | Liver and spleen imaging; with vascular flow |
| CPT-I | 78226 | Hepatobiliary system imaging, including gallbladder when present |
| CPT-I | 78227 | Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed |
| CPT-I | 78230 | Salivary gland imaging |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 78231 | Salivary gland imaging; with serial images |
| CPT-I | 78232 | Salivary gland function study |
| CPT-I | 78258 | Esophageal motility |
| CPT-I | 78261 | Gastric mucosa imaging |
| CPT-I | 78262 | Gastroesophageal reflux study |
| CPT-I | 78264 | Gastric emptying imaging study (eg, solid, liquid, or both) |
| CPT-I | 78265 | Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit |
| CPT-I | 78266 | Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days |
| CPT-I | 78267 | Urea breath test, C-14 (isotopic); acquisition for analysis |
| CPT-I | 78268 | Urea breath test, C-14 (isotopic); analysis |
| CPT-I | 78278 | Acute gastrointestinal blood loss imaging |
| CPT-I | 78282 | Gastrointestinal protein loss |
| CPT-I | 78290 | Intestine imaging (eg, ectopic gastric mucosa, Meckel's localization, volvulus) |
| CPT-I | 78291 | Peritoneal-venous shunt patency test (eg, for LeVeen, Denver shunt) |
| CPT-I | 78300 | Bone and/or joint imaging; limited area |
| CPT-I | 78305 | Bone and/or joint imaging; multiple areas |
| CPT-I | 78306 | Bone and/or joint imaging; whole body |
| CPT-I | 78315 | Bone and/or joint imaging; 3 phase study |
| CPT-I | 78414 | Determination of central c-v hemodynamics (non-imaging) (eg, ejection fraction with probe technique) with or without pharmacologic intervention or exercise, single or multiple determinations |
| CPT-I | 78428 | Cardiac shunt detection |
| CPT-I | 78445 | Non-cardiac vascular flow imaging (ie, angiography, venography) |
| CPT-I | 78451 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) |
| CPT-I | 78452 | Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 78453 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) |
| CPT-I | 78454 | Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection |
| CPT-I | 78456 | Acute venous thrombosis imaging, peptide |
| CPT-I | 78457 | Venous thrombosis imaging, venogram; unilateral |
| CPT-I | 78458 | Venous thrombosis imaging, venogram; bilateral |
| CPT-I | 78466 | Myocardial imaging, infarct avid, planar; qualitative or quantitative |
| CPT-I | 78468 | Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique |
| CPT-I | 78469 | Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification |
| CPT-I | 78472 | Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing |
| CPT-I | 78473 | Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification |
| CPT-I | 78481 | Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification |
| CPT-I | 78483 | Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification |
| CPT-I | 78494 | Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing |
| CPT-I | 78496 | Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure) |
| CPT-I | 78579 | Pulmonary ventilation imaging (eg, aerosol or gas) |
| CPT-I | 78580 | Pulmonary perfusion imaging (eg, particulate) |
| CPT-I | 78582 | Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging |
| CPT-I | 78597 | Quantitative differential pulmonary perfusion, including imaging when performed |
| CPT-I | 78598 | Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 78600 | Brain imaging, less than 4 static views |
| CPT-I | 78601 | Brain imaging, less than 4 static views; with vascular flow |
| CPT-I | 78605 | Brain imaging, minimum 4 static views |
| CPT-I | 78606 | Brain imaging, minimum 4 static views; with vascular flow |
| CPT-I | 78610 | Brain imaging, vascular flow only |
| CPT-I | 78630 | Cerebrospinal fluid flow, imaging (not including introduction of material); cisternography |
| CPT-I | 78635 | Cerebrospinal fluid flow, imaging (not including introduction of material); ventriculography |
| CPT-I | 78645 | Cerebrospinal fluid flow, imaging (not including introduction of material); shunt evaluation |
| CPT-I | 78650 | Cerebrospinal fluid leakage detection and localization |
| CPT-I | 78660 | Radiopharmaceutical dacryocystography |
| CPT-I | 78700 | Kidney imaging morphology |
| CPT-I | 78701 | Kidney imaging morphology; with vascular flow |
| CPT-I | 78707 | Kidney imaging morphology; with vascular flow and function, single study without pharmacological intervention |
| CPT-I | 78708 | Kidney imaging morphology; with vascular flow and function, single study, with pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic) |
| CPT-I | 78709 | Kidney imaging morphology; with vascular flow and function, multiple studies, with and without pharmacological intervention (eg, angiotensin converting enzyme inhibitor and/or diuretic) |
| CPT-I | 78725 | Kidney function study, non-imaging radioisotopic study |
| CPT-I | 78730 | Urinary bladder residual study (List separately in addition to code for primary procedure) |
| CPT-I | 78740 | Ureteral reflux study (radiopharmaceutical voiding cystogram) |
| CPT-I | 78761 | Testicular imaging with vascular flow |
| CPT-I | 78800 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, single area (eg, head, neck, chest, pelvis), single day imaging |
| CPT-I | 78801 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, 2 or more areas (eg, abdomen and pelvis, head and chest), 1 or more days imaging or single area imaging over 2 or more days |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 78802 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, single day imaging |
| CPT-I | 78803 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis), single day imaging |
| CPT-I | 78804 | Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); planar, whole body, requiring 2 or more days imaging |
| CPT-I | 78808 | Injection procedure for radiopharmaceutical localization by non-imaging probe study, intravenous (eg, parathyroid adenoma) |
| CPT-I | 78835 | Radiopharmaceutical quantification measurement(s) single area (List separately in addition to code for primary procedure) |
| CPT-I | 79005 | Radiopharmaceutical therapy, by oral administration |
| CPT-I | 79101 | Radiopharmaceutical therapy, by intravenous administration |
| CPT-I | 79200 | Radiopharmaceutical therapy, by intracavitary administration |
| CPT-I | 79300 | Radiopharmaceutical therapy, by interstitial radioactive colloid administration |
| CPT-I | 79403 | Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion |
| CPT-I | 79440 | Radiopharmaceutical therapy, by intra-articular administration |
| CPT-I | 79445 | Radiopharmaceutical therapy, by intra-arterial particulate administration |
| CPT-I | 80047 | Basic metabolic panel (Calcium, ionized) This panel must include the following: Calcium, ionized (82330) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520) |
| CPT-I | 80048 | Basic metabolic panel (Calcium, total) This panel must include the following: Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520) |
| CPT-I | 80050 | General health panel This panel must include the following: Comprehensive metabolic panel (80053) Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Thyroid stimulating hormone (TSH) (84443) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 80051 | Electrolyte panel This panel must include the following: Carbon dioxide (bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295) |
| CPT-I | 80053 | Comprehensive metabolic panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, alkaline (84075) Potassium (84132) Protein, total (84155) Sodium (84295) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) Urea nitrogen (BUN) (84520) |
| CPT-I | 80055 | Obstetric panel This panel must include the following: Blood count, complete (CBC), automated and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901) |
| CPT-I | 80061 | Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478) |
| CPT-I | 80069 | Renal function panel This panel must include the following: Albumin (82040) Calcium, total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea nitrogen (BUN) (84520) |
| CPT-I | 80074 | Acute hepatitis panel This panel must include the following: Hepatitis A antibody (HAAb), IgM antibody (86709) Hepatitis B core antibody (HBcAb), IgM antibody (86705) Hepatitis B surface antigen (HBsAg) (87340) Hepatitis C antibody (86803) |
| CPT-I | 80076 | Hepatic function panel This panel must include the following: Albumin (82040) Bilirubin, total (82247) Bilirubin, direct (82248) Phosphatase, alkaline (84075) Protein, total (84155) Transferase, alanine amino (ALT) (SGPT) (84460) Transferase, aspartate amino (AST) (SGOT) (84450) |
| CPT-I | 80081 | Obstetric panel (includes HIV testing) This panel must include the following: Blood count, complete (CBC), and automated differential WBC count (85025 or 85027 and 85004) OR Blood count, complete (CBC), automated (85027) and appropriate manual differential WBC count (85007 or 85009) Hepatitis B surface antigen (HBsAg) (87340) HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result (87389) Antibody, rubella (86762) Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) (86592) Antibody screen, RBC, each serum technique (86850) Blood typing, ABO (86900) AND Blood typing, Rh (D) (86901) |
| CPT-I | 80143 | Acetaminophen |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 80145 | Adalimumab |
| CPT-I | 80150 | Amikacin |
| CPT-I | 80151 | Amiodarone |
| CPT-I | 80155 | Caffeine |
| CPT-I | 80156 | Carbamazepine; total |
| CPT-I | 80157 | Carbamazepine; free |
| CPT-I | 80158 | Cyclosporine |
| CPT-I | 80159 | Clozapine |
| CPT-I | 80161 | Carbamazepine; -10,11-epoxide |
| CPT-I | 80162 | Digoxin; total |
| CPT-I | 80163 | Digoxin; free |
| CPT-I | 80164 | Valproic acid (dipropylacetic acid); total |
| CPT-I | 80165 | Valproic acid (dipropylacetic acid); free |
| CPT-I | 80167 | Felbamate |
| CPT-I | 80168 | Ethosuximide |
| CPT-I | 80169 | Everolimus |
| CPT-I | 80170 | Gentamicin |
| CPT-I | 80171 | Gabapentin, whole blood, serum, or plasma |
| CPT-I | 80173 | Haloperidol |
| CPT-I | 80175 | Lamotrigine |
| CPT-I | 80176 | Lidocaine |
| CPT-I | 80177 | Levetiracetam |
| CPT-I | 80178 | Lithium |
| CPT-I | 80179 | Salicylate |
| CPT-I | 80180 | Mycophenolate (mycophenolic acid) |
| CPT-I | 80181 | Flecainide |
| CPT-I | 80183 | Oxcarbazepine |
| CPT-I | 80184 | Phenobarbital |
| CPT-I | 80185 | Phenytoin; total |
| CPT-I | 80186 | Phenytoin; free |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 80187 | Posaconazole |
| CPT-I | 80188 | Primidone |
| CPT-I | 80189 | Itraconazole |
| CPT-I | 80190 | Procainamide |
| CPT-I | 80192 | Procainamide; with metabolites (eg, n-acetyl procainamide) |
| CPT-I | 80193 | Leflunomide |
| CPT-I | 80194 | Quinidine |
| CPT-I | 80195 | Sirolimus |
| CPT-I | 80197 | Tacrolimus |
| CPT-I | 80198 | Theophylline |
| CPT-I | 80199 | Tiagabine |
| CPT-I | 80200 | Tobramycin |
| CPT-I | 80201 | Topiramate |
| CPT-I | 80202 | Vancomycin |
| CPT-I | 80203 | Zonisamide |
| CPT-I | 80204 | Methotrexate |
| CPT-I | 80210 | Rufinamide |
| CPT-I | 80230 | Infliximab |
| CPT-I | 80235 | Lacosamide |
| CPT-I | 80280 | Vedolizumab |
| CPT-I | 80285 | Voriconazole |
| CPT-I | 80299 | Quantitation of therapeutic drug, not elsewhere specified |
| CPT-I | 80305 | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; capable of being read by direct optical observation only (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service |
| CPT-I | 80306 | Drug test(s), presumptive, any number of drug classes, any number of devices or procedures; read by instrument assisted direct optical observation (eg, utilizing immunoassay [eg, dipsticks, cups, cards, or cartridges]), includes sample validation when performed, per date of service |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 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, LC-MS/MS, LDTD, MALDI, TOF) includes sample validation when performed, per date of service |
| CPT-I | 80320 | Alcohols |
| CPT-I | 80321 | Alcohol biomarkers; 1 or 2 |
| CPT-I | 80322 | Alcohol biomarkers; 3 or more |
| CPT-I | 80323 | Alkaloids, not otherwise specified |
| CPT-I | 80324 | Amphetamines; 1 or 2 |
| CPT-I | 80325 | Amphetamines; 3 or 4 |
| CPT-I | 80326 | Amphetamines; 5 or more |
| CPT-I | 80327 | Anabolic steroids; 1 or 2 |
| CPT-I | 80328 | Anabolic steroids; 3 or more |
| CPT-I | 80329 | Analgesics, non-opioid; 1 or 2 |
| CPT-I | 80330 | Analgesics, non-opioid; 3-5 |
| CPT-I | 80331 | Analgesics, non-opioid; 6 or more |
| CPT-I | 80332 | Antidepressants, serotonergic class; 1 or 2 |
| CPT-I | 80333 | Antidepressants, serotonergic class; 3-5 |
| CPT-I | 80334 | Antidepressants, serotonergic class; 6 or more |
| CPT-I | 80335 | Antidepressants, tricyclic and other cyclicals; 1 or 2 |
| CPT-I | 80336 | Antidepressants, tricyclic and other cyclicals; 3-5 |
| CPT-I | 80337 | Antidepressants, tricyclic and other cyclicals; 6 or more |
| CPT-I | 80338 | Antidepressants, not otherwise specified |
| CPT-I | 80339 | Antiepileptics, not otherwise specified; 1-3 |
| CPT-I | 80340 | Antiepileptics, not otherwise specified; 4-6 |
| CPT-I | 80341 | Antiepileptics, not otherwise specified; 7 or more |
| CPT-I | 80342 | Antipsychotics, not otherwise specified; 1-3 |
| CPT-I | 80343 | Antipsychotics, not otherwise specified; 4-6 |
| CPT-I | 80344 | Antipsychotics, not otherwise specified; 7 or more |
| CPT-I | 80345 | Barbiturates |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 80346 | Benzodiazepines; 1-12 |
| CPT-I | 80347 | Benzodiazepines; 13 or more |
| CPT-I | 80348 | Buprenorphine |
| CPT-I | 80349 | Cannabinoids, natural |
| CPT-I | 80350 | Cannabinoids, synthetic; 1-3 |
| CPT-I | 80351 | Cannabinoids, synthetic; 4-6 |
| CPT-I | 80352 | Cannabinoids, synthetic; 7 or more |
| CPT-I | 80353 | Cocaine |
| CPT-I | 80354 | Fentanyl |
| CPT-I | 80355 | Gabapentin, non-blood |
| CPT-I | 80356 | Heroin metabolite |
| CPT-I | 80357 | Ketamine and norketamine |
| CPT-I | 80358 | Methadone |
| CPT-I | 80359 | Methylenedioxyamphetamines (MDA, MDEA, MDMA) |
| CPT-I | 80360 | Methylphenidate |
| CPT-I | 80361 | Opiates, 1 or more |
| CPT-I | 80362 | Opioids and opiate analogs; 1 or 2 |
| CPT-I | 80363 | Opioids and Opiate analogs; 3 or 4 |
| CPT-I | 80364 | Opioids and Opiate analogs; 5 or more |
| CPT-I | 80365 | Oxycodone |
| CPT-I | 80366 | Pregabalin |
| CPT-I | 80367 | Propoxyphene |
| CPT-I | 80368 | Sedative hypnotics (non-benzodiazepines) |
| CPT-I | 80369 | Skeletal muscle relaxants; 1 or 2 |
| CPT-I | 80370 | Skeletal muscle relaxants; 3 or more |
| CPT-I | 80371 | Stimulants, synthetic |
| CPT-I | 80372 | Tapentadol |
| CPT-I | 80373 | Tramadol |
| CPT-I | 80374 | Stereoisomer (enantiomer) analysis, single drug class |
| CPT-I | 80375 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 1-3 |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 80376 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 4-6 |
| CPT-I | 80377 | Drug(s) or substance(s), definitive, qualitative or quantitative, not otherwise specified; 7 or more |
| CPT-I | 80400 | ACTH stimulation panel; for adrenal insufficiency This panel must include the following: Cortisol (82533 x 2) |
| CPT-I | 80402 | ACTH stimulation panel; for 21 hydroxylase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxyprogesterone (83498 x 2) |
| CPT-I | 80406 | ACTH stimulation panel; for 3 beta-hydroxydehydrogenase deficiency This panel must include the following: Cortisol (82533 x 2) 17 hydroxypregnenolone (84143 x 2) |
| CPT-I | 80408 | Aldosterone suppression evaluation panel (eg, saline infusion) This panel must include the following: Aldosterone (82088 x 2) Renin (84244 x 2) |
| CPT-I | 80410 | Calcitonin stimulation panel (eg, calcium, pentagastrin) This panel must include the following: Calcitonin (82308 x 3) |
| CPT-I | 80412 | Corticotropin releasing hormone (CRH) stimulation panel This panel must include the following: Cortisol (82533 x 6) Adrenocorticotropin hormone (ACTH) (82024 x 6) |
| CPT-I | 80414 | Chorionic gonadotropin stimulation panel; testosterone response This panel must include the following: Testosterone (84403 x 2 on 3 pooled blood samples) |
| CPT-I | 80415 | Chorionic gonadotropin stimulation panel; estradiol response This panel must include the following: Estradiol, total (82670 x 2 on 3 pooled blood samples) |
| CPT-I | 80416 | Renal vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 6) |
| CPT-I | 80417 | Peripheral vein renin stimulation panel (eg, captopril) This panel must include the following: Renin (84244 x 2) |
| CPT-I | 80418 | Combined rapid anterior pituitary evaluation panel This panel must include the following: Adrenocorticotropin hormone (ACTH) (82024 x 4) Luteinizing hormone (LH) (83002 x 4) Follicle stimulating hormone (FSH) (83001 x 4) Prolactin (84146 x 4) Human growth hormone (HGH) (83003 x 4) Cortisol (82533 x 4) Thyroid stimulating hormone (TSH) (84443 x 4) |
| CPT-I | 80420 | Dexamethasone suppression panel, 48 hour This panel must include the following: Free cortisol, urine (82530 x 2) Cortisol (82533 x 2) Volume measurement for timed collection (81050 x 2) |
| CPT-I | 80422 | Glucagon tolerance panel; for insulinoma This panel must include the following: Glucose (82947 x 3) Insulin (83525 x 3) |
| CPT-I | 80424 | Glucagon tolerance panel; for pheochromocytoma This panel must include the following: Catecholamines, fractionated (82384 x 2) |



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|--------------|-------|--|
| CPT-I | 80426 | Gonadotropin releasing hormone stimulation panel This panel must include the following: Follicle stimulating hormone (FSH) (83001 x 4) Luteinizing hormone (LH) (83002 x 4) |
| CPT-I | 80428 | Growth hormone stimulation panel (eg, arginine infusion, l-dopa administration) This panel must include the following: Human growth hormone (HGH) (83003 x 4) |
| CPT-I | 80430 | Growth hormone suppression panel (glucose administration) This panel must include the following: Glucose (82947 x 3) Human growth hormone (HGH) (83003 x 4) |
| CPT-I | 80432 | Insulin-induced C-peptide suppression panel This panel must include the following: Insulin (83525) C-peptide (84681 x 5) Glucose (82947 x 5) |
| CPT-I | 80434 | Insulin tolerance panel; for ACTH insufficiency This panel must include the following: Cortisol (82533 x 5) Glucose (82947 x 5) |
| CPT-I | 80435 | Insulin tolerance panel; for growth hormone deficiency This panel must include the following: Glucose (82947 x 5) Human growth hormone (HGH) (83003 x 5) |
| CPT-I | 80436 | Metyrapone panel This panel must include the following: Cortisol (82533 x 2) 11 deoxycortisol (82634 x 2) |
| CPT-I | 80438 | Thyrotropin releasing hormone (TRH) stimulation panel; 1 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 3) |
| CPT-I | 80439 | Thyrotropin releasing hormone (TRH) stimulation panel; 2 hour This panel must include the following: Thyroid stimulating hormone (TSH) (84443 x 4) |
| CPT-I | 80503 | Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation. |
| CPT-I | 80504 | Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation. |
| CPT-I | 80505 | Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation. |
| CPT-I | 80506 | Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure) |
| CPT-I | 81000 | Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy |



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|--------------|-------|--|
| CPT-I | 81001 | Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, with microscopy |
| CPT-I | 81002 | Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy |
| CPT-I | 81003 | Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; automated, without microscopy |
| CPT-I | 81005 | Urinalysis; qualitative or semiquantitative, except immunoassays |
| CPT-I | 81007 | Urinalysis; bacteriuria screen, except by culture or dipstick |
| CPT-I | 81015 | Urinalysis; microscopic only |
| CPT-I | 81020 | Urinalysis; 2 or 3 glass test |
| CPT-I | 81025 | Urine pregnancy test, by visual color comparison methods |
| CPT-I | 81050 | Volume measurement for timed collection, each |
| CPT-I | 81329 | SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed |
| CPT-I | 81381 | HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each |
| CPT-I | 81420 | Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromosomes 13, 18, and 21 |
| CPT-I | 81511 | Fetal congenital abnormalities, biochemical assays of four analytes (AFP, uE3, hCG [any form], DIA) utilizing maternal serum, algorithm reported as a risk score (may include additional results from previous biochemical testing) |
| CPT-I | 81513 | Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for Atopobium vaginae, Gardnerella vaginalis, and Lactobacillus species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis |
| CPT-I | 81514 | Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for Gardnerella vaginalis, Atopobium vaginae, Megasphaera type 1, Bacterial Vaginosis Associated Bacteria-2 (BVAB-2), and Lactobacillus species (L. crispatus and L. jensenii), utilizing vaginal-fluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of Trichomonas vaginalis and/or Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis), Candida glabrata, Candida krusei, when reported |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 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 |
| CPT-I | 81596 | Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver |
| CPT-I | 82009 | Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); qualitative |
| CPT-I | 82010 | Ketone body(s) (eg, acetone, acetoacetic acid, beta-hydroxybutyrate); quantitative |
| CPT-I | 82013 | Acetylcholinesterase |
| CPT-I | 82016 | Acylcarnitines; qualitative, each specimen |
| CPT-I | 82017 | Acylcarnitines; quantitative, each specimen |
| CPT-I | 82024 | Adrenocorticotrophic hormone (ACTH) |
| CPT-I | 82030 | Adenosine, 5-monophosphate, cyclic (cyclic AMP) |
| CPT-I | 82040 | Albumin; serum, plasma or whole blood |
| CPT-I | 82042 | Albumin; other source, quantitative, each specimen |
| CPT-I | 82043 | Albumin; urine (eg, microalbumin), quantitative |
| CPT-I | 82044 | Albumin; urine (eg, microalbumin), semiquantitative (eg, reagent strip assay) |
| CPT-I | 82045 | Albumin; ischemia modified |
| CPT-I | 82075 | Alcohol (ethanol); breath |
| CPT-I | 82077 | Alcohol (ethanol); any specimen except urine and breath, immunoassay (eg, IA, EIA, ELISA, RIA, EMIT, FPIA) and enzymatic methods (eg, alcohol dehydrogenase) |
| CPT-I | 82085 | Aldolase |
| CPT-I | 82088 | Aldosterone |
| CPT-I | 82103 | Alpha-1-antitrypsin; total |
| CPT-I | 82104 | Alpha-1-antitrypsin; phenotype |
| CPT-I | 82105 | Alpha-fetoprotein (AFP); serum |
| CPT-I | 82106 | Alpha-fetoprotein (AFP); amniotic fluid |
| CPT-I | 82107 | Alpha-fetoprotein (AFP); AFP-L3 fraction isoform and total AFP (including ratio) |
| CPT-I | 82108 | Aluminum |
| CPT-I | 82120 | Amines, vaginal fluid, qualitative |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 82127 | Amino acids; single, qualitative, each specimen |
| CPT-I | 82128 | Amino acids; multiple, qualitative, each specimen |
| CPT-I | 82131 | Amino acids; single, quantitative, each specimen |
| CPT-I | 82135 | Aminolevulinic acid, delta (ALA) |
| CPT-I | 82136 | Amino acids, 2 to 5 amino acids, quantitative, each specimen |
| CPT-I | 82139 | Amino acids, 6 or more amino acids, quantitative, each specimen |
| CPT-I | 82140 | Ammonia |
| CPT-I | 82143 | Amniotic fluid scan (spectrophotometric) |
| CPT-I | 82150 | Amylase |
| CPT-I | 82154 | Androstenediol glucuronide |
| CPT-I | 82157 | Androstenedione |
| CPT-I | 82160 | Androsterone |
| CPT-I | 82163 | Angiotensin II |
| CPT-I | 82164 | Angiotensin I - converting enzyme (ACE) |
| CPT-I | 82172 | Apolipoprotein, each |
| CPT-I | 82175 | Arsenic |
| CPT-I | 82180 | Ascorbic acid (Vitamin C), blood |
| CPT-I | 82190 | Atomic absorption spectroscopy, each analyte |
| CPT-I | 82232 | Beta-2 microglobulin |
| CPT-I | 82239 | Bile acids; total |
| CPT-I | 82240 | Bile acids; cholyglycine |
| CPT-I | 82247 | Bilirubin; total |
| CPT-I | 82248 | Bilirubin; direct |
| CPT-I | 82252 | Bilirubin; feces, qualitative |
| CPT-I | 82261 | Biotinidase, each specimen |
| CPT-I | 82270 | Blood, occult, by peroxidase activity (eg, guaiac), qualitative; feces, consecutive collected specimens with single determination, for colorectal neoplasm screening (ie, patient was provided 3 cards or single triple card for consecutive collection) |
| CPT-I | 82271 | Blood, occult, by peroxidase activity (eg, guaiac), qualitative; other sources |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 82272 | Blood, occult, by peroxidase activity (eg, guaiac), qualitative, feces, 1-3 simultaneous determinations, performed for other than colorectal neoplasm screening |
| CPT-I | 82274 | Blood, occult, by fecal hemoglobin determination by immunoassay, qualitative, feces, 1-3 simultaneous determinations |
| CPT-I | 82286 | Bradykinin |
| CPT-I | 82300 | Cadmium |
| CPT-I | 82306 | Vitamin D; 25 hydroxy, includes fraction(s), if performed |
| CPT-I | 82308 | Calcitonin |
| CPT-I | 82310 | Calcium; total |
| CPT-I | 82330 | Calcium; ionized |
| CPT-I | 82331 | Calcium; after calcium infusion test |
| CPT-I | 82340 | Calcium; urine quantitative, timed specimen |
| CPT-I | 82355 | Calculus; qualitative analysis |
| CPT-I | 82360 | Calculus; quantitative analysis, chemical |
| CPT-I | 82365 | Calculus; infrared spectroscopy |
| CPT-I | 82370 | Calculus; X-ray diffraction |
| CPT-I | 82373 | Carbohydrate deficient transferrin |
| CPT-I | 82374 | Carbon dioxide (bicarbonate) |
| CPT-I | 82375 | Carboxyhemoglobin; quantitative |
| CPT-I | 82376 | Carboxyhemoglobin; qualitative |
| CPT-I | 82378 | Carcinoembryonic antigen (CEA) |
| CPT-I | 82379 | Carnitine (total and free), quantitative, each specimen |
| CPT-I | 82380 | Carotene |
| CPT-I | 82382 | Catecholamines; total urine |
| CPT-I | 82383 | Catecholamines; blood |
| CPT-I | 82384 | Catecholamines; fractionated |
| CPT-I | 82387 | Cathepsin-D |
| CPT-I | 82390 | Ceruloplasmin |
| CPT-I | 82397 | Chemiluminescent assay |
| CPT-I | 82415 | Chloramphenicol |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 82435 | Chloride; blood |
| CPT-I | 82436 | Chloride; urine |
| CPT-I | 82438 | Chloride; other source |
| CPT-I | 82441 | Chlorinated hydrocarbons, screen |
| CPT-I | 82465 | Cholesterol, serum or whole blood, total |
| CPT-I | 82480 | Cholinesterase; serum |
| CPT-I | 82482 | Cholinesterase; RBC |
| CPT-I | 82485 | Chondroitin B sulfate, quantitative |
| CPT-I | 82495 | Chromium |
| CPT-I | 82507 | Citrate |
| CPT-I | 82523 | Collagen cross links, any method |
| CPT-I | 82525 | Copper |
| CPT-I | 82528 | Corticosterone |
| CPT-I | 82530 | Cortisol; free |
| CPT-I | 82533 | Cortisol; total |
| CPT-I | 82540 | Creatine |
| CPT-I | 82542 | Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen |
| CPT-I | 82550 | Creatine kinase (CK), (CPK); total |
| CPT-I | 82552 | Creatine kinase (CK), (CPK); isoenzymes |
| CPT-I | 82553 | Creatine kinase (CK), (CPK); MB fraction only |
| CPT-I | 82554 | Creatine kinase (CK), (CPK); isoforms |
| CPT-I | 82565 | Creatinine; blood |
| CPT-I | 82570 | Creatinine; other source |
| CPT-I | 82575 | Creatinine; clearance |
| CPT-I | 82585 | Cryofibrinogen |
| CPT-I | 82595 | Cryoglobulin, qualitative or semi-quantitative (eg, cryocrit) |
| CPT-I | 82600 | Cyanide |
| CPT-I | 82607 | Cyanocobalamin (Vitamin B-12) |



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|--------------|-------|---|
| CPT-I | 82608 | Cyanocobalamin (Vitamin B-12); unsaturated binding capacity |
| CPT-I | 82610 | Cystatin C |
| CPT-I | 82615 | Cystine and homocystine, urine, qualitative |
| CPT-I | 82626 | Dehydroepiandrosterone (DHEA) |
| CPT-I | 82627 | Dehydroepiandrosterone-sulfate (DHEA-S) |
| CPT-I | 82633 | Desoxycorticosterone, 11- |
| CPT-I | 82634 | Deoxycortisol, 11- |
| CPT-I | 82638 | Dibucaine number |
| CPT-I | 82642 | Dihydrotestosterone (DHT) |
| CPT-I | 82652 | Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed |
| CPT-I | 82656 | Elastase, pancreatic (EL-1), fecal; qualitative or semi-quantitative |
| CPT-I | 82657 | Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; nonradioactive substrate, each specimen |
| CPT-I | 82658 | Enzyme activity in blood cells, cultured cells, or tissue, not elsewhere specified; radioactive substrate, each specimen |
| CPT-I | 82664 | Electrophoretic technique, not elsewhere specified |
| CPT-I | 82668 | Erythropoietin |
| CPT-I | 82670 | Estradiol; total |
| CPT-I | 82671 | Estrogens; fractionated |
| CPT-I | 82672 | Estrogens; total |
| CPT-I | 82677 | Estriol |
| CPT-I | 82679 | Estrone |
| CPT-I | 82681 | Estradiol; free, direct measurement (eg, equilibrium dialysis) |
| CPT-I | 82693 | Ethylene glycol |
| CPT-I | 82696 | Etiocholanolone |
| CPT-I | 82705 | Fat or lipids, feces; qualitative |
| CPT-I | 82710 | Fat or lipids, feces; quantitative |
| CPT-I | 82715 | Fat differential, feces, quantitative |
| CPT-I | 82725 | Fatty acids, nonesterified |
| CPT-I | 82726 | Very long chain fatty acids |



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|--------------|-------|---|
| CPT-I | 82728 | Ferritin |
| CPT-I | 82731 | Fetal fibronectin, cervicovaginal secretions, semi-quantitative |
| CPT-I | 82735 | Fluoride |
| CPT-I | 82746 | Folic acid; serum |
| CPT-I | 82747 | Folic acid; RBC |
| CPT-I | 82757 | Fructose, semen |
| CPT-I | 82759 | Galactokinase, RBC |
| CPT-I | 82760 | Galactose |
| CPT-I | 82775 | Galactose-1-phosphate uridyl transferase; quantitative |
| CPT-I | 82776 | Galactose-1-phosphate uridyl transferase; screen |
| CPT-I | 82777 | Galectin-3 |
| CPT-I | 82784 | Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each |
| CPT-I | 82787 | Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each |
| CPT-I | 82800 | Gases, blood, pH only |
| CPT-I | 82803 | Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation) |
| CPT-I | 82805 | Gases, blood, any combination of pH, pCO ₂ , pO ₂ , CO ₂ , HCO ₃ (including calculated O ₂ saturation); with O ₂ saturation, by direct measurement, except pulse oximetry |
| CPT-I | 82810 | Gases, blood, O ₂ saturation only, by direct measurement, except pulse oximetry |
| CPT-I | 82820 | Hemoglobin-oxygen affinity (pO ₂ for 50% hemoglobin saturation with oxygen) |
| CPT-I | 82930 | Gastric acid analysis, includes pH if performed, each specimen |
| CPT-I | 82938 | Gastrin after secretin stimulation |
| CPT-I | 82941 | Gastrin |
| CPT-I | 82943 | Glucagon |
| CPT-I | 82945 | Glucose, body fluid, other than blood |
| CPT-I | 82946 | Glucagon tolerance test |
| CPT-I | 82947 | Glucose; quantitative, blood (except reagent strip) |
| CPT-I | 82948 | Glucose; blood, reagent strip |
| CPT-I | 82950 | Glucose; post glucose dose (includes glucose) |
| CPT-I | 82951 | Glucose; tolerance test (GTT), 3 specimens (includes glucose) |



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|--------------|-------|---|
| CPT-I | 82952 | Glucose; tolerance test, each additional beyond 3 specimens (List separately in addition to code for primary procedure) |
| CPT-I | 82955 | Glucose-6-phosphate dehydrogenase (G6PD); quantitative |
| CPT-I | 82960 | Glucose-6-phosphate dehydrogenase (G6PD); screen |
| CPT-I | 82962 | Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically for home use |
| CPT-I | 82963 | Glucosidase, beta |
| CPT-I | 82965 | Glutamate dehydrogenase |
| CPT-I | 82977 | Glutamyltransferase, gamma (GGT) |
| CPT-I | 82978 | Glutathione |
| CPT-I | 82979 | Glutathione reductase, RBC |
| CPT-I | 82985 | Glycated protein |
| CPT-I | 83001 | Gonadotropin; follicle stimulating hormone (FSH) |
| CPT-I | 83002 | Gonadotropin; luteinizing hormone (LH) |
| CPT-I | 83003 | Growth hormone, human (HGH) (somatotropin) |
| CPT-I | 83009 | Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, C-13) |
| CPT-I | 83010 | Haptoglobin; quantitative |
| CPT-I | 83012 | Haptoglobin; phenotypes |
| CPT-I | 83013 | Helicobacter pylori; breath test analysis for urease activity, non-radioactive isotope (eg, C-13) |
| CPT-I | 83014 | Helicobacter pylori; drug administration |
| CPT-I | 83015 | Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); qualitative, any number of analytes |
| CPT-I | 83018 | Heavy metal (eg, arsenic, barium, beryllium, bismuth, antimony, mercury); quantitative, each, not elsewhere specified |
| CPT-I | 83020 | Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F) |
| CPT-I | 83021 | Hemoglobin fractionation and quantitation; chromatography (eg, A2, S, C, and/or F) |
| CPT-I | 83026 | Hemoglobin; by copper sulfate method, non-automated |
| CPT-I | 83030 | Hemoglobin; F (fetal), chemical |
| CPT-I | 83033 | Hemoglobin; F (fetal), qualitative |
| CPT-I | 83036 | Hemoglobin; glycosylated (A1C) |
| CPT-I | 83045 | Hemoglobin; methemoglobin, qualitative |



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|--------------|-------|---|
| CPT-I | 83050 | Hemoglobin; methemoglobin, quantitative |
| CPT-I | 83051 | Hemoglobin; plasma |
| CPT-I | 83060 | Hemoglobin; sulfhemoglobin, quantitative |
| CPT-I | 83065 | Hemoglobin; thermolabile |
| CPT-I | 83068 | Hemoglobin; unstable, screen |
| CPT-I | 83069 | Hemoglobin; urine |
| CPT-I | 83070 | Hemosiderin, qualitative |
| CPT-I | 83080 | b-Hexosaminidase, each assay |
| CPT-I | 83088 | Histamine |
| CPT-I | 83090 | Homocysteine |
| CPT-I | 83150 | Homovanillic acid (HVA) |
| CPT-I | 83491 | Hydroxycorticosteroids, 17- (17-OHCS) |
| CPT-I | 83497 | Hydroxyindolacetic acid, 5-(HIAA) |
| CPT-I | 83498 | Hydroxyprogesterone, 17-d |
| CPT-I | 83500 | Hydroxyproline; free |
| CPT-I | 83505 | Hydroxyproline; total |
| CPT-I | 83516 | Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method |
| CPT-I | 83518 | Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, single step method (eg, reagent strip) |
| CPT-I | 83519 | Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoassay (eg, RIA) |
| CPT-I | 83520 | Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified |
| CPT-I | 83525 | Insulin; total |
| CPT-I | 83527 | Insulin; free |
| CPT-I | 83528 | Intrinsic factor |
| CPT-I | 83540 | Iron |
| CPT-I | 83550 | Iron binding capacity |
| CPT-I | 83570 | Isocitric dehydrogenase (IDH) |



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|--------------|-------|---|
| CPT-I | 83582 | Ketogenic steroids, fractionation |
| CPT-I | 83586 | Ketosteroids, 17- (17-KS); total |
| CPT-I | 83593 | Ketosteroids, 17- (17-KS); fractionation |
| CPT-I | 83605 | Lactate (lactic acid) |
| CPT-I | 83615 | Lactate dehydrogenase (LD), (LDH) |
| CPT-I | 83625 | Lactate dehydrogenase (LD), (LDH); isoenzymes, separation and quantitation |
| CPT-I | 83630 | Lactoferrin, fecal; qualitative |
| CPT-I | 83631 | Lactoferrin, fecal; quantitative |
| CPT-I | 83632 | Lactogen, human placental (HPL) human chorionic somatomammotropin |
| CPT-I | 83633 | Lactose, urine, qualitative |
| CPT-I | 83655 | Lead |
| CPT-I | 83661 | Fetal lung maturity assessment; lecithin sphingomyelin (L/S) ratio |
| CPT-I | 83662 | Fetal lung maturity assessment; foam stability test |
| CPT-I | 83663 | Fetal lung maturity assessment; fluorescence polarization |
| CPT-I | 83664 | Fetal lung maturity assessment; lamellar body density |
| CPT-I | 83670 | Leucine aminopeptidase (LAP) |
| CPT-I | 83690 | Lipase |
| CPT-I | 83695 | Lipoprotein (a) |
| CPT-I | 83700 | Lipoprotein, blood; electrophoretic separation and quantitation |
| CPT-I | 83701 | Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation) |
| CPT-I | 83704 | Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed |
| CPT-I | 83718 | Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol) |
| CPT-I | 83719 | Lipoprotein, direct measurement; VLDL cholesterol |
| CPT-I | 83721 | Lipoprotein, direct measurement; LDL cholesterol |
| CPT-I | 83722 | Lipoprotein, direct measurement; small dense LDL cholesterol |
| CPT-I | 83727 | Luteinizing releasing factor (LRH) |
| CPT-I | 83735 | Magnesium |
| CPT-I | 83775 | Malate dehydrogenase |



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|--------------|-------|--|
| CPT-I | 83785 | Manganese |
| CPT-I | 83789 | Mass spectrometry and tandem mass spectrometry (eg, MS, MS/MS, MALDI, MS-TOF, QTOF), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen |
| CPT-I | 83825 | Mercury, quantitative |
| CPT-I | 83835 | Metanephrines |
| CPT-I | 83857 | Methemalbumin |
| CPT-I | 83861 | Microfluidic analysis utilizing an integrated collection and analysis device, tear osmolarity |
| CPT-I | 83864 | Mucopolysaccharides, acid, quantitative |
| CPT-I | 83872 | Mucin, synovial fluid (Ropes test) |
| CPT-I | 83873 | Myelin basic protein, cerebrospinal fluid |
| CPT-I | 83874 | Myoglobin |
| CPT-I | 83880 | Natriuretic peptide |
| CPT-I | 83883 | Nephelometry, each analyte not elsewhere specified |
| CPT-I | 83885 | Nickel |
| CPT-I | 83915 | Nucleotidase 5'- |
| CPT-I | 83916 | Oligoclonal immune (oligoclonal bands) |
| CPT-I | 83918 | Organic acids; total, quantitative, each specimen |
| CPT-I | 83919 | Organic acids; qualitative, each specimen |
| CPT-I | 83921 | Organic acid, single, quantitative |
| CPT-I | 83930 | Osmolality; blood |
| CPT-I | 83935 | Osmolality; urine |
| CPT-I | 83937 | Osteocalcin (bone gla protein) |
| CPT-I | 83945 | Oxalate |
| CPT-I | 83950 | Oncoprotein; HER-2/neu |
| CPT-I | 83951 | Oncoprotein; des-gamma-carboxy-prothrombin (DCP) |
| CPT-I | 83970 | Parathormone (parathyroid hormone) |
| CPT-I | 83986 | pH; body fluid, not otherwise specified |
| CPT-I | 83987 | pH; exhaled breath condensate |
| CPT-I | 83992 | Phencyclidine (PCP) |
| CPT-I | 83993 | Calprotectin, fecal |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 84030 | Phenylalanine (PKU), blood |
| CPT-I | 84035 | Phenylketones, qualitative |
| CPT-I | 84060 | Phosphatase, acid; total |
| CPT-I | 84066 | Phosphatase, acid; prostatic |
| CPT-I | 84075 | Phosphatase, alkaline |
| CPT-I | 84078 | Phosphatase, alkaline; heat stable (total not included) |
| CPT-I | 84080 | Phosphatase, alkaline; isoenzymes |
| CPT-I | 84081 | Phosphatidylglycerol |
| CPT-I | 84085 | Phosphogluconate, 6-, dehydrogenase, RBC |
| CPT-I | 84087 | Phosphohexose isomerase |
| CPT-I | 84100 | Phosphorus inorganic (phosphate) |
| CPT-I | 84105 | Phosphorus inorganic (phosphate); urine |
| CPT-I | 84106 | Porphobilinogen, urine; qualitative |
| CPT-I | 84110 | Porphobilinogen, urine; quantitative |
| CPT-I | 84112 | Evaluation of cervicovaginal fluid for specific amniotic fluid protein(s) (eg, placental alpha microglobulin-1 [PAMG-1], placental protein 12 [PP12], alpha-fetoprotein), qualitative, each specimen |
| CPT-I | 84119 | Porphyrins, urine; qualitative |
| CPT-I | 84120 | Porphyrins, urine; quantitation and fractionation |
| CPT-I | 84126 | Porphyrins, feces, quantitative |
| CPT-I | 84132 | Potassium; serum, plasma or whole blood |
| CPT-I | 84133 | Potassium; urine |
| CPT-I | 84134 | Prealbumin |
| CPT-I | 84135 | Pregnanediol |
| CPT-I | 84138 | Pregnanetriol |
| CPT-I | 84140 | Pregnenolone |
| CPT-I | 84143 | 17-hydroxypregnenolone |
| CPT-I | 84144 | Progesterone |
| CPT-I | 84145 | Procalcitonin (PCT) |
| CPT-I | 84146 | Prolactin |
| CPT-I | 84150 | Prostaglandin, each |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 84152 | Prostate specific antigen (PSA); complexed (direct measurement) |
| CPT-I | 84153 | Prostate specific antigen (PSA); total |
| CPT-I | 84154 | Prostate specific antigen (PSA); free |
| CPT-I | 84155 | Protein, total, except by refractometry; serum, plasma or whole blood |
| CPT-I | 84156 | Protein, total, except by refractometry; urine |
| CPT-I | 84157 | Protein, total, except by refractometry; other source (eg, synovial fluid, cerebrospinal fluid) |
| CPT-I | 84160 | Protein, total, by refractometry, any source |
| CPT-I | 84163 | Pregnancy-associated plasma protein-A (PAPP-A) |
| CPT-I | 84165 | Protein; electrophoretic fractionation and quantitation, serum |
| CPT-I | 84166 | Protein; electrophoretic fractionation and quantitation, other fluids with concentration (eg, urine, CSF) |
| CPT-I | 84181 | Protein; Western Blot, with interpretation and report, blood or other body fluid |
| CPT-I | 84182 | Protein; Western Blot, with interpretation and report, blood or other body fluid, immunological probe for band identification, each |
| CPT-I | 84202 | Protoporphyrin, RBC; quantitative |
| CPT-I | 84203 | Protoporphyrin, RBC; screen |
| CPT-I | 84206 | Proinsulin |
| CPT-I | 84207 | Pyridoxal phosphate (Vitamin B-6) |
| CPT-I | 84210 | Pyruvate |
| CPT-I | 84220 | Pyruvate kinase |
| CPT-I | 84228 | Quinine |
| CPT-I | 84233 | Receptor assay; estrogen |
| CPT-I | 84234 | Receptor assay; progesterone |
| CPT-I | 84235 | Receptor assay; endocrine, other than estrogen or progesterone (specify hormone) |
| CPT-I | 84238 | Receptor assay; non-endocrine (specify receptor) |
| CPT-I | 84244 | Renin |
| CPT-I | 84252 | Riboflavin (Vitamin B-2) |
| CPT-I | 84255 | Selenium |
| CPT-I | 84260 | Serotonin |
| CPT-I | 84270 | Sex hormone binding globulin (SHBG) |
| CPT-I | 84275 | Sialic acid |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 84285 | Silica |
| CPT-I | 84295 | Sodium; serum, plasma or whole blood |
| CPT-I | 84300 | Sodium; urine |
| CPT-I | 84302 | Sodium; other source |
| CPT-I | 84305 | Somatomedin |
| CPT-I | 84307 | Somatostatin |
| CPT-I | 84311 | Spectrophotometry, analyte not elsewhere specified |
| CPT-I | 84315 | Specific gravity (except urine) |
| CPT-I | 84375 | Sugars, chromatographic, TLC or paper chromatography |
| CPT-I | 84376 | Sugars (mono-, di-, and oligosaccharides); single qualitative, each specimen |
| CPT-I | 84377 | Sugars (mono-, di-, and oligosaccharides); multiple qualitative, each specimen |
| CPT-I | 84378 | Sugars (mono-, di-, and oligosaccharides); single quantitative, each specimen |
| CPT-I | 84379 | Sugars (mono-, di-, and oligosaccharides); multiple quantitative, each specimen |
| CPT-I | 84392 | Sulfate, urine |
| CPT-I | 84402 | Testosterone; free |
| CPT-I | 84403 | Testosterone; total |
| CPT-I | 84410 | Testosterone; bioavailable, direct measurement (eg, differential precipitation) |
| CPT-I | 84425 | Thiamine (Vitamin B-1) |
| CPT-I | 84430 | Thiocyanate |
| CPT-I | 84431 | Thromboxane metabolite(s), including thromboxane if performed, urine |
| CPT-I | 84432 | Thyroglobulin |
| CPT-I | 84436 | Thyroxine; total |
| CPT-I | 84437 | Thyroxine; requiring elution (eg, neonatal) |
| CPT-I | 84439 | Thyroxine; free |
| CPT-I | 84442 | Thyroxine binding globulin (TBG) |
| CPT-I | 84443 | Thyroid stimulating hormone (TSH) |
| CPT-I | 84445 | Thyroid stimulating immune globulins (TSI) |
| CPT-I | 84446 | Tocopherol alpha (Vitamin E) |
| CPT-I | 84449 | Transcortin (cortisol binding globulin) |
| CPT-I | 84450 | Transferase; aspartate amino (AST) (SGOT) |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 84460 | Transferase; alanine amino (ALT) (SGPT) |
| CPT-I | 84466 | Transferrin |
| CPT-I | 84478 | Triglycerides |
| CPT-I | 84479 | Thyroid hormone (T3 or T4) uptake or thyroid hormone binding ratio (THBR) |
| CPT-I | 84480 | Triiodothyronine T3; total (TT-3) |
| CPT-I | 84481 | Triiodothyronine T3; free |
| CPT-I | 84482 | Triiodothyronine T3; reverse |
| CPT-I | 84484 | Troponin, quantitative |
| CPT-I | 84485 | Trypsin; duodenal fluid |
| CPT-I | 84488 | Trypsin; feces, qualitative |
| CPT-I | 84490 | Trypsin; feces, quantitative, 24-hour collection |
| CPT-I | 84510 | Tyrosine |
| CPT-I | 84512 | Troponin, qualitative |
| CPT-I | 84520 | Urea nitrogen; quantitative |
| CPT-I | 84525 | Urea nitrogen; semiquantitative (eg, reagent strip test) |
| CPT-I | 84540 | Urea nitrogen, urine |
| CPT-I | 84545 | Urea nitrogen, clearance |
| CPT-I | 84550 | Uric acid; blood |
| CPT-I | 84560 | Uric acid; other source |
| CPT-I | 84577 | Urobilinogen, feces, quantitative |
| CPT-I | 84578 | Urobilinogen, urine; qualitative |
| CPT-I | 84580 | Urobilinogen, urine; quantitative, timed specimen |
| CPT-I | 84583 | Urobilinogen, urine; semiquantitative |
| CPT-I | 84585 | Vanillylmandelic acid (VMA), urine |
| CPT-I | 84586 | Vasoactive intestinal peptide (VIP) |
| CPT-I | 84588 | Vasopressin (antidiuretic hormone, ADH) |
| CPT-I | 84590 | Vitamin A |
| CPT-I | 84591 | Vitamin, not otherwise specified |
| CPT-I | 84597 | Vitamin K |
| CPT-I | 84600 | Volatiles (eg, acetic anhydride, diethylether) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 84620 | Xylose absorption test, blood and/or urine |
| CPT-I | 84630 | Zinc |
| CPT-I | 84681 | C-peptide |
| CPT-I | 84702 | Gonadotropin, chorionic (hCG); quantitative |
| CPT-I | 84703 | Gonadotropin, chorionic (hCG); qualitative |
| CPT-I | 84704 | Gonadotropin, chorionic (hCG); free beta chain |
| CPT-I | 84830 | Ovulation tests, by visual color comparison methods for human luteinizing hormone |
| CPT-I | 85002 | Bleeding time |
| CPT-I | 85004 | Blood count; automated differential WBC count |
| CPT-I | 85007 | Blood count; blood smear, microscopic examination with manual differential WBC count |
| CPT-I | 85008 | Blood count; blood smear, microscopic examination without manual differential WBC count |
| CPT-I | 85009 | Blood count; manual differential WBC count, buffy coat |
| CPT-I | 85013 | Blood count; spun microhematocrit |
| CPT-I | 85014 | Blood count; hematocrit (Hct) |
| CPT-I | 85018 | Blood count; hemoglobin (Hgb) |
| CPT-I | 85025 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count |
| CPT-I | 85027 | Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) |
| CPT-I | 85032 | Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each |
| CPT-I | 85041 | Blood count; red blood cell (RBC), automated |
| CPT-I | 85044 | Blood count; reticulocyte, manual |
| CPT-I | 85045 | Blood count; reticulocyte, automated |
| CPT-I | 85046 | Blood count; reticulocytes, automated, including 1 or more cellular parameters (eg, reticulocyte hemoglobin content [ChR], immature reticulocyte fraction [IRF], reticulocyte volume [MRV], RNA content), direct measurement |
| CPT-I | 85048 | Blood count; leukocyte (WBC), automated |
| CPT-I | 85049 | Blood count; platelet, automated |
| CPT-I | 85055 | Reticulated platelet assay |
| CPT-I | 85060 | Blood smear, peripheral, interpretation by physician with written report |
| CPT-I | 85097 | Bone marrow, smear interpretation |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 85130 | Chromogenic substrate assay |
| CPT-I | 85170 | Clot retraction |
| CPT-I | 85175 | Clot lysis time, whole blood dilution |
| CPT-I | 85210 | Clotting; factor II, prothrombin, specific |
| CPT-I | 85220 | Clotting; factor V (AcG or proaccelerin), labile factor |
| CPT-I | 85230 | Clotting; factor VII (proconvertin, stable factor) |
| CPT-I | 85240 | Clotting; factor VIII (AHG), 1-stage |
| CPT-I | 85244 | Clotting; factor VIII related antigen |
| CPT-I | 85245 | Clotting; factor VIII, VW factor, ristocetin cofactor |
| CPT-I | 85246 | Clotting; factor VIII, VW factor antigen |
| CPT-I | 85247 | Clotting; factor VIII, von Willebrand factor, multimetric analysis |
| CPT-I | 85250 | Clotting; factor IX (PTC or Christmas) |
| CPT-I | 85260 | Clotting; factor X (Stuart-Prower) |
| CPT-I | 85270 | Clotting; factor XI (PTA) |
| CPT-I | 85280 | Clotting; factor XII (Hageman) |
| CPT-I | 85290 | Clotting; factor XIII (fibrin stabilizing) |
| CPT-I | 85291 | Clotting; factor XIII (fibrin stabilizing), screen solubility |
| CPT-I | 85292 | Clotting; prekallikrein assay (Fletcher factor assay) |
| CPT-I | 85293 | Clotting; high molecular weight kininogen assay (Fitzgerald factor assay) |
| CPT-I | 85300 | Clotting inhibitors or anticoagulants; antithrombin III, activity |
| CPT-I | 85301 | Clotting inhibitors or anticoagulants; antithrombin III, antigen assay |
| CPT-I | 85302 | Clotting inhibitors or anticoagulants; protein C, antigen |
| CPT-I | 85303 | Clotting inhibitors or anticoagulants; protein C, activity |
| CPT-I | 85305 | Clotting inhibitors or anticoagulants; protein S, total |
| CPT-I | 85306 | Clotting inhibitors or anticoagulants; protein S, free |
| CPT-I | 85307 | Activated Protein C (APC) resistance assay |
| CPT-I | 85335 | Factor inhibitor test |
| CPT-I | 85337 | Thrombomodulin |
| CPT-I | 85345 | Coagulation time; Lee and White |
| CPT-I | 85347 | Coagulation time; activated |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 85348 | Coagulation time; other methods |
| CPT-I | 85360 | Euglobulin lysis |
| CPT-I | 85362 | Fibrin(ogen) degradation (split) products (FDP) (FSP); agglutination slide, semiquantitative |
| CPT-I | 85366 | Fibrin(ogen) degradation (split) products (FDP) (FSP); paracoagulation |
| CPT-I | 85370 | Fibrin(ogen) degradation (split) products (FDP) (FSP); quantitative |
| CPT-I | 85378 | Fibrin degradation products, D-dimer; qualitative or semiquantitative |
| CPT-I | 85379 | Fibrin degradation products, D-dimer; quantitative |
| CPT-I | 85380 | Fibrin degradation products, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism), qualitative or semiquantitative |
| CPT-I | 85384 | Fibrinogen; activity |
| CPT-I | 85385 | Fibrinogen; antigen |
| CPT-I | 85390 | Fibrinolysins or coagulopathy screen, interpretation and report |
| CPT-I | 85396 | Coagulation/fibrinolysis assay, whole blood (eg, viscoelastic clot assessment), including use of any pharmacologic additive(s), as indicated, including interpretation and written report, per day |
| CPT-I | 85397 | Coagulation and fibrinolysis, functional activity, not otherwise specified (eg, ADAMTS-13), each analyte |
| CPT-I | 85400 | Fibrinolytic factors and inhibitors; plasmin |
| CPT-I | 85410 | Fibrinolytic factors and inhibitors; alpha-2 antiplasmin |
| CPT-I | 85415 | Fibrinolytic factors and inhibitors; plasminogen activator |
| CPT-I | 85420 | Fibrinolytic factors and inhibitors; plasminogen, except antigenic assay |
| CPT-I | 85421 | Fibrinolytic factors and inhibitors; plasminogen, antigenic assay |
| CPT-I | 85441 | Heinz bodies; direct |
| CPT-I | 85445 | Heinz bodies; induced, acetyl phenylhydrazine |
| CPT-I | 85460 | Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; differential lysis (Kleihauer-Betke) |
| CPT-I | 85461 | Hemoglobin or RBCs, fetal, for fetomaternal hemorrhage; rosette |
| CPT-I | 85475 | Hemolysin, acid |
| CPT-I | 85520 | Heparin assay |
| CPT-I | 85525 | Heparin neutralization |
| CPT-I | 85530 | Heparin-protamine tolerance test |
| CPT-I | 85536 | Iron stain, peripheral blood |
| CPT-I | 85540 | Leukocyte alkaline phosphatase with count |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 85547 | Mechanical fragility, RBC |
| CPT-I | 85549 | Muramidase |
| CPT-I | 85555 | Osmotic fragility, RBC; unincubated |
| CPT-I | 85557 | Osmotic fragility, RBC; incubated |
| CPT-I | 85576 | Platelet, aggregation (in vitro), each agent |
| CPT-I | 85597 | Phospholipid neutralization; platelet |
| CPT-I | 85598 | Phospholipid neutralization; hexagonal phospholipid |
| CPT-I | 85610 | Prothrombin time |
| CPT-I | 85611 | Prothrombin time; substitution, plasma fractions, each |
| CPT-I | 85612 | Russell viper venom time (includes venom); undiluted |
| CPT-I | 85613 | Russell viper venom time (includes venom); diluted |
| CPT-I | 85635 | Reptilase test |
| CPT-I | 85651 | Sedimentation rate, erythrocyte; non-automated |
| CPT-I | 85652 | Sedimentation rate, erythrocyte; automated |
| CPT-I | 85660 | Sickling of RBC, reduction |
| CPT-I | 85670 | Thrombin time; plasma |
| CPT-I | 85675 | Thrombin time; titer |
| CPT-I | 85705 | Thromboplastin inhibition, tissue |
| CPT-I | 85730 | Thromboplastin time, partial (PTT); plasma or whole blood |
| CPT-I | 85732 | Thromboplastin time, partial (PTT); substitution, plasma fractions, each |
| CPT-I | 85810 | Viscosity |
| CPT-I | 86000 | Agglutinins, febrile (eg, Brucella, Francisella, Murine typhus, Q fever, Rocky Mountain spotted fever, scrub typhus), each antigen |
| CPT-I | 86021 | Antibody identification; leukocyte antibodies |
| CPT-I | 86022 | Antibody identification; platelet antibodies |
| CPT-I | 86023 | Antibody identification; platelet associated immunoglobulin assay |
| CPT-I | 86038 | Antinuclear antibodies (ANA) |
| CPT-I | 86039 | Antinuclear antibodies (ANA); titer |
| CPT-I | 86060 | Antistreptolysin O; titer |
| CPT-I | 86063 | Antistreptolysin O; screen |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 86077 | Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report |
| CPT-I | 86078 | Blood bank physician services; investigation of transfusion reaction including suspicion of transmissible disease, interpretation and written report |
| CPT-I | 86079 | Blood bank physician services; authorization for deviation from standard blood banking procedures (eg, use of outdated blood, transfusion of Rh incompatible units), with written report |
| CPT-I | 86140 | C-reactive protein |
| CPT-I | 86141 | C-reactive protein; high sensitivity (hsCRP) |
| CPT-I | 86146 | Beta 2 Glycoprotein I antibody, each |
| CPT-I | 86147 | Cardiolipin (phospholipid) antibody, each Ig class |
| CPT-I | 86148 | Anti-phosphatidylserine (phospholipid) antibody |
| CPT-I | 86152 | Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood) |
| CPT-I | 86153 | Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required |
| CPT-I | 86155 | Chemotaxis assay, specify method |
| CPT-I | 86156 | Cold agglutinin; screen |
| CPT-I | 86157 | Cold agglutinin; titer |
| CPT-I | 86160 | Complement; antigen, each component |
| CPT-I | 86161 | Complement; functional activity, each component |
| CPT-I | 86162 | Complement; total hemolytic (CH50) |
| CPT-I | 86171 | Complement fixation tests, each antigen |
| CPT-I | 86200 | Cyclic citrullinated peptide (CCP), antibody |
| CPT-I | 86215 | Deoxyribonuclease, antibody |
| CPT-I | 86225 | Deoxyribonucleic acid (DNA) antibody; native or double stranded |
| CPT-I | 86226 | Deoxyribonucleic acid (DNA) antibody; single stranded |
| CPT-I | 86235 | Extractable nuclear antigen, antibody to, any method (eg, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01), each antibody |
| CPT-I | 86255 | Fluorescent noninfectious agent antibody; screen, each antibody |
| CPT-I | 86256 | Fluorescent noninfectious agent antibody; titer, each antibody |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 86277 | Growth hormone, human (HGH), antibody |
| CPT-I | 86280 | Hemagglutination inhibition test (HAI) |
| CPT-I | 86294 | Immunoassay for tumor antigen, qualitative or semiquantitative (eg, bladder tumor antigen) |
| CPT-I | 86300 | Immunoassay for tumor antigen, quantitative; CA 15-3 (27.29) |
| CPT-I | 86301 | Immunoassay for tumor antigen, quantitative; CA 19-9 |
| CPT-I | 86304 | Immunoassay for tumor antigen, quantitative; CA 125 |
| CPT-I | 86305 | Human epididymis protein 4 (HE4) |
| CPT-I | 86308 | Heterophile antibodies; screening |
| CPT-I | 86309 | Heterophile antibodies; titer |
| CPT-I | 86310 | Heterophile antibodies; titers after absorption with beef cells and guinea pig kidney |
| CPT-I | 86316 | Immunoassay for tumor antigen, other antigen, quantitative (eg, CA 50, 72-4, 549), each |
| CPT-I | 86317 | Immunoassay for infectious agent antibody, quantitative, not otherwise specified |
| CPT-I | 86318 | Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip) |
| CPT-I | 86320 | Immuno-electrophoresis; serum |
| CPT-I | 86325 | Immuno-electrophoresis; other fluids (eg, urine, cerebrospinal fluid) with concentration |
| CPT-I | 86327 | Immuno-electrophoresis; crossed (2-dimensional assay) |
| CPT-I-COVID | 86328 | Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (eg, reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) |
| CPT-I | 86329 | Immunodiffusion; not elsewhere specified |
| CPT-I | 86331 | Immunodiffusion; gel diffusion, qualitative (Ouchterlony), each antigen or antibody |
| CPT-I | 86332 | Immune complex assay |
| CPT-I | 86334 | Immunofixation electrophoresis; serum |
| CPT-I | 86335 | Immunofixation electrophoresis; other fluids with concentration (eg, urine, CSF) |
| CPT-I | 86336 | Inhibin A |
| CPT-I | 86337 | Insulin antibodies |
| CPT-I | 86340 | Intrinsic factor antibodies |
| CPT-I | 86341 | Islet cell antibody |
| CPT-I | 86343 | Leukocyte histamine release test (LHR) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 86344 | Leukocyte phagocytosis |
| CPT-I | 86352 | Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP) |
| CPT-I | 86353 | Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis |
| CPT-I | 86355 | B cells, total count |
| CPT-I | 86356 | Mononuclear cell antigen, quantitative (eg, flow cytometry), not otherwise specified, each antigen |
| CPT-I | 86357 | Natural killer (NK) cells, total count |
| CPT-I | 86359 | T cells; total count |
| CPT-I | 86360 | T cells; absolute CD4 and CD8 count, including ratio |
| CPT-I | 86361 | T cells; absolute CD4 count |
| CPT-I | 86367 | Stem cells (ie, CD34), total count |
| CPT-I | 86376 | Microsomal antibodies (eg, thyroid or liver-kidney), each |
| CPT-I | 86382 | Neutralization test, viral |
| CPT-I | 86384 | Nitroblue tetrazolium dye test (NTD) |
| CPT-I | 86386 | Nuclear Matrix Protein 22 (NMP22), qualitative |
| CPT-I | 86403 | Particle agglutination; screen, each antibody |
| CPT-I | 86406 | Particle agglutination; titer, each antibody |
| CPT-I-COVID | 86408 | Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen |
| CPT-I-COVID | 86409 | Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer |
| CPT-I-COVID | 86413 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative |
| CPT-I | 86430 | Rheumatoid factor; qualitative |
| CPT-I | 86431 | Rheumatoid factor; quantitative |
| CPT-I | 86480 | Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon |
| CPT-I | 86481 | Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension |
| CPT-I | 86485 | Skin test; candida |
| CPT-I | 86486 | Skin test; unlisted antigen, each |
| CPT-I | 86490 | Skin test; coccidioidomycosis |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 86510 | Skin test; histoplasmosis |
| CPT-I | 86580 | Skin test; tuberculosis, intradermal |
| CPT-I | 86590 | Streptokinase, antibody |
| CPT-I | 86592 | Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART) |
| CPT-I | 86593 | Syphilis test, non-treponemal antibody; quantitative |
| CPT-I | 86602 | Antibody; actinomyces |
| CPT-I | 86603 | Antibody; adenovirus |
| CPT-I | 86606 | Antibody; Aspergillus |
| CPT-I | 86609 | Antibody; bacterium, not elsewhere specified |
| CPT-I | 86611 | Antibody; Bartonella |
| CPT-I | 86612 | Antibody; Blastomyces |
| CPT-I | 86615 | Antibody; Bordetella |
| CPT-I | 86617 | Antibody; Borrelia burgdorferi (Lyme disease) confirmatory test (eg, Western Blot or immunoblot) |
| CPT-I | 86618 | Antibody; Borrelia burgdorferi (Lyme disease) |
| CPT-I | 86619 | Antibody; Borrelia (relapsing fever) |
| CPT-I | 86622 | Antibody; Brucella |
| CPT-I | 86625 | Antibody; Campylobacter |
| CPT-I | 86628 | Antibody; Candida |
| CPT-I | 86631 | Antibody; Chlamydia |
| CPT-I | 86632 | Antibody; Chlamydia, IgM |
| CPT-I | 86635 | Antibody; Coccidioides |
| CPT-I | 86638 | Antibody; Coxiella burnetii (Q fever) |
| CPT-I | 86641 | Antibody; Cryptococcus |
| CPT-I | 86644 | Antibody; cytomegalovirus (CMV) |
| CPT-I | 86645 | Antibody; cytomegalovirus (CMV), IgM |
| CPT-I | 86648 | Antibody; Diphtheria |
| CPT-I | 86651 | Antibody; encephalitis, California (La Crosse) |
| CPT-I | 86652 | Antibody; encephalitis, Eastern equine |
| CPT-I | 86653 | Antibody; encephalitis, St. Louis |
| CPT-I | 86654 | Antibody; encephalitis, Western equine |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 86658 | Antibody; enterovirus (eg, coxsackie, echo, polio) |
| CPT-I | 86663 | Antibody; Epstein-Barr (EB) virus, early antigen (EA) |
| CPT-I | 86664 | Antibody; Epstein-Barr (EB) virus, nuclear antigen (EBNA) |
| CPT-I | 86665 | Antibody; Epstein-Barr (EB) virus, viral capsid (VCA) |
| CPT-I | 86666 | Antibody; Ehrlichia |
| CPT-I | 86668 | Antibody; Francisella tularensis |
| CPT-I | 86671 | Antibody; fungus, not elsewhere specified |
| CPT-I | 86674 | Antibody; Giardia lamblia |
| CPT-I | 86677 | Antibody; Helicobacter pylori |
| CPT-I | 86682 | Antibody; helminth, not elsewhere specified |
| CPT-I | 86684 | Antibody; Haemophilus influenza |
| CPT-I | 86687 | Antibody; HTLV-I |
| CPT-I | 86688 | Antibody; HTLV-II |
| CPT-I | 86689 | Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot) |
| CPT-I | 86692 | Antibody; hepatitis, delta agent |
| CPT-I | 86694 | Antibody; herpes simplex, non-specific type test |
| CPT-I | 86695 | Antibody; herpes simplex, type 1 |
| CPT-I | 86696 | Antibody; herpes simplex, type 2 |
| CPT-I | 86698 | Antibody; histoplasma |
| CPT-I | 86701 | Antibody; HIV-1 |
| CPT-I | 86702 | Antibody; HIV-2 |
| CPT-I | 86703 | Antibody; HIV-1 and HIV-2, single result |
| CPT-I | 86704 | Hepatitis B core antibody (HBcAb); total |
| CPT-I | 86705 | Hepatitis B core antibody (HBcAb); IgM antibody |
| CPT-I | 86706 | Hepatitis B surface antibody (HBsAb) |
| CPT-I | 86707 | Hepatitis Be antibody (HBeAb) |
| CPT-I | 86708 | Hepatitis A antibody (HAAb) |
| CPT-I | 86709 | Hepatitis A antibody (HAAb), IgM antibody |
| CPT-I | 86710 | Antibody; influenza virus |
| CPT-I | 86711 | Antibody; JC (John Cunningham) virus |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 86713 | Antibody; Legionella |
| CPT-I | 86717 | Antibody; Leishmania |
| CPT-I | 86720 | Antibody; Leptospira |
| CPT-I | 86723 | Antibody; Listeria monocytogenes |
| CPT-I | 86727 | Antibody; lymphocytic choriomeningitis |
| CPT-I | 86732 | Antibody; mucormycosis |
| CPT-I | 86735 | Antibody; mumps |
| CPT-I | 86738 | Antibody; mycoplasma |
| CPT-I | 86741 | Antibody; Neisseria meningitidis |
| CPT-I | 86744 | Antibody; Nocardia |
| CPT-I | 86747 | Antibody; parvovirus |
| CPT-I | 86750 | Antibody; Plasmodium (malaria) |
| CPT-I | 86753 | Antibody; protozoa, not elsewhere specified |
| CPT-I | 86756 | Antibody; respiratory syncytial virus |
| CPT-I | 86757 | Antibody; Rickettsia |
| CPT-I | 86759 | Antibody; rotavirus |
| CPT-I | 86762 | Antibody; rubella |
| CPT-I | 86765 | Antibody; rubeola |
| CPT-I | 86768 | Antibody; Salmonella |
| CPT-I-COVID | 86769 | Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) |
| CPT-I | 86771 | Antibody; Shigella |
| CPT-I | 86774 | Antibody; tetanus |
| CPT-I | 86777 | Antibody; Toxoplasma |
| CPT-I | 86778 | Antibody; Toxoplasma, IgM |
| CPT-I | 86780 | Antibody; Treponema pallidum |
| CPT-I | 86784 | Antibody; Trichinella |
| CPT-I | 86787 | Antibody; varicella-zoster |
| CPT-I | 86788 | Antibody; West Nile virus, IgM |
| CPT-I | 86789 | Antibody; West Nile virus |
| CPT-I | 86790 | Antibody; virus, not elsewhere specified |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 86793 | Antibody; Yersinia |
| CPT-I | 86794 | Antibody; Zika virus, IgM |
| CPT-I | 86800 | Thyroglobulin antibody |
| CPT-I | 86803 | Hepatitis C antibody |
| CPT-I | 86804 | Hepatitis C antibody; confirmatory test (eg, immunoblot) |
| CPT-I | 86805 | Lymphocytotoxicity assay, visual crossmatch; with titration |
| CPT-I | 86806 | Lymphocytotoxicity assay, visual crossmatch; without titration |
| CPT-I | 86807 | Serum screening for cytotoxic percent reactive antibody (PRA); standard method |
| CPT-I | 86808 | Serum screening for cytotoxic percent reactive antibody (PRA); quick method |
| CPT-I | 86812 | HLA typing; A, B, or C (eg, A10, B7, B27), single antigen |
| CPT-I | 86813 | HLA typing; A, B, or C, multiple antigens |
| CPT-I | 86816 | HLA typing; DR/DQ, single antigen |
| CPT-I | 86817 | HLA typing; DR/DQ, multiple antigens |
| CPT-I | 86821 | HLA typing; lymphocyte culture, mixed (MLC) |
| CPT-I | 86825 | Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution |
| CPT-I | 86826 | Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); each additional serum sample or sample dilution (List separately in addition to primary procedure) |
| CPT-I | 86828 | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I and Class II HLA antigens |
| CPT-I | 86829 | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens |
| CPT-I | 86830 | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I |
| CPT-I | 86831 | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 86832 | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I |
| CPT-I | 86833 | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II |
| CPT-I | 86834 | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class I |
| CPT-I | 86835 | Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class II |
| CPT-I | 86850 | Antibody screen, RBC, each serum technique |
| CPT-I | 86860 | Antibody elution (RBC), each elution |
| CPT-I | 86870 | Antibody identification, RBC antibodies, each panel for each serum technique |
| CPT-I | 86880 | Antihuman globulin test (Coombs test); direct, each antiserum |
| CPT-I | 86885 | Antihuman globulin test (Coombs test); indirect, qualitative, each reagent red cell |
| CPT-I | 86886 | Antihuman globulin test (Coombs test); indirect, each antibody titer |
| CPT-I | 86890 | Autologous blood or component, collection processing and storage; predeposited |
| CPT-I | 86891 | Autologous blood or component, collection processing and storage; intra- or postoperative salvage |
| CPT-I | 86900 | Blood typing, serologic; ABO |
| CPT-I | 86901 | Blood typing, serologic; Rh (D) |
| CPT-I | 86902 | Blood typing, serologic; antigen testing of donor blood using reagent serum, each antigen test |
| CPT-I | 86904 | Blood typing, serologic; antigen screening for compatible unit using patient serum, per unit screened |
| CPT-I | 86905 | Blood typing, serologic; RBC antigens, other than ABO or Rh (D), each |
| CPT-I | 86906 | Blood typing, serologic; Rh phenotyping, complete |
| CPT-I | 86910 | Blood typing, for paternity testing, per individual; ABO, Rh and MN |
| CPT-I | 86911 | Blood typing, for paternity testing, per individual; each additional antigen system |
| CPT-I | 86920 | Compatibility test each unit; immediate spin technique |
| CPT-I | 86921 | Compatibility test each unit; incubation technique |
| CPT-I | 86922 | Compatibility test each unit; antiglobulin technique |
| CPT-I | 86923 | Compatibility test each unit; electronic |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 86927 | Fresh frozen plasma, thawing, each unit |
| CPT-I | 86930 | Frozen blood, each unit; freezing (includes preparation) |
| CPT-I | 86931 | Frozen blood, each unit; thawing |
| CPT-I | 86932 | Frozen blood, each unit; freezing (includes preparation) and thawing |
| CPT-I | 86940 | Hemolysins and agglutinins; auto, screen, each |
| CPT-I | 86941 | Hemolysins and agglutinins; incubated |
| CPT-I | 86945 | Irradiation of blood product, each unit |
| CPT-I | 86950 | Leukocyte transfusion |
| CPT-I | 86960 | Volume reduction of blood or blood product (eg, red blood cells or platelets), each unit |
| CPT-I | 86965 | Pooling of platelets or other blood products |
| CPT-I | 86970 | Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with chemical agents or drugs, each |
| CPT-I | 86971 | Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; incubation with enzymes, each |
| CPT-I | 86972 | Pretreatment of RBCs for use in RBC antibody detection, identification, and/or compatibility testing; by density gradient separation |
| CPT-I | 86975 | Pretreatment of serum for use in RBC antibody identification; incubation with drugs, each |
| CPT-I | 86976 | Pretreatment of serum for use in RBC antibody identification; by dilution |
| CPT-I | 86977 | Pretreatment of serum for use in RBC antibody identification; incubation with inhibitors, each |
| CPT-I | 86978 | Pretreatment of serum for use in RBC antibody identification; by differential red cell absorption using patient RBCs or RBCs of known phenotype, each absorption |
| CPT-I | 86985 | Splitting of blood or blood products, each unit |
| CPT-I | 87003 | Animal inoculation, small animal, with observation and dissection |
| CPT-I | 87015 | Concentration (any type), for infectious agents |
| CPT-I | 87040 | Culture, bacterial; blood, aerobic, with isolation and presumptive identification of isolates (includes anaerobic culture, if appropriate) |
| CPT-I | 87045 | Culture, bacterial; stool, aerobic, with isolation and preliminary examination (eg, KIA, LIA), Salmonella and Shigella species |
| CPT-I | 87046 | Culture, bacterial; stool, aerobic, additional pathogens, isolation and presumptive identification of isolates, each plate |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 87070 | Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates |
| CPT-I | 87071 | Culture, bacterial; quantitative, aerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool |
| CPT-I | 87073 | Culture, bacterial; quantitative, anaerobic with isolation and presumptive identification of isolates, any source except urine, blood or stool |
| CPT-I | 87075 | Culture, bacterial; any source, except blood, anaerobic with isolation and presumptive identification of isolates |
| CPT-I | 87076 | Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate |
| CPT-I | 87077 | Culture, bacterial; aerobic isolate, additional methods required for definitive identification, each isolate |
| CPT-I | 87081 | Culture, presumptive, pathogenic organisms, screening only |
| CPT-I | 87084 | Culture, presumptive, pathogenic organisms, screening only; with colony estimation from density chart |
| CPT-I | 87086 | Culture, bacterial; quantitative colony count, urine |
| CPT-I | 87088 | Culture, bacterial; with isolation and presumptive identification of each isolate, urine |
| CPT-I | 87101 | Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail |
| CPT-I | 87102 | Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; other source (except blood) |
| CPT-I | 87103 | Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; blood |
| CPT-I | 87106 | Culture, fungi, definitive identification, each organism; yeast |
| CPT-I | 87107 | Culture, fungi, definitive identification, each organism; mold |
| CPT-I | 87109 | Culture, mycoplasma, any source |
| CPT-I | 87110 | Culture, chlamydia, any source |
| CPT-I | 87116 | Culture, tubercle or other acid-fast bacilli (eg, TB, AFB, mycobacteria) any source, with isolation and presumptive identification of isolates |
| CPT-I | 87118 | Culture, mycobacterial, definitive identification, each isolate |
| CPT-I | 87140 | Culture, typing; immunofluorescent method, each antiserum |
| CPT-I | 87143 | Culture, typing; gas liquid chromatography (GLC) or high pressure liquid chromatography (HPLC) method |
| CPT-I | 87147 | Culture, typing; immunologic method, other than immunofluorescence (eg, agglutination grouping), per antiserum |
| CPT-I | 87149 | Culture, typing; identification by nucleic acid (DNA or RNA) probe, direct probe technique, per culture or isolate, each organism probed |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 87150 | Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed |
| CPT-I | 87152 | Culture, typing; identification by pulse field gel typing |
| CPT-I | 87153 | Culture, typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene) |
| CPT-I | 87158 | Culture, typing; other methods |
| CPT-I | 87164 | Dark field examination, any source (eg, penile, vaginal, oral, skin); includes specimen collection |
| CPT-I | 87166 | Dark field examination, any source (eg, penile, vaginal, oral, skin); without collection |
| CPT-I | 87168 | Macroscopic examination; arthropod |
| CPT-I | 87169 | Macroscopic examination; parasite |
| CPT-I | 87172 | Pinworm exam (eg, cellophane tape prep) |
| CPT-I | 87176 | Homogenization, tissue, for culture |
| CPT-I | 87177 | Ova and parasites, direct smears, concentration and identification |
| CPT-I | 87181 | Susceptibility studies, antimicrobial agent; agar dilution method, per agent (eg, antibiotic gradient strip) |
| CPT-I | 87184 | Susceptibility studies, antimicrobial agent; disk method, per plate (12 or fewer agents) |
| CPT-I | 87185 | Susceptibility studies, antimicrobial agent; enzyme detection (eg, beta lactamase), per enzyme |
| CPT-I | 87186 | Susceptibility studies, antimicrobial agent; microdilution or agar dilution (minimum inhibitory concentration [MIC] or breakpoint), each multi-antimicrobial, per plate |
| CPT-I | 87187 | Susceptibility studies, antimicrobial agent; microdilution or agar dilution, minimum lethal concentration (MLC), each plate (List separately in addition to code for primary procedure) |
| CPT-I | 87188 | Susceptibility studies, antimicrobial agent; macrobroth dilution method, each agent |
| CPT-I | 87190 | Susceptibility studies, antimicrobial agent; mycobacteria, proportion method, each agent |
| CPT-I | 87197 | Serum bactericidal titer (Schlichter test) |
| CPT-I | 87205 | Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types |
| CPT-I | 87206 | Smear, primary source with interpretation; fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types |
| CPT-I | 87207 | Smear, primary source with interpretation; special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses) |
| CPT-I | 87209 | Smear, primary source with interpretation; complex special stain (eg, trichrome, iron hemotoxylin) for ova and parasites |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 87210 | Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps) |
| CPT-I | 87220 | Tissue examination by KOH slide of samples from skin, hair, or nails for fungi or ectoparasite ova or mites (eg, scabies) |
| CPT-I | 87230 | Toxin or antitoxin assay, tissue culture (eg, Clostridium difficile toxin) |
| CPT-I | 87250 | Virus isolation; inoculation of embryonated eggs, or small animal, includes observation and dissection |
| CPT-I | 87252 | Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect |
| CPT-I | 87253 | Virus isolation; tissue culture, additional studies or definitive identification (eg, hemabsorption, neutralization, immunofluorescence stain), each isolate |
| CPT-I | 87254 | Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus |
| CPT-I | 87255 | Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity) |
| CPT-I | 87260 | Infectious agent antigen detection by immunofluorescent technique; adenovirus |
| CPT-I | 87265 | Infectious agent antigen detection by immunofluorescent technique; Bordetella pertussis/parapertussis |
| CPT-I | 87267 | Infectious agent antigen detection by immunofluorescent technique; Enterovirus, direct fluorescent antibody (DFA) |
| CPT-I | 87269 | Infectious agent antigen detection by immunofluorescent technique; giardia |
| CPT-I | 87270 | Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis |
| CPT-I | 87271 | Infectious agent antigen detection by immunofluorescent technique; Cytomegalovirus, direct fluorescent antibody (DFA) |
| CPT-I | 87272 | Infectious agent antigen detection by immunofluorescent technique; cryptosporidium |
| CPT-I | 87273 | Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 2 |
| CPT-I | 87274 | Infectious agent antigen detection by immunofluorescent technique; Herpes simplex virus type 1 |
| CPT-I | 87275 | Infectious agent antigen detection by immunofluorescent technique; influenza B virus |
| CPT-I | 87276 | Infectious agent antigen detection by immunofluorescent technique; influenza A virus |
| CPT-I | 87278 | Infectious agent antigen detection by immunofluorescent technique; Legionella pneumophila |
| CPT-I | 87279 | Infectious agent antigen detection by immunofluorescent technique; Parainfluenza virus, each type |
| CPT-I | 87280 | Infectious agent antigen detection by immunofluorescent technique; respiratory syncytial virus |
| CPT-I | 87281 | Infectious agent antigen detection by immunofluorescent technique; Pneumocystis carinii |
| CPT-I | 87283 | Infectious agent antigen detection by immunofluorescent technique; Rubeola |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 87285 | Infectious agent antigen detection by immunofluorescent technique; <i>Treponema pallidum</i> |
| CPT-I | 87290 | Infectious agent antigen detection by immunofluorescent technique; <i>Varicella zoster virus</i> |
| CPT-I | 87299 | Infectious agent antigen detection by immunofluorescent technique; not otherwise specified, each organism |
| CPT-I | 87300 | Infectious agent antigen detection by immunofluorescent technique, polyvalent for multiple organisms, each polyvalent antiserum |
| CPT-I | 87301 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; adenovirus enteric types 40/41 |
| CPT-I | 87305 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; <i>Aspergillus</i> |
| CPT-I | 87320 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; <i>Chlamydia trachomatis</i> |
| CPT-I | 87324 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; <i>Clostridium difficile</i> toxin(s) |
| CPT-I | 87327 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; <i>Cryptococcus neoformans</i> |
| CPT-I | 87328 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; <i>cryptosporidium</i> |
| CPT-I | 87329 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; <i>giardia</i> |
| CPT-I | 87332 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; cytomegalovirus |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 87335 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Escherichia coli 0157 |
| CPT-I | 87336 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Entamoeba histolytica dispar group |
| CPT-I | 87337 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Entamoeba histolytica group |
| CPT-I | 87338 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Helicobacter pylori, stool |
| CPT-I | 87339 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Helicobacter pylori |
| CPT-I | 87340 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) |
| CPT-I | 87341 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization |
| CPT-I | 87350 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; hepatitis Be antigen (HBeAg) |
| CPT-I | 87380 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; hepatitis, delta agent |
| CPT-I | 87385 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Histoplasma capsulatum |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 87389 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result |
| CPT-I | 87390 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; HIV-1 |
| CPT-I | 87391 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; HIV-2 |
| CPT-I | 87400 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Influenza, A or B, each |
| CPT-I | 87420 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; respiratory syncytial virus |
| CPT-I | 87425 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; rotavirus |
| CPT-I-COVID | 87426 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) |
| CPT-I | 87427 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Shiga-like toxin |
| CPT-I-COVID | 87428 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B |



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|--------------|-------|--|
| CPT-I | 87430 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Streptococcus, group A |
| CPT-I | 87449 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; not otherwise specified, each organism |
| CPT-I | 87451 | Infectious agent antigen detection by immunoassay technique (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; polyvalent for multiple organisms, each polyvalent antiserum |
| CPT-I | 87471 | Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, amplified probe technique |
| CPT-I | 87472 | Infectious agent detection by nucleic acid (DNA or RNA); Bartonella henselae and Bartonella quintana, quantification |
| CPT-I | 87475 | Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, direct probe technique |
| CPT-I | 87476 | Infectious agent detection by nucleic acid (DNA or RNA); Borrelia burgdorferi, amplified probe technique |
| CPT-I | 87480 | Infectious agent detection by nucleic acid (DNA or RNA); Candida species, direct probe technique |
| CPT-I | 87481 | Infectious agent detection by nucleic acid (DNA or RNA); Candida species, amplified probe technique |
| CPT-I | 87482 | Infectious agent detection by nucleic acid (DNA or RNA); Candida species, quantification |
| CPT-I | 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 |
| CPT-I | 87485 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, direct probe technique |
| CPT-I | 87486 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, amplified probe technique |
| CPT-I | 87487 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia pneumoniae, quantification |
| CPT-I | 87490 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique |
| CPT-I | 87491 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 87492 | Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification |
| CPT-I | 87493 | Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique |
| CPT-I | 87495 | Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, direct probe technique |
| CPT-I | 87496 | Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, amplified probe technique |
| CPT-I | 87497 | Infectious agent detection by nucleic acid (DNA or RNA); cytomegalovirus, quantification |
| CPT-I | 87498 | Infectious agent detection by nucleic acid (DNA or RNA); enterovirus, amplified probe technique, includes reverse transcription when performed |
| CPT-I | 87500 | Infectious agent detection by nucleic acid (DNA or RNA); vancomycin resistance (eg, enterococcus species van A, van B), amplified probe technique |
| CPT-I | 87501 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, includes reverse transcription, when performed, and amplified probe technique, each type or subtype |
| CPT-I | 87502 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, first 2 types or sub-types |
| CPT-I | 87503 | Infectious agent detection by nucleic acid (DNA or RNA); influenza virus, for multiple types or sub-types, includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, each additional influenza virus type or sub-type beyond 2 (List separately in addition to code for primary procedure) |
| CPT-I | 87505 | Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets |
| CPT-I | 87506 | Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets |
| CPT-I | 87507 | Infectious agent detection by nucleic acid (DNA or RNA); gastrointestinal pathogen (eg, Clostridium difficile, E. coli, Salmonella, Shigella, norovirus, Giardia), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets |
| CPT-I | 87510 | Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique |
| CPT-I | 87511 | Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique |



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|--------------|-------|--|
| CPT-I | 87512 | Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification |
| CPT-I | 87516 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique |
| CPT-I | 87517 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification |
| CPT-I | 87520 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique |
| CPT-I | 87521 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed |
| CPT-I | 87522 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed |
| CPT-I | 87525 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, direct probe technique |
| CPT-I | 87526 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, amplified probe technique |
| CPT-I | 87527 | Infectious agent detection by nucleic acid (DNA or RNA); hepatitis G, quantification |
| CPT-I | 87528 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique |
| CPT-I | 87529 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique |
| CPT-I | 87530 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification |
| CPT-I | 87531 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique |
| CPT-I | 87532 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique |
| CPT-I | 87533 | Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification |
| CPT-I | 87534 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique |
| CPT-I | 87535 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique, includes reverse transcription when performed |
| CPT-I | 87536 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification, includes reverse transcription when performed |
| CPT-I | 87537 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique |
| CPT-I | 87538 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique, includes reverse transcription when performed |
| CPT-I | 87539 | Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification, includes reverse transcription when performed |
| CPT-I | 87540 | Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, direct probe technique |
| CPT-I | 87541 | Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, amplified probe technique |



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|--------------|-------|---|
| CPT-I | 87542 | Infectious agent detection by nucleic acid (DNA or RNA); Legionella pneumophila, quantification |
| CPT-I | 87550 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, direct probe technique |
| CPT-I | 87551 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, amplified probe technique |
| CPT-I | 87552 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria species, quantification |
| CPT-I | 87555 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique |
| CPT-I | 87556 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique |
| CPT-I | 87557 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, quantification |
| CPT-I | 87560 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, direct probe technique |
| CPT-I | 87561 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, amplified probe technique |
| CPT-I | 87562 | Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria avium-intracellulare, quantification |
| CPT-I | 87563 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma genitalium, amplified probe technique |
| CPT-I | 87580 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, direct probe technique |
| CPT-I | 87581 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, amplified probe technique |
| CPT-I | 87582 | Infectious agent detection by nucleic acid (DNA or RNA); Mycoplasma pneumoniae, quantification |
| CPT-I | 87590 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique |
| CPT-I | 87591 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique |
| CPT-I | 87592 | Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification |
| CPT-I | 87593 | Infectious agent detection by nucleic acid (DNA or RNA); orthopoxvirus (eg, monkeypox virus, cowpox virus, vaccinia virus), amplified probe technique, each |
| CPT-I | 87623 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), low-risk types (eg, 6, 11, 42, 43, 44) |
| CPT-I | 87624 | 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) |
| CPT-I | 87625 | Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 87631 | Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 3-5 targets |
| CPT-I | 87632 | Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 6-11 targets |
| CPT-I | 87633 | Infectious agent detection by nucleic acid (DNA or RNA); respiratory virus (eg, adenovirus, influenza virus, coronavirus, metapneumovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus), includes multiplex reverse transcription, when performed, and multiplex amplified probe technique, multiple types or subtypes, 12-25 targets |
| CPT-I | 87634 | Infectious agent detection by nucleic acid (DNA or RNA); respiratory syncytial virus, amplified probe technique |
| CPT-I-COVID | 87635 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique |
| CPT-I-COVID | 87636 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique |
| CPT-I-COVID | 87637 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique |
| CPT-I | 87640 | Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, amplified probe technique |
| CPT-I | 87641 | Infectious agent detection by nucleic acid (DNA or RNA); Staphylococcus aureus, methicillin resistant, amplified probe technique |
| CPT-I | 87650 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, direct probe technique |
| CPT-I | 87651 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, amplified probe technique |
| CPT-I | 87652 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group A, quantification |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 87653 | Infectious agent detection by nucleic acid (DNA or RNA); Streptococcus, group B, amplified probe technique |
| CPT-I | 87660 | Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, direct probe technique |
| CPT-I | 87661 | Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique |
| CPT-I | 87662 | Infectious agent detection by nucleic acid (DNA or RNA); Zika virus, amplified probe technique |
| CPT-I | 87797 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism |
| CPT-I | 87798 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism |
| CPT-I | 87799 | Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism |
| CPT-I | 87800 | Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique |
| CPT-I | 87801 | Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique |
| CPT-I | 87802 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group B |
| CPT-I | 87803 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Clostridium difficile toxin A |
| CPT-I | 87804 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Influenza |
| CPT-I | 87806 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies |
| CPT-I | 87807 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; respiratory syncytial virus |
| CPT-I | 87808 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Trichomonas vaginalis |
| CPT-I | 87809 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; adenovirus |
| CPT-I | 87810 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Chlamydia trachomatis |
| CPT-I-COVID | 87811 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) |



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|--------------|-------|---|
| CPT-I | 87850 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Neisseria gonorrhoeae |
| CPT-I | 87880 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; Streptococcus, group A |
| CPT-I | 87899 | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; not otherwise specified |
| CPT-I | 87900 | Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics |
| CPT-I | 87901 | Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, reverse transcriptase and protease regions |
| CPT-I | 87902 | Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus |
| CPT-I | 87903 | Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; first through 10 drugs tested |
| CPT-I | 87904 | Infectious agent phenotype analysis by nucleic acid (DNA or RNA) with drug resistance tissue culture analysis, HIV 1; each additional drug tested (List separately in addition to code for primary procedure) |
| CPT-I | 87905 | Infectious agent enzymatic activity other than virus (eg, sialidase activity in vaginal fluid) |
| CPT-I | 87906 | Infectious agent genotype analysis by nucleic acid (DNA or RNA); HIV-1, other region (eg, integrase, fusion) |
| CPT-I | 87910 | Infectious agent genotype analysis by nucleic acid (DNA or RNA); cytomegalovirus |
| CPT-I | 87912 | Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus |
| CPT-I | 88000 | Necropsy (autopsy), gross examination only; without CNS |
| CPT-I | 88005 | Necropsy (autopsy), gross examination only; with brain |
| CPT-I | 88007 | Necropsy (autopsy), gross examination only; with brain and spinal cord |
| CPT-I | 88012 | Necropsy (autopsy), gross examination only; infant with brain |
| CPT-I | 88014 | Necropsy (autopsy), gross examination only; stillborn or newborn with brain |
| CPT-I | 88016 | Necropsy (autopsy), gross examination only; macerated stillborn |
| CPT-I | 88020 | Necropsy (autopsy), gross and microscopic; without CNS |
| CPT-I | 88025 | Necropsy (autopsy), gross and microscopic; with brain |
| CPT-I | 88027 | Necropsy (autopsy), gross and microscopic; with brain and spinal cord |
| CPT-I | 88028 | Necropsy (autopsy), gross and microscopic; infant with brain |
| CPT-I | 88029 | Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain |
| CPT-I | 88036 | Necropsy (autopsy), limited, gross and/or microscopic; regional |



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|--------------|-------|---|
| CPT-I | 88037 | Necropsy (autopsy), limited, gross and/or microscopic; single organ |
| CPT-I | 88040 | Necropsy (autopsy); forensic examination |
| CPT-I | 88045 | Necropsy (autopsy); coroner's call |
| CPT-I | 88104 | Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation |
| CPT-I | 88106 | Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation |
| CPT-I | 88108 | Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique) |
| CPT-I | 88112 | Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal |
| CPT-I | 88120 | Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual |
| CPT-I | 88121 | Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology |
| CPT-I | 88125 | Cytopathology, forensic (eg, sperm) |
| CPT-I | 88130 | Sex chromatin identification; Barr bodies |
| CPT-I | 88140 | Sex chromatin identification; peripheral blood smear, polymorphonuclear drumsticks |
| CPT-I | 88141 | Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician |
| CPT-I | 88142 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision |
| CPT-I | 88143 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision |
| CPT-I | 88147 | Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision |
| CPT-I | 88148 | Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision |
| CPT-I | 88150 | Cytopathology, slides, cervical or vaginal; manual screening under physician supervision |
| CPT-I | 88152 | Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision |
| CPT-I | 88153 | Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision |



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|--------------|-------|---|
| CPT-I | 88155 | Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code[s] for other technical and interpretation services) |
| CPT-I | 88160 | Cytopathology, smears, any other source; screening and interpretation |
| CPT-I | 88161 | Cytopathology, smears, any other source; preparation, screening and interpretation |
| CPT-I | 88162 | Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains |
| CPT-I | 88164 | Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision |
| CPT-I | 88165 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision |
| CPT-I | 88166 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision |
| CPT-I | 88167 | Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision |
| CPT-I | 88172 | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site |
| CPT-I | 88173 | Cytopathology, evaluation of fine needle aspirate; interpretation and report |
| CPT-I | 88174 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision |
| CPT-I | 88175 | Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision |
| CPT-I | 88177 | Cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure) |
| CPT-I | 88182 | Flow cytometry, cell cycle or DNA analysis |
| CPT-I | 88300 | Level I - Surgical pathology, gross examination only |
| CPT-I | 88302 | Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac |

| Type of Code | Code | Description |
|--------------|-------|---|
| | | Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization |
| CPT-I | 88304 | Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocoele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity |
| CPT-I | 88305 | Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 88307 | Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curetings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse |
| CPT-I | 88309 | Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection |
| CPT-I | 88311 | Decalcification procedure (List separately in addition to code for surgical pathology examination) |
| CPT-I | 88312 | Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver) |
| CPT-I | 88313 | Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry |
| CPT-I | 88314 | Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure) |
| CPT-I | 88319 | Special stain including interpretation and report; Group III, for enzyme constituents |
| CPT-I | 88321 | Consultation and report on referred slides prepared elsewhere |
| CPT-I | 88323 | Consultation and report on referred material requiring preparation of slides |
| CPT-I | 88325 | Consultation, comprehensive, with review of records and specimens, with report on referred material |
| CPT-I | 88329 | Pathology consultation during surgery |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 88331 | Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen |
| CPT-I | 88332 | Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure) |
| CPT-I | 88333 | Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site |
| CPT-I | 88334 | Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure) |
| CPT-I | 88341 | Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) |
| CPT-I | 88342 | Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure |
| CPT-I | 88344 | Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure |
| CPT-I | 88346 | Immunofluorescence, per specimen; initial single antibody stain procedure |
| CPT-I | 88348 | Electron microscopy, diagnostic |
| CPT-I | 88350 | Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure) |
| CPT-I | 88355 | Morphometric analysis; skeletal muscle |
| CPT-I | 88356 | Morphometric analysis; nerve |
| CPT-I | 88358 | Morphometric analysis; tumor (eg, DNA ploidy) |
| CPT-I | 88360 | Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual |
| CPT-I | 88361 | Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology |
| CPT-I | 88362 | Nerve teasing preparations |
| CPT-I | 88363 | Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis) |
| CPT-I | 88364 | In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) |
| CPT-I | 88365 | In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure |
| CPT-I | 88366 | In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 88367 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure |
| CPT-I | 88368 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure |
| CPT-I | 88369 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) |
| CPT-I | 88371 | Protein analysis of tissue by Western Blot, with interpretation and report |
| CPT-I | 88372 | Protein analysis of tissue by Western Blot, with interpretation and report; immunological probe for band identification, each |
| CPT-I | 88373 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure) |
| CPT-I | 88374 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure |
| CPT-I | 88375 | Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session |
| CPT-I | 88377 | Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure |
| CPT-I | 88380 | Microdissection (ie, sample preparation of microscopically identified target); laser capture |
| CPT-I | 88381 | Microdissection (ie, sample preparation of microscopically identified target); manual |
| CPT-I | 88387 | Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node) |
| CPT-I | 88388 | Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure) |
| CPT-I | 88720 | Bilirubin, total, transcutaneous |
| CPT-I | 88738 | Hemoglobin (Hgb), quantitative, transcutaneous |
| CPT-I | 88740 | Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin |
| CPT-I | 88741 | Hemoglobin, quantitative, transcutaneous, per day; methemoglobin |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 89049 | Caffeine halothane contracture test (CHCT) for malignant hyperthermia susceptibility, including interpretation and report |
| CPT-I | 89050 | Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood |
| CPT-I | 89051 | Cell count, miscellaneous body fluids (eg, cerebrospinal fluid, joint fluid), except blood; with differential count |
| CPT-I | 89055 | Leukocyte assessment, fecal, qualitative or semiquantitative |
| CPT-I | 89060 | Crystal identification by light microscopy with or without polarizing lens analysis, tissue or any body fluid (except urine) |
| CPT-I | 89125 | Fat stain, feces, urine, or respiratory secretions |
| CPT-I | 89160 | Meat fibers, feces |
| CPT-I | 89190 | Nasal smear for eosinophils |
| CPT-I | 89220 | Sputum, obtaining specimen, aerosol induced technique (separate procedure) |
| CPT-I | 89230 | Sweat collection by iontophoresis |
| CPT-I | 90281 | Immune globulin (Ig), human, for intramuscular use |
| CPT-I | 90283 | Immune globulin (IgIV), human, for intravenous use |
| CPT-I | 90284 | Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each |
| CPT-I | 90287 | Botulinum antitoxin, equine, any route |
| CPT-I | 90288 | Botulism immune globulin, human, for intravenous use |
| CPT-I | 90291 | Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use |
| CPT-I | 90296 | Diphtheria antitoxin, equine, any route |
| CPT-I | 90371 | Hepatitis B immune globulin (HBIG), human, for intramuscular use |
| CPT-I | 90375 | Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use |
| CPT-I | 90376 | Rabies immune globulin, heat-treated (RIG-HT), human, for intramuscular and/or subcutaneous use |
| CPT-I | 90377 | Rabies immune globulin, heat- and solvent/detergent-treated (RIG-HT S/D), human, for intramuscular and/or subcutaneous use |
| CPT-I | 90384 | Rho(D) immune globulin (RhIG), human, full-dose, for intramuscular use |
| CPT-I | 90385 | Rho(D) immune globulin (RhIG), human, mini-dose, for intramuscular use |
| CPT-I | 90386 | Rho(D) immune globulin (RhIGIV), human, for intravenous use |
| CPT-I | 90389 | Tetanus immune globulin (TIG), human, for intramuscular use |
| CPT-I | 90393 | Vaccinia immune globulin, human, for intramuscular use |
| CPT-I | 90396 | Varicella-zoster immune globulin, human, for intramuscular use |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 90460 | Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered |
| CPT-I | 90461 | Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure) |
| CPT-I | 90471 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) |
| CPT-I | 90472 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) |
| CPT-I | 90473 | Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid) |
| CPT-I | 90474 | Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure) |
| CPT-I | 90476 | Adenovirus vaccine, type 4, live, for oral use |
| CPT-I | 90477 | Adenovirus vaccine, type 7, live, for oral use |
| CPT-I | 90581 | Anthrax vaccine, for subcutaneous or intramuscular use |
| CPT-I | 90584 | Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use |
| CPT-I | 90585 | Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use |
| CPT-I | 90586 | Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use |
| CPT-I | 90611 | Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use |
| CPT-I | 90620 | Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use |
| CPT-I | 90621 | Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use |
| CPT-I | 90622 | Vaccinia (smallpox) virus vaccine, live, lyophilized, 0.3 mL dosage, for percutaneous use |
| CPT-I | 90625 | Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use |
| CPT-I | 90630 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use |
| CPT-I | 90632 | Hepatitis A vaccine (HepA), adult dosage, for intramuscular use |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 90633 | Hepatitis A vaccine (HepA), pediatric/adolescent dosage-2 dose schedule, for intramuscular use |
| CPT-I | 90634 | Hepatitis A vaccine (HepA), pediatric/adolescent dosage-3 dose schedule, for intramuscular use |
| CPT-I | 90636 | Hepatitis A and hepatitis B vaccine (HepA-HepB), adult dosage, for intramuscular use |
| CPT-I | 90644 | Meningococcal conjugate vaccine, serogroups C & Y and Haemophilus influenzae type b vaccine (Hib-MenCY), 4 dose schedule, when administered to children 6 weeks-18 months of age, for intramuscular use |
| CPT-I | 90647 | Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, for intramuscular use |
| CPT-I | 90648 | Haemophilus influenzae type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, for intramuscular use |
| CPT-I | 90649 | Human Papillomavirus vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, for intramuscular use |
| CPT-I | 90650 | Human Papillomavirus vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, for intramuscular use |
| CPT-I | 90651 | Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use |
| CPT-I | 90653 | Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use |
| CPT-I | 90654 | Influenza virus vaccine, trivalent (IIV3), split virus, preservative-free, for intradermal use |
| CPT-I | 90655 | Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.25 mL dosage, for intramuscular use |
| CPT-I | 90656 | Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use |
| CPT-I | 90657 | Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use |
| CPT-I | 90658 | Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use |
| CPT-I | 90660 | Influenza virus vaccine, trivalent, live (LAIV3), for intranasal use |
| CPT-I | 90661 | Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use |
| CPT-I | 90662 | Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use |
| CPT-I | 90664 | Influenza virus vaccine, live (LAIV), pandemic formulation, for intranasal use |
| CPT-I | 90666 | Influenza virus vaccine (IIV), pandemic formulation, split virus, preservative free, for intramuscular use |
| CPT-I | 90667 | Influenza virus vaccine (IIV), pandemic formulation, split virus, adjuvanted, for intramuscular use |
| CPT-I | 90668 | Influenza virus vaccine (IIV), pandemic formulation, split virus, for intramuscular use |
| CPT-I | 90670 | Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use |
| CPT-I | 90671 | Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use |
| CPT-I | 90672 | Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 90673 | Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use |
| CPT-I | 90674 | Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use |
| CPT-I | 90675 | Rabies vaccine, for intramuscular use |
| CPT-I | 90676 | Rabies vaccine, for intradermal use |
| CPT-I | 90677 | Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use |
| CPT-I | 90680 | Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use |
| CPT-I | 90681 | Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use |
| CPT-I | 90682 | Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use |
| CPT-I | 90685 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL dosage, for intramuscular use |
| CPT-I | 90686 | Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use |
| CPT-I | 90687 | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use |
| CPT-I | 90688 | Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use |
| CPT-I | 90689 | Influenza virus vaccine, quadrivalent (IIV4), inactivated, adjuvanted, preservative free, 0.25 mL dosage, for intramuscular use |
| CPT-I | 90690 | Typhoid vaccine, live, oral |
| CPT-I | 90691 | Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use |
| CPT-I | 90694 | Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use |
| CPT-I | 90696 | Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), when administered to children 4 through 6 years of age, for intramuscular use |
| CPT-I | 90697 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use |
| CPT-I | 90698 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV/Hib), for intramuscular use |
| CPT-I | 90700 | Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than 7 years, for intramuscular use |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 90702 | Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use |
| CPT-I | 90707 | Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use |
| CPT-I | 90710 | Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use |
| CPT-I | 90713 | Poliovirus vaccine, inactivated (IPV), for subcutaneous or intramuscular use |
| CPT-I | 90714 | Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use |
| CPT-I | 90715 | Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use |
| CPT-I | 90716 | Varicella virus vaccine (VAR), live, for subcutaneous use |
| CPT-I | 90717 | Yellow fever vaccine, live, for subcutaneous use |
| CPT-I | 90723 | Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), for intramuscular use |
| CPT-I | 90732 | Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use |
| CPT-I | 90733 | Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use |
| CPT-I | 90734 | Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use |
| CPT-I | 90736 | Zoster (shingles) vaccine (HZV), live, for subcutaneous injection |
| CPT-I | 90738 | Japanese encephalitis virus vaccine, inactivated, for intramuscular use |
| CPT-I | 90739 | Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use |
| CPT-I | 90740 | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use |
| CPT-I | 90743 | Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use |
| CPT-I | 90744 | Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use |
| CPT-I | 90746 | Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use |
| CPT-I | 90747 | Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use |
| CPT-I | 90748 | Hepatitis B and Haemophilus influenzae type b vaccine (Hib-HepB), for intramuscular use |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 90750 | Zoster (shingles) vaccine (HZV), recombinant, subunit, adjuvanted, for intramuscular use |
| CPT-I | 90756 | Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5 mL dosage, for intramuscular use |
| CPT-I | 90758 | Zaire ebolavirus vaccine, live, for intramuscular use |
| CPT-I | 90759 | Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use |
| CPT-I | 90785 | Interactive complexity (List separately in addition to the code for primary procedure) |
| CPT-I | 90791 | Psychiatric diagnostic evaluation |
| CPT-I | 90792 | Psychiatric diagnostic evaluation with medical services |
| CPT-I | 90832 | Psychotherapy, 30 minutes with patient |
| CPT-I | 90833 | Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) |
| CPT-I | 90834 | Psychotherapy, 45 minutes with patient |
| CPT-I | 90836 | Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) |
| CPT-I | 90837 | Psychotherapy, 60 minutes with patient |
| CPT-I | 90838 | Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure) |
| CPT-I | 90839 | Psychotherapy for crisis; first 60 minutes |
| CPT-I | 90840 | Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service) |
| CPT-I | 90845 | Psychoanalysis |
| CPT-I | 90846 | Family psychotherapy (without the patient present), 50 minutes |
| CPT-I | 90847 | Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes |
| CPT-I | 90849 | Multiple-family group psychotherapy |
| CPT-I | 90853 | Group psychotherapy (other than of a multiple-family group) |
| CPT-I | 90863 | Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure) |
| CPT-I | 90865 | Narcosynthesis for psychiatric diagnostic and therapeutic purposes (eg, sodium amobarbital (Amytal) interview) |
| CPT-I | 90870 | Electroconvulsive therapy (includes necessary monitoring) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 90875 | Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes |
| CPT-I | 90876 | Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 45 minutes |
| CPT-I | 90880 | Hypnotherapy |
| CPT-I | 90912 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient |
| CPT-I | 90913 | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure) |
| CPT-I | 90937 | Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription |
| CPT-I | 90940 | Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method |
| CPT-I | 90947 | Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription |
| CPT-I | 90989 | Dialysis training, patient, including helper where applicable, any mode, completed course |
| CPT-I | 91010 | Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report |
| CPT-I | 91013 | Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (eg, stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure) |
| CPT-I | 91020 | Gastric motility (manometric) studies |
| CPT-I | 91022 | Duodenal motility (manometric) study |
| CPT-I | 91030 | Esophagus, acid perfusion (Bernstein) test for esophagitis |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 91034 | Esophagus, gastroesophageal reflux test; with nasal catheter pH electrode(s) placement, recording, analysis and interpretation |
| CPT-I | 91035 | Esophagus, gastroesophageal reflux test; with mucosal attached telemetry pH electrode placement, recording, analysis and interpretation |
| CPT-I | 91037 | Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation |
| CPT-I | 91038 | Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours) |
| CPT-I | 91040 | Esophageal balloon distension study, diagnostic, with provocation when performed |
| CPT-I | 91065 | Breath hydrogen or methane test (eg, for detection of lactase deficiency, fructose intolerance, bacterial overgrowth, or oro-cecal gastrointestinal transit) |
| CPT-I | 91110 | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report |
| CPT-I | 91117 | Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report |
| CPT-I | 91120 | Rectal sensation, tone, and compliance test (ie, response to graded balloon distention) |
| CPT-I | 91122 | Anorectal manometry |
| CPT-I | 91132 | Electrogastrography, diagnostic, transcutaneous |
| CPT-I | 91133 | Electrogastrography, diagnostic, transcutaneous; with provocative testing |
| CPT-I | 91200 | Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report |
| CPT-I-COVID | 91300 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted, for intramuscular use |
| CPT-I-COVID | 91301 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use |
| CPT-I-COVID | 91302 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage, for intramuscular use |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I-COVID | 91303 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage, for intramuscular use |
| CPT-I-COVID | 91304 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use |
| CPT-I-COVID | 91305 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use |
| CPT-I-COVID | 91306 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use |
| CPT-I-COVID | 91307 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use |
| CPT-I-COVID | 91308 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use |
| CPT-I-COVID | 91309 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use |
| CPT-I-COVID | 91311 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use |
| CPT-I-COVID | 91312 | Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use |
| CPT-I-COVID | 91313 | Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use |
| CPT-I-COVID | 91314 | Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I-COVID | 91315 | Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use |
| CPT-I-COVID | 91316 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use |
| CPT-I | 92002 | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient |
| CPT-I | 92004 | Ophthalmological services: medical examination and evaluation with initiation of diagnostic and treatment program; comprehensive, new patient, 1 or more visits |
| CPT-I | 92012 | Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient |
| CPT-I | 92014 | Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; comprehensive, established patient, 1 or more visits |
| CPT-I | 92018 | Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; complete |
| CPT-I | 92019 | Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; limited |
| CPT-I | 92020 | Gonioscopy (separate procedure) |
| CPT-I | 92025 | Computerized corneal topography, unilateral or bilateral, with interpretation and report |
| CPT-I | 92060 | Sensorimotor examination with multiple measurements of ocular deviation (eg, restrictive or paretic muscle with diplopia) with interpretation and report (separate procedure) |
| CPT-I | 92065 | Orthoptic training |
| CPT-I | 92071 | Fitting of contact lens for treatment of ocular surface disease |
| CPT-I | 92072 | Fitting of contact lens for management of keratoconus, initial fitting |
| CPT-I | 92081 | Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent) |
| CPT-I | 92082 | Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33) |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 92083 | Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30°, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2) |
| CPT-I | 92100 | Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure) |
| CPT-I | 92133 | Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve |
| CPT-I | 92134 | Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina |
| CPT-I | 92136 | Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation |
| CPT-I | 92145 | Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report |
| CPT-I | 92201 | Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral |
| CPT-I | 92202 | Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral |
| CPT-I | 92227 | Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral |
| CPT-I | 92228 | Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral |
| CPT-I | 92229 | Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral |
| CPT-I | 92230 | Fluorescein angiography with interpretation and report |
| CPT-I | 92235 | Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral |
| CPT-I | 92240 | Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral |
| CPT-I | 92242 | Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 92250 | Fundus photography with interpretation and report |
| CPT-I | 92260 | Ophthalmodynamometry |
| CPT-I | 92265 | Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report |
| CPT-I | 92270 | Electro-oculography with interpretation and report |
| CPT-I | 92273 | Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG) |
| CPT-I | 92274 | Electroretinography (ERG), with interpretation and report; multifocal (mfERG) |
| CPT-I | 92283 | Color vision examination, extended, eg, anomaloscope or equivalent |
| CPT-I | 92284 | Dark adaptation examination with interpretation and report |
| CPT-I | 92285 | External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, gonioscopy, stereo-photography) |
| CPT-I | 92286 | Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis |
| CPT-I | 92287 | Anterior segment imaging with interpretation and report; with fluorescein angiography |
| CPT-I | 92311 | Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, 1 eye |
| CPT-I | 92312 | Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens for aphakia, both eyes |
| CPT-I | 92313 | Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneoscleral lens |
| CPT-I | 92315 | Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, 1 eye |
| CPT-I | 92316 | Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens for aphakia, both eyes |
| CPT-I | 92317 | Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneoscleral lens |
| CPT-I | 92325 | Modification of contact lens (separate procedure), with medical supervision of adaptation |
| CPT-I | 92326 | Replacement of contact lens |
| CPT-I | 92358 | Prosthesis service for aphakia, temporary (disposable or loan, including materials) |
| CPT-I | 92502 | Otolaryngologic examination under general anesthesia |
| CPT-I | 92504 | Binocular microscopy (separate diagnostic procedure) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 92507 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual |
| CPT-I | 92508 | Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals |
| CPT-I | 92511 | Nasopharyngoscopy with endoscope (separate procedure) |
| CPT-I | 92512 | Nasal function studies (eg, rhinomanometry) |
| CPT-I | 92516 | Facial nerve function studies (eg, electroneuronography) |
| CPT-I | 92520 | Laryngeal function studies (ie, aerodynamic testing and acoustic testing) |
| CPT-I | 92521 | Evaluation of speech fluency (eg, stuttering, cluttering) |
| CPT-I | 92522 | Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria) |
| CPT-I | 92523 | Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language) |
| CPT-I | 92524 | Behavioral and qualitative analysis of voice and resonance |
| CPT-I | 92526 | Treatment of swallowing dysfunction and/or oral function for feeding |
| CPT-I | 92531 | Spontaneous nystagmus, including gaze |
| CPT-I | 92532 | Positional nystagmus test |
| CPT-I | 92533 | Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests) |
| CPT-I | 92534 | Optokinetic nystagmus test |
| CPT-I | 92537 | Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations) |
| CPT-I | 92538 | Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations) |
| CPT-I | 92540 | Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording |
| CPT-I | 92541 | Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording |
| CPT-I | 92542 | Positional nystagmus test, minimum of 4 positions, with recording |
| CPT-I | 92544 | Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording |
| CPT-I | 92545 | Oscillating tracking test, with recording |
| CPT-I | 92546 | Sinusoidal vertical axis rotational testing |
| CPT-I | 92547 | Use of vertical electrodes (List separately in addition to code for primary procedure) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 92548 | Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report |
| CPT-I | 92549 | Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT) |
| CPT-I | 92550 | Tympanometry and reflex threshold measurements |
| CPT-I | 92551 | Screening test, pure tone, air only |
| CPT-I | 92552 | Pure tone audiometry (threshold); air only |
| CPT-I | 92553 | Pure tone audiometry (threshold); air and bone |
| CPT-I | 92555 | Speech audiometry threshold |
| CPT-I | 92556 | Speech audiometry threshold; with speech recognition |
| CPT-I | 92557 | Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined) |
| CPT-I | 92558 | Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis |
| CPT-I | 92562 | Loudness balance test, alternate binaural or monaural |
| CPT-I | 92563 | Tone decay test |
| CPT-I | 92565 | Stenger test, pure tone |
| CPT-I | 92567 | Tympanometry (impedance testing) |
| CPT-I | 92568 | Acoustic reflex testing, threshold |
| CPT-I | 92570 | Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing |
| CPT-I | 92571 | Filtered speech test |
| CPT-I | 92572 | Staggered spondaic word test |
| CPT-I | 92575 | Sensorineural acuity level test |
| CPT-I | 92576 | Synthetic sentence identification test |
| CPT-I | 92577 | Stenger test, speech |
| CPT-I | 92579 | Visual reinforcement audiometry (VRA) |
| CPT-I | 92582 | Conditioning play audiometry |
| CPT-I | 92583 | Select picture audiometry |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 92584 | Electrocochleography |
| CPT-I | 92587 | Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report |
| CPT-I | 92588 | Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report |
| CPT-I | 92590 | Hearing aid examination and selection; monaural |
| CPT-I | 92591 | Hearing aid examination and selection; binaural |
| CPT-I | 92592 | Hearing aid check; monaural |
| CPT-I | 92593 | Hearing aid check; binaural |
| CPT-I | 92594 | Electroacoustic evaluation for hearing aid; monaural |
| CPT-I | 92595 | Electroacoustic evaluation for hearing aid; binaural |
| CPT-I | 92596 | Ear protector attenuation measurements |
| CPT-I | 92597 | Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech |
| CPT-I | 92601 | Diagnostic analysis of cochlear implant, patient younger than 7 years of age; with programming |
| CPT-I | 92602 | Diagnostic analysis of cochlear implant, patient younger than 7 years of age; subsequent reprogramming |
| CPT-I | 92603 | Diagnostic analysis of cochlear implant, age 7 years or older; with programming |
| CPT-I | 92604 | Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming |
| CPT-I | 92605 | Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour |
| CPT-I | 92607 | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour |
| CPT-I | 92608 | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure) |
| CPT-I | 92610 | Evaluation of oral and pharyngeal swallowing function |
| CPT-I | 92611 | Motion fluoroscopic evaluation of swallowing function by cine or video recording |
| CPT-I | 92612 | Flexible endoscopic evaluation of swallowing by cine or video recording |
| CPT-I | 92613 | Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only |
| CPT-I | 92614 | Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 92615 | Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only |
| CPT-I | 92616 | Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording |
| CPT-I | 92617 | Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only |
| CPT-I | 92618 | Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure) |
| CPT-I | 92620 | Evaluation of central auditory function, with report; initial 60 minutes |
| CPT-I | 92621 | Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure) |
| CPT-I | 92625 | Assessment of tinnitus (includes pitch, loudness matching, and masking) |
| CPT-I | 92626 | Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour |
| CPT-I | 92627 | Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure) |
| CPT-I | 92630 | Auditory rehabilitation; prelingual hearing loss |
| CPT-I | 92633 | Auditory rehabilitation; postlingual hearing loss |
| CPT-I | 92640 | Diagnostic analysis with programming of auditory brainstem implant, per hour |
| CPT-I | 92650 | Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis |
| CPT-I | 92651 | Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report |
| CPT-I | 92652 | Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report |
| CPT-I | 92653 | Auditory evoked potentials; neurodiagnostic, with interpretation and report |
| CPT-I | 92920 | Percutaneous transluminal coronary angioplasty; single major coronary artery or branch |
| CPT-I | 92921 | Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) |
| CPT-I | 92924 | Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 92925 | Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) |
| CPT-I | 92928 | Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch |
| CPT-I | 92929 | Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) |
| CPT-I | 92933 | Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch |
| CPT-I | 92934 | Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) |
| CPT-I | 92937 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel |
| CPT-I | 92938 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure) |
| CPT-I | 92941 | Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel |
| CPT-I | 92943 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel |
| CPT-I | 92944 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure) |
| CPT-I | 92950 | Cardiopulmonary resuscitation (eg, in cardiac arrest) |
| CPT-I | 92953 | Temporary transcutaneous pacing |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 92960 | Cardioversion, elective, electrical conversion of arrhythmia; external |
| CPT-I | 92961 | Cardioversion, elective, electrical conversion of arrhythmia; internal (separate procedure) |
| CPT-I | 92970 | Cardioassist-method of circulatory assist; internal |
| CPT-I | 92971 | Cardioassist-method of circulatory assist; external |
| CPT-I | 92973 | Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure) |
| CPT-I | 92974 | Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure) |
| CPT-I | 92975 | Thrombolysis, coronary; by intracoronary infusion, including selective coronary angiography |
| CPT-I | 92977 | Thrombolysis, coronary; by intravenous infusion |
| CPT-I | 92978 | Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; initial vessel (List separately in addition to code for primary procedure) |
| CPT-I | 92979 | Endoluminal imaging of coronary vessel or graft using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention including imaging supervision, interpretation and report; each additional vessel (List separately in addition to code for primary procedure) |
| CPT-I | 92986 | Percutaneous balloon valvuloplasty; aortic valve |
| CPT-I | 92987 | Percutaneous balloon valvuloplasty; mitral valve |
| CPT-I | 92990 | Percutaneous balloon valvuloplasty; pulmonary valve |
| CPT-I | 92997 | Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel |
| CPT-I | 92998 | Percutaneous transluminal pulmonary artery balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure) |
| CPT-I | 93000 | Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report |
| CPT-I | 93005 | Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report |
| CPT-I | 93010 | Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only |
| CPT-I | 93015 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report |



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|--------------|-------|---|
| CPT-I | 93016 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report |
| CPT-I | 93017 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report |
| CPT-I | 93018 | Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only |
| CPT-I | 93024 | Ergonovine provocation test |
| CPT-I | 93025 | Microvolt T-wave alternans for assessment of ventricular arrhythmias |
| CPT-I | 93040 | Rhythm ECG, 1-3 leads; with interpretation and report |
| CPT-I | 93041 | Rhythm ECG, 1-3 leads; tracing only without interpretation and report |
| CPT-I | 93042 | Rhythm ECG, 1-3 leads; interpretation and report only |
| CPT-I | 93050 | Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive |
| CPT-I | 93224 | External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional |
| CPT-I | 93225 | External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection) |
| CPT-I | 93226 | External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report |
| CPT-I | 93227 | External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional |
| CPT-I | 93228 | External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 93229 | External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional |
| CPT-I | 93241 | External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation |
| CPT-I | 93242 | External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording) |
| CPT-I | 93243 | External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report |
| CPT-I | 93244 | External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation |
| CPT-I | 93245 | External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation |
| CPT-I | 93246 | External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording) |
| CPT-I | 93247 | External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report |
| CPT-I | 93248 | External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation |
| CPT-I | 93260 | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system |
| CPT-I | 93261 | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 93264 | Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional |
| CPT-I | 93268 | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional |
| CPT-I | 93270 | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection) |
| CPT-I | 93271 | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis |
| CPT-I | 93272 | External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional |
| CPT-I | 93278 | Signal-averaged electrocardiography (SAECG), with or without ECG |
| CPT-I | 93279 | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber |
| CPT-I | 93280 | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system |
| CPT-I | 93281 | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system |
| CPT-I | 93282 | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by |

| Type of Code | Code | Description |
|--------------|-------|--|
| | | a physician or other qualified health care professional; single lead transvenous implantable defibrillator system |
| CPT-I | 93283 | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system |
| CPT-I | 93284 | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system |
| CPT-I | 93285 | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system |
| CPT-I | 93286 | Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system |
| CPT-I | 93287 | Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system |
| CPT-I | 93288 | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system |
| CPT-I | 93289 | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements |
| CPT-I | 93290 | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 93291 | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis |
| CPT-I | 93292 | Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system |
| CPT-I | 93293 | Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days |
| CPT-I | 93294 | Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional |
| CPT-I | 93295 | Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional |
| CPT-I | 93296 | Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results |
| CPT-I | 93297 | Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional |
| CPT-I | 93298 | Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional |
| CPT-I | 93303 | Transthoracic echocardiography for congenital cardiac anomalies; complete |
| CPT-I | 93304 | Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study |
| CPT-I | 93306 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 93307 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography |
| CPT-I | 93308 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study |
| CPT-I | 93312 | Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report |
| CPT-I | 93313 | Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only |
| CPT-I | 93314 | Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only |
| CPT-I | 93315 | Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report |
| CPT-I | 93316 | Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only |
| CPT-I | 93317 | Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only |
| CPT-I | 93318 | Echocardiography, transesophageal (TEE) for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis |
| CPT-I | 93319 | 3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging) |
| CPT-I | 93320 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete |
| CPT-I | 93321 | Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging) |
| CPT-I | 93325 | Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 93350 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report |
| CPT-I | 93351 | Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional |
| CPT-I | 93352 | Use of echocardiographic contrast agent during stress echocardiography (List separately in addition to code for primary procedure) |
| CPT-I | 93355 | Echocardiography, transesophageal (TEE) for guidance of a transcatheter intracardiac or great vessel(s) structural intervention(s) (eg, TAVR, transcatheter pulmonary valve replacement, mitral valve repair, paravalvular regurgitation repair, left atrial appendage occlusion/closure, ventricular septal defect closure) (peri-and intra-procedural), real-time image acquisition and documentation, guidance with quantitative measurements, probe manipulation, interpretation, and report, including diagnostic transesophageal echocardiography and, when performed, administration of ultrasound contrast, Doppler, color flow, and 3D |
| CPT-I | 93356 | Myocardial strain imaging using speckle tracking-derived assessment of myocardial mechanics (List separately in addition to codes for echocardiography imaging) |
| CPT-I | 93451 | Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed |
| CPT-I | 93452 | Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed |
| CPT-I | 93453 | Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed |
| CPT-I | 93454 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation |
| CPT-I | 93455 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 93456 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization |
| CPT-I | 93457 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization |
| CPT-I | 93458 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed |
| CPT-I | 93459 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography |
| CPT-I | 93460 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed |
| CPT-I | 93461 | Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography |
| CPT-I | 93462 | Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure) |
| CPT-I | 93463 | Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure) |
| CPT-I | 93464 | Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure) |
| CPT-I | 93503 | Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes |
| CPT-I | 93505 | Endomyocardial biopsy |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 93563 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure) |
| CPT-I | 93564 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure) |
| CPT-I | 93565 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure) |
| CPT-I | 93566 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure) |
| CPT-I | 93567 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supraaortic aortography (List separately in addition to code for primary procedure) |
| CPT-I | 93568 | Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography (List separately in addition to code for primary procedure) |
| CPT-I | 93571 | Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure) |
| CPT-I | 93572 | Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure) |
| CPT-I | 93580 | Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect) with implant |
| CPT-I | 93581 | Percutaneous transcatheter closure of a congenital ventricular septal defect with implant |
| CPT-I | 93582 | Percutaneous transcatheter closure of patent ductus arteriosus |
| CPT-I | 93583 | Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 93590 | Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve |
| CPT-I | 93591 | Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve |
| CPT-I | 93592 | Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (List separately in addition to code for primary procedure) |
| CPT-I | 93593 | Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections |
| CPT-I | 93594 | Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections |
| CPT-I | 93595 | Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections |
| CPT-I | 93596 | Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections |
| CPT-I | 93597 | Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections |
| CPT-I | 93598 | Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure) |
| CPT-I | 93600 | Bundle of His recording |
| CPT-I | 93602 | Intra-atrial recording |
| CPT-I | 93603 | Right ventricular recording |
| CPT-I | 93609 | Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from multiple sites to identify origin of tachycardia (List separately in addition to code for primary procedure) |
| CPT-I | 93610 | Intra-atrial pacing |
| CPT-I | 93612 | Intraventricular pacing |
| CPT-I | 93613 | Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure) |
| CPT-I | 93615 | Esophageal recording of atrial electrogram with or without ventricular electrogram(s) |
| CPT-I | 93616 | Esophageal recording of atrial electrogram with or without ventricular electrogram(s); with pacing |
| CPT-I | 93618 | Induction of arrhythmia by electrical pacing |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 93619 | Comprehensive electrophysiologic evaluation with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording, including insertion and repositioning of multiple electrode catheters, without induction or attempted induction of arrhythmia |
| CPT-I | 93620 | Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording |
| CPT-I | 93621 | Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure) |
| CPT-I | 93622 | Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left ventricular pacing and recording (List separately in addition to code for primary procedure) |
| CPT-I | 93623 | Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure) |
| CPT-I | 93624 | Electrophysiologic follow-up study with pacing and recording to test effectiveness of therapy, including induction or attempted induction of arrhythmia |
| CPT-I | 93631 | Intra-operative epicardial and endocardial pacing and mapping to localize the site of tachycardia or zone of slow conduction for surgical correction |
| CPT-I | 93640 | Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement |
| CPT-I | 93641 | Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator |
| CPT-I | 93642 | Electrophysiologic evaluation of single or dual chamber transvenous pacing cardioverter-defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 93644 | Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters) |
| CPT-I | 93650 | Intracardiac catheter ablation of atrioventricular node function, atrioventricular conduction for creation of complete heart block, with or without temporary pacemaker placement |
| CPT-I | 93653 | Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry |
| CPT-I | 93654 | Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed |
| CPT-I | 93655 | Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure) |
| CPT-I | 93656 | Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed |
| CPT-I | 93657 | Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 93660 | Evaluation of cardiovascular function with tilt table evaluation, with continuous ECG monitoring and intermittent blood pressure monitoring, with or without pharmacological intervention |
| CPT-I | 93662 | Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure) |
| CPT-I | 93668 | Peripheral arterial disease (PAD) rehabilitation, per session |
| CPT-I | 93701 | Bioimpedance-derived physiologic cardiovascular analysis |
| CPT-I | 93702 | Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s) |
| CPT-I | 93724 | Electronic analysis of antitachycardia pacemaker system (includes electrocardiographic recording, programming of device, induction and termination of tachycardia via implanted pacemaker, and interpretation of recordings) |
| CPT-I | 93745 | Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establishing baseline electronic ECG, transmission of data to data repository, patient instruction in wearing system and patient reporting of problems or events |
| CPT-I | 93750 | Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report |
| CPT-I | 93770 | Determination of venous pressure |
| CPT-I | 93784 | Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; including recording, scanning analysis, interpretation and report |
| CPT-I | 93786 | Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; recording only |
| CPT-I | 93788 | Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; scanning analysis with report |
| CPT-I | 93790 | Ambulatory blood pressure monitoring, utilizing report-generating software, automated, worn continuously for 24 hours or longer; review with interpretation and report |
| CPT-I | 93797 | Physician or other qualified health care professional services for outpatient cardiac rehabilitation; without continuous ECG monitoring (per session) |
| CPT-I | 93798 | Physician or other qualified health care professional services for outpatient cardiac rehabilitation; with continuous ECG monitoring (per session) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 93880 | Duplex scan of extracranial arteries; complete bilateral study |
| CPT-I | 93882 | Duplex scan of extracranial arteries; unilateral or limited study |
| CPT-I | 93886 | Transcranial Doppler study of the intracranial arteries; complete study |
| CPT-I | 93888 | Transcranial Doppler study of the intracranial arteries; limited study |
| CPT-I | 93890 | Transcranial Doppler study of the intracranial arteries; vasoreactivity study |
| CPT-I | 93892 | Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection |
| CPT-I | 93893 | Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection |
| CPT-I | 93895 | Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral |
| CPT-I | 93922 | Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels) |
| CPT-I | 93923 | Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia) |
| CPT-I | 93924 | Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study |
| CPT-I | 93925 | Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 93926 | Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study |
| CPT-I | 93930 | Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study |
| CPT-I | 93931 | Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study |
| CPT-I | 93970 | Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study |
| CPT-I | 93971 | Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study |
| CPT-I | 93975 | Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study |
| CPT-I | 93976 | Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study |
| CPT-I | 93978 | Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study |
| CPT-I | 93979 | Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study |
| CPT-I | 93980 | Duplex scan of arterial inflow and venous outflow of penile vessels; complete study |
| CPT-I | 93981 | Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study |
| CPT-I | 93985 | Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study |
| CPT-I | 93986 | Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study |
| CPT-I | 93990 | Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow) |
| CPT-I | 94002 | Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, initial day |
| CPT-I | 94003 | Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; hospital inpatient/observation, each subsequent day |
| CPT-I | 94004 | Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; nursing facility, per day |
| CPT-I | 94005 | Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living) requiring review of status, review of laboratories and other studies and revision of orders and respiratory care plan (as appropriate), within a calendar month, 30 minutes or more |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 94010 | Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation |
| CPT-I | 94011 | Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age |
| CPT-I | 94012 | Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age |
| CPT-I | 94013 | Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age |
| CPT-I | 94014 | Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional |
| CPT-I | 94015 | Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration) |
| CPT-I | 94016 | Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional |
| CPT-I | 94060 | Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration |
| CPT-I | 94070 | Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen[s], cold air, methacholine) |
| CPT-I | 94150 | Vital capacity, total (separate procedure) |
| CPT-I | 94200 | Maximum breathing capacity, maximal voluntary ventilation |
| CPT-I | 94375 | Respiratory flow volume loop |
| CPT-I | 94450 | Breathing response to hypoxia (hypoxia response curve) |
| CPT-I | 94452 | High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional |
| CPT-I | 94453 | High altitude simulation test (HAST), with interpretation and report by a physician or other qualified health care professional; with supplemental oxygen titration |
| CPT-I | 94610 | Intrapulmonary surfactant administration by a physician or other qualified health care professional through endotracheal tube |
| CPT-I | 94617 | Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; with electrocardiographic recording(s) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 94618 | Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed |
| CPT-I | 94619 | Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; without electrocardiographic recording(s) |
| CPT-I | 94621 | Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings |
| CPT-I | 94625 | Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session) |
| CPT-I | 94626 | Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session) |
| CPT-I | 94640 | Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device |
| CPT-I | 94642 | Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis |
| CPT-I | 94644 | Continuous inhalation treatment with aerosol medication for acute airway obstruction; first hour |
| CPT-I | 94645 | Continuous inhalation treatment with aerosol medication for acute airway obstruction; each additional hour (List separately in addition to code for primary procedure) |
| CPT-I | 94660 | Continuous positive airway pressure ventilation (CPAP), initiation and management |
| CPT-I | 94662 | Continuous negative pressure ventilation (CNP), initiation and management |
| CPT-I | 94664 | Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device |
| CPT-I | 94667 | Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation |
| CPT-I | 94668 | Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent |
| CPT-I | 94669 | Mechanical chest wall oscillation to facilitate lung function, per session |
| CPT-I | 94680 | Oxygen uptake, expired gas analysis; rest and exercise, direct, simple |
| CPT-I | 94681 | Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted |
| CPT-I | 94690 | Oxygen uptake, expired gas analysis; rest, indirect (separate procedure) |
| CPT-I | 94726 | Plethysmography for determination of lung volumes and, when performed, airway resistance |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 94727 | Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes |
| CPT-I | 94728 | Airway resistance by oscillometry |
| CPT-I | 94729 | Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure) |
| CPT-I | 94760 | Noninvasive ear or pulse oximetry for oxygen saturation; single determination |
| CPT-I | 94761 | Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise) |
| CPT-I | 94762 | Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure) |
| CPT-I | 94772 | Circadian respiratory pattern recording (pediatric pneumogram), 12-24 hour continuous recording, infant |
| CPT-I | 94774 | Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; includes monitor attachment, download of data, review, interpretation, and preparation of a report by a physician or other qualified health care professional |
| CPT-I | 94775 | Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitor attachment only (includes hook-up, initiation of recording and disconnection) |
| CPT-I | 94776 | Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; monitoring, download of information, receipt of transmission(s) and analyses by computer only |
| CPT-I | 94777 | Pediatric home apnea monitoring event recording including respiratory rate, pattern and heart rate per 30-day period of time; review, interpretation and preparation of report only by a physician or other qualified health care professional |
| CPT-I | 94780 | Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes |
| CPT-I | 94781 | Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes (List separately in addition to code for primary procedure) |
| CPT-I | 95012 | Nitric oxide expired gas determination |
| CPT-I | 95115 | Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 95117 | Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections |
| CPT-I | 95120 | Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single injection |
| CPT-I | 95125 | Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 or more injections |
| CPT-I | 95130 | Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; single stinging insect venom |
| CPT-I | 95131 | Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 2 stinging insect venoms |
| CPT-I | 95132 | Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 3 stinging insect venoms |
| CPT-I | 95133 | Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 4 stinging insect venoms |
| CPT-I | 95134 | Professional services for allergen immunotherapy in the office or institution of the prescribing physician or other qualified health care professional, including provision of allergenic extract; 5 stinging insect venoms |
| CPT-I | 95144 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials) |
| CPT-I | 95145 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); single stinging insect venom |
| CPT-I | 95146 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 2 single stinging insect venoms |
| CPT-I | 95147 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 3 single stinging insect venoms |
| CPT-I | 95148 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms |
| CPT-I | 95149 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 5 single stinging insect venoms |
| CPT-I | 95165 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 95170 | Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; whole body extract of biting insect or other arthropod (specify number of doses) |
| CPT-I | 95180 | Rapid desensitization procedure, each hour (eg, insulin, penicillin, equine serum) |
| CPT-I | 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 |
| CPT-I | 95250 | Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording |
| CPT-I | 95251 | Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report |
| CPT-I | 95700 | Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels |
| CPT-I | 95705 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored |
| CPT-I | 95706 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance |
| CPT-I | 95707 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance |
| CPT-I | 95708 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored |
| CPT-I | 95709 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance |
| CPT-I | 95710 | Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance |
| CPT-I | 95717 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 95719 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video |
| CPT-I | 95721 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video |
| CPT-I | 95723 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video |
| CPT-I | 95725 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video |
| CPT-I | 95726 | Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG) |
| CPT-I | 95782 | Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist |
| CPT-I | 95783 | Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist |
| CPT-I | 95800 | Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time |
| CPT-I | 95801 | Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone) |
| CPT-I | 95805 | Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness |
| CPT-I | 95806 | Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement) |
| CPT-I | 95807 | Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 95808 | Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist |
| CPT-I | 95810 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist |
| CPT-I | 95811 | Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist |
| CPT-I | 95812 | Electroencephalogram (EEG) extended monitoring; 41-60 minutes |
| CPT-I | 95813 | Electroencephalogram (EEG) extended monitoring; 61-119 minutes |
| CPT-I | 95816 | Electroencephalogram (EEG); including recording awake and drowsy |
| CPT-I | 95819 | Electroencephalogram (EEG); including recording awake and asleep |
| CPT-I | 95822 | Electroencephalogram (EEG); recording in coma or sleep only |
| CPT-I | 95824 | Electroencephalogram (EEG); cerebral death evaluation only |
| CPT-I | 95829 | Electrocorticogram at surgery (separate procedure) |
| CPT-I | 95830 | Insertion by physician or other qualified health care professional of sphenoidal electrodes for electroencephalographic (EEG) recording |
| CPT-I | 95836 | Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days |
| CPT-I | 95857 | Cholinesterase inhibitor challenge test for myasthenia gravis |
| CPT-I | 95860 | Needle electromyography; 1 extremity with or without related paraspinal areas |
| CPT-I | 95861 | Needle electromyography; 2 extremities with or without related paraspinal areas |
| CPT-I | 95863 | Needle electromyography; 3 extremities with or without related paraspinal areas |
| CPT-I | 95864 | Needle electromyography; 4 extremities with or without related paraspinal areas |
| CPT-I | 95865 | Needle electromyography; larynx |
| CPT-I | 95866 | Needle electromyography; hemidiaphragm |
| CPT-I | 95867 | Needle electromyography; cranial nerve supplied muscle(s), unilateral |
| CPT-I | 95868 | Needle electromyography; cranial nerve supplied muscles, bilateral |
| CPT-I | 95869 | Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12) |
| CPT-I | 95870 | Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 95872 | Needle electromyography using single fiber electrode, with quantitative measurement of jitter, blocking and/or fiber density, any/all sites of each muscle studied |
| CPT-I | 95873 | Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure) |
| CPT-I | 95874 | Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure) |
| CPT-I | 95875 | Ischemic limb exercise test with serial specimen(s) acquisition for muscle(s) metabolite(s) |
| CPT-I | 95885 | Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure) |
| CPT-I | 95886 | Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure) |
| CPT-I | 95887 | Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure) |
| CPT-I | 95907 | Nerve conduction studies; 1-2 studies |
| CPT-I | 95908 | Nerve conduction studies; 3-4 studies |
| CPT-I | 95909 | Nerve conduction studies; 5-6 studies |
| CPT-I | 95910 | Nerve conduction studies; 7-8 studies |
| CPT-I | 95911 | Nerve conduction studies; 9-10 studies |
| CPT-I | 95912 | Nerve conduction studies; 11-12 studies |
| CPT-I | 95913 | Nerve conduction studies; 13 or more studies |
| CPT-I | 95921 | Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio |
| CPT-I | 95922 | Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 95923 | Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential |
| CPT-I | 95924 | Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt |
| CPT-I | 95925 | Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs |
| CPT-I | 95926 | Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs |
| CPT-I | 95927 | Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head |
| CPT-I | 95928 | Central motor evoked potential study (transcranial motor stimulation); upper limbs |
| CPT-I | 95929 | Central motor evoked potential study (transcranial motor stimulation); lower limbs |
| CPT-I | 95930 | Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report |
| CPT-I | 95933 | Orbicularis oculi (blink) reflex, by electrodiagnostic testing |
| CPT-I | 95937 | Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method |
| CPT-I | 95938 | Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs |
| CPT-I | 95939 | Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs |
| CPT-I | 95940 | Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure) |
| CPT-I | 95941 | Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure) |
| CPT-I | 95954 | Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test) |
| CPT-I | 95955 | Electroencephalogram (EEG) during nonintracranial surgery (eg, carotid surgery) |
| CPT-I | 95957 | Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis) |
| CPT-I | 95958 | Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 95965 | Magnetoencephalography (MEG), recording and analysis; for spontaneous brain magnetic activity (eg, epileptic cerebral cortex localization) |
| CPT-I | 95966 | Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, single modality (eg, sensory, motor, language, or visual cortex localization) |
| CPT-I | 95967 | Magnetoencephalography (MEG), recording and analysis; for evoked magnetic fields, each additional modality (eg, sensory, motor, language, or visual cortex localization) (List separately in addition to code for primary procedure) |
| CPT-I | 95976 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional |
| CPT-I | 95977 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional |
| CPT-I | 95981 | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming |
| CPT-I | 95982 | Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 95983 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional |
| CPT-I | 95984 | Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure) |
| CPT-I | 95990 | Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed |
| CPT-I | 95991 | Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional |
| CPT-I | 95992 | Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day |
| CPT-I | 96000 | Comprehensive computer-based motion analysis by video-taping and 3D kinematics |
| CPT-I | 96001 | Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measurements during walking |
| CPT-I | 96002 | Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles |
| CPT-I | 96003 | Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle |
| CPT-I | 96004 | Review and interpretation by physician or other qualified health care professional of comprehensive computer-based motion analysis, dynamic plantar pressure measurements, dynamic surface electromyography during walking or other functional activities, and dynamic fine wire electromyography, with written report |
| CPT-I | 96020 | Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 96040 | Medical genetics and genetic counseling services, each 30 minutes face-to-face with patient/family |
| CPT-I | 96105 | Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour |
| CPT-I | 96110 | Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument |
| CPT-I | 96112 | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour |
| CPT-I | 96113 | Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure) |
| CPT-I | 96116 | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour |
| CPT-I | 96121 | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure) |
| CPT-I | 96125 | Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report |
| CPT-I | 96127 | Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument |
| CPT-I | 96130 | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision |



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| Type of Code | Code | Description |
|--------------|-------|---|
| | | making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour |
| CPT-I | 96131 | Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure) |
| CPT-I | 96132 | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour |
| CPT-I | 96133 | Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure) |
| CPT-I | 96136 | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes |
| CPT-I | 96137 | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure) |
| CPT-I | 96138 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes |
| CPT-I | 96139 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure) |
| CPT-I | 96146 | Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only |
| CPT-I | 96156 | Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 96158 | Health behavior intervention, individual, face-to-face; initial 30 minutes |
| CPT-I | 96159 | Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service) |
| CPT-I | 96161 | Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument |
| CPT-I | 96164 | Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes |
| CPT-I | 96165 | Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) |
| CPT-I | 96167 | Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes |
| CPT-I | 96168 | Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) |
| CPT-I | 96170 | Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes |
| CPT-I | 96171 | Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service) |
| CPT-I | 96360 | Intravenous infusion, hydration; initial, 31 minutes to 1 hour |
| CPT-I | 96361 | Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure) |
| CPT-I | 96365 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour |
| CPT-I | 96366 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure) |
| CPT-I | 96367 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure) |
| CPT-I | 96368 | Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure) |
| CPT-I | 96369 | Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); initial, up to 1 hour, including pump set-up and establishment of subcutaneous infusion site(s) |
| CPT-I | 96370 | Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure) |
| CPT-I | 96371 | Subcutaneous infusion for therapy or prophylaxis (specify substance or drug); additional pump set-up with establishment of new subcutaneous infusion site(s) (List separately in addition to code for primary procedure) |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 96372 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular |
| CPT-I | 96373 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intra-arterial |
| CPT-I | 96374 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug |
| CPT-I | 96375 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure) |
| CPT-I | 96376 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of the same substance/drug provided in a facility (List separately in addition to code for primary procedure) |
| CPT-I | 96401 | Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic |
| CPT-I | 96402 | Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic |
| CPT-I | 96405 | Chemotherapy administration; intralesional, up to and including 7 lesions |
| CPT-I | 96406 | Chemotherapy administration; intralesional, more than 7 lesions |
| CPT-I | 96409 | Chemotherapy administration; intravenous, push technique, single or initial substance/drug |
| CPT-I | 96411 | Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure) |
| CPT-I | 96413 | Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug |
| CPT-I | 96415 | Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure) |
| CPT-I | 96416 | Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump |
| CPT-I | 96417 | Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure) |
| CPT-I | 96420 | Chemotherapy administration, intra-arterial; push technique |
| CPT-I | 96422 | Chemotherapy administration, intra-arterial; infusion technique, up to 1 hour |
| CPT-I | 96423 | Chemotherapy administration, intra-arterial; infusion technique, each additional hour (List separately in addition to code for primary procedure) |
| CPT-I | 96425 | Chemotherapy administration, intra-arterial; infusion technique, initiation of prolonged infusion (more than 8 hours), requiring the use of a portable or implantable pump |
| CPT-I | 96440 | Chemotherapy administration into pleural cavity, requiring and including thoracentesis |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 96446 | Chemotherapy administration into the peritoneal cavity via indwelling port or catheter |
| CPT-I | 96450 | Chemotherapy administration, into CNS (eg, intrathecal), requiring and including spinal puncture |
| CPT-I | 96521 | Refilling and maintenance of portable pump |
| CPT-I | 96522 | Refilling and maintenance of implantable pump or reservoir for drug delivery, systemic (eg, intravenous, intra-arterial) |
| CPT-I | 96523 | Irrigation of implanted venous access device for drug delivery systems |
| CPT-I | 96542 | Chemotherapy injection, subarachnoid or intraventricular via subcutaneous reservoir, single or multiple agents |
| CPT-I | 96549 | Unlisted chemotherapy procedure |
| CPT-I | 96567 | Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day |
| CPT-I | 96570 | Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract) |
| CPT-I | 96571 | Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (List separately in addition to code for endoscopy or bronchoscopy procedures of lung and gastrointestinal tract) |
| CPT-I | 96900 | Actinotherapy (ultraviolet light) |
| CPT-I | 96904 | Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma |
| CPT-I | 96910 | Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B |
| CPT-I | 96912 | Photochemotherapy; psoralens and ultraviolet A (PUVA) |
| CPT-I | 96913 | Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings) |
| CPT-I | 96920 | Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm |
| CPT-I | 96921 | Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm |
| CPT-I | 96922 | Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm |
| CPT-I | 96931 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 96932 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion |
| CPT-I | 96933 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion |
| CPT-I | 96934 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (List separately in addition to code for primary procedure) |
| CPT-I | 96935 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for primary procedure) |
| CPT-I | 96936 | Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to code for primary procedure) |
| CPT-I | 97012 | Application of a modality to 1 or more areas; traction, mechanical |
| CPT-I | 97014 | Application of a modality to 1 or more areas; electrical stimulation (unattended) |
| CPT-I | 97016 | Application of a modality to 1 or more areas; vasopneumatic devices |
| CPT-I | 97018 | Application of a modality to 1 or more areas; paraffin bath |
| CPT-I | 97024 | Application of a modality to 1 or more areas; diathermy (eg, microwave) |
| CPT-I | 97026 | Application of a modality to 1 or more areas; infrared |
| CPT-I | 97028 | Application of a modality to 1 or more areas; ultraviolet |
| CPT-I | 97032 | Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes |
| CPT-I | 97033 | Application of a modality to 1 or more areas; iontophoresis, each 15 minutes |
| CPT-I | 97034 | Application of a modality to 1 or more areas; contrast baths, each 15 minutes |
| CPT-I | 97110 | Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility |
| CPT-I | 97112 | Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities |
| CPT-I | 97116 | Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) |
| CPT-I | 97124 | Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion) |
| CPT-I | 97129 | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the |

| Type of Code | Code | Description |
|--------------|-------|--|
| | | performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes |
| CPT-I | 97130 | Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure) |
| CPT-I | 97140 | Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes |
| CPT-I | 97150 | Therapeutic procedure(s), group (2 or more individuals) |
| CPT-I | 97161 | Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 97162 | Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 97163 | Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using |

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

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 97167 | Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 97168 | Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 97530 | Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes |
| CPT-I | 97597 | Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less |
| CPT-I | 97598 | Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| CPT-I | 97602 | Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 97605 | Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters |
| CPT-I | 97606 | Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters |
| CPT-I | 97607 | Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters |
| CPT-I | 97608 | Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters |
| CPT-I | 97750 | Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes |
| CPT-I | 97755 | Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes |
| CPT-I | 97760 | Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes |
| CPT-I | 97761 | Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes |
| CPT-I | 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 |
| CPT-I | 97802 | Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes |
| CPT-I | 97803 | Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes |
| CPT-I | 97804 | Medical nutrition therapy; group (2 or more individual(s)), each 30 minutes |
| CPT-I | 98925 | Osteopathic manipulative treatment (OMT); 1-2 body regions involved |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 98926 | Osteopathic manipulative treatment (OMT); 3-4 body regions involved |
| CPT-I | 98927 | Osteopathic manipulative treatment (OMT); 5-6 body regions involved |
| CPT-I | 98928 | Osteopathic manipulative treatment (OMT); 7-8 body regions involved |
| CPT-I | 98929 | Osteopathic manipulative treatment (OMT); 9-10 body regions involved |
| CPT-I | 98940 | Chiropractic manipulative treatment (CMT); spinal, 1-2 regions |
| CPT-I | 98941 | Chiropractic manipulative treatment (CMT); spinal, 3-4 regions |
| CPT-I | 98942 | Chiropractic manipulative treatment (CMT); spinal, 5 regions |
| CPT-I | 98943 | Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions |
| CPT-I | 98960 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; individual patient |
| CPT-I | 98961 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 2-4 patients |
| CPT-I | 98962 | Education and training for patient self-management by a qualified, nonphysician health care professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family) each 30 minutes; 5-8 patients |
| CPT-I-COVID | 99072 | Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease |
| CPT-I | 99091 | Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days |
| CPT-I | 99100 | Anesthesia for patient of extreme age, younger than 1 year and older than 70 (List separately in addition to code for primary anesthesia procedure) |
| CPT-I | 99116 | Anesthesia complicated by utilization of total body hypothermia (List separately in addition to code for primary anesthesia procedure) |
| CPT-I | 99135 | Anesthesia complicated by utilization of controlled hypotension (List separately in addition to code for primary anesthesia procedure) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 99140 | Anesthesia complicated by emergency conditions (specify) (List separately in addition to code for primary anesthesia procedure) |
| CPT-I | 99151 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age |
| CPT-I | 99152 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older |
| CPT-I | 99153 | Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; each additional 15 minutes intraservice time (List separately in addition to code for primary service) |
| CPT-I | 99155 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age |
| CPT-I | 99156 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older |
| CPT-I | 99157 | Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; each additional 15 minutes intraservice time (List separately in addition to code for primary service) |
| CPT-I | 99170 | Anogenital examination, magnified, in childhood for suspected trauma, including image recording when performed |
| CPT-I | 99173 | Screening test of visual acuity, quantitative, bilateral |
| CPT-I | 99175 | Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 99177 | Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis |
| CPT-I | 99184 | Initiation of selective head or total body hypothermia in the critically ill neonate, includes appropriate patient selection by review of clinical, imaging and laboratory data, confirmation of esophageal temperature probe location, evaluation of amplitude EEG, supervision of controlled hypothermia, and assessment of patient tolerance of cooling |
| CPT-I | 99190 | Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour |
| CPT-I | 99191 | Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 45 minutes |
| CPT-I | 99192 | Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); 30 minutes |
| CPT-I | 99195 | Phlebotomy, therapeutic (separate procedure) |
| CPT-I | 99202 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter. |
| CPT-I | 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter. |
| CPT-I | 99204 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. |
| CPT-I | 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter. |
| CPT-I | 99211 | Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional |
| CPT-I | 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter. |



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| Type of Code | Code | Description |
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| CPT-I | 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter. |
| CPT-I | 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter. |
| CPT-I | 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. |
| CPT-I | 99217 | Observation care discharge day management (This code is to be utilized to report all services provided to a patient on discharge from outpatient hospital "observation status" if the discharge is on other than the initial date of "observation status." To report services to a patient designated as "observation status" or "inpatient status" and discharged on the same date, use the codes for Observation or Inpatient Care Services [including Admission and Discharge Services, 99234-99236 as appropriate.] |
| CPT-I | 99218 | Initial observation care, per day, for the evaluation and management of a patient which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| CPT-I | 99219 | Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit. |



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| Type of Code | Code | Description |
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| CPT-I | 99220 | Initial observation care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to outpatient hospital "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| CPT-I | 99221 | Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| CPT-I | 99222 | Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| CPT-I | 99223 | Initial hospital care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| CPT-I | 99224 | Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: Problem focused interval history; Problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit. |

| Type of Code | Code | Description |
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| CPT-I | 99225 | Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| CPT-I | 99226 | Subsequent observation care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| CPT-I | 99231 | Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering or improving. Typically, 15 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| CPT-I | 99232 | Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 25 minutes are spent at the bedside and on the patient's hospital floor or unit. |

| Type of Code | Code | Description |
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| CPT-I | 99233 | Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Typically, 35 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| CPT-I | 99234 | Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| CPT-I | 99235 | Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| CPT-I | 99236 | Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| CPT-I | 99238 | Hospital discharge day management; 30 minutes or less |
| CPT-I | 99239 | Hospital discharge day management; more than 30 minutes |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 99241 | Office consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 99242 | Office consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 30 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 99243 | Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 99244 | Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 99245 | Office consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent face-to-face with the patient and/or family. |

| Type of Code | Code | Description |
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| CPT-I | 99251 | Inpatient consultation for a new or established patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 20 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| CPT-I | 99252 | Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| CPT-I | 99253 | Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| CPT-I | 99254 | Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit. |
| CPT-I | 99255 | Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit. |



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| Type of Code | Code | Description |
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| CPT-I | 99281 | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. |
| CPT-I | 99282 | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. |
| CPT-I | 99283 | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. |
| CPT-I | 99284 | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function. |
| CPT-I | 99285 | Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function. |



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| Type of Code | Code | Description |
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| CPT-I | 99288 | Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support |
| CPT-I | 99291 | Critical care, evaluation and management of the critically ill or critically injured patient; first 30-74 minutes |
| CPT-I | 99292 | Critical care, evaluation and management of the critically ill or critically injured patient; each additional 30 minutes (List separately in addition to code for primary service) |
| CPT-I | 99304 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A detailed or comprehensive history; A detailed or comprehensive examination; and Medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of low severity. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit. |
| CPT-I | 99305 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of moderate severity. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit. |
| CPT-I | 99306 | Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission are of high severity. Typically, 45 minutes are spent at the bedside and on the patient's facility floor or unit. |
| CPT-I | 99307 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 10 minutes are spent at the bedside and on the patient's facility floor or unit. |

| Type of Code | Code | Description |
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| CPT-I | 99308 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is responding inadequately to therapy or has developed a minor complication. Typically, 15 minutes are spent at the bedside and on the patient's facility floor or unit. |
| CPT-I | 99309 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient has developed a significant complication or a significant new problem. Typically, 25 minutes are spent at the bedside and on the patient's facility floor or unit. |
| CPT-I | 99310 | Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 35 minutes are spent at the bedside and on the patient's facility floor or unit. |
| CPT-I | 99315 | Nursing facility discharge day management; 30 minutes or less |
| CPT-I | 99316 | Nursing facility discharge day management; more than 30 minutes |
| CPT-I | 99318 | Evaluation and management of a patient involving an annual nursing facility assessment, which requires these 3 key components: A detailed interval history; A comprehensive examination; and Medical decision making that is of low to moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is stable, recovering, or improving. Typically, 30 minutes are spent at the bedside and on the patient's facility floor or unit. |

| Type of Code | Code | Description |
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| CPT-I | 99324 | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent with the patient and/or family or caregiver. |
| CPT-I | 99325 | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent with the patient and/or family or caregiver. |
| CPT-I | 99326 | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent with the patient and/or family or caregiver. |
| CPT-I | 99327 | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent with the patient and/or family or caregiver. |
| CPT-I | 99328 | Domiciliary or rest home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent with the patient and/or family or caregiver. |



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| CPT-I | 99334 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 15 minutes are spent with the patient and/or family or caregiver. |
| CPT-I | 99335 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent with the patient and/or family or caregiver. |
| CPT-I | 99336 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent with the patient and/or family or caregiver. |
| CPT-I | 99337 | Domiciliary or rest home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent with the patient and/or family or caregiver. |
| CPT-I | 99339 | Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) |



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| | | and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes |
| CPT-I | 99340 | Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted living facility) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more |
| CPT-I | 99341 | Home visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 20 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 99342 | Home visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 99343 | Home visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family. |

| Type of Code | Code | Description |
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| CPT-I | 99344 | Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 99345 | Home visit for the evaluation and management of a new patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Typically, 75 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 99347 | Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A problem focused interval history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 15 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 99348 | Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: An expanded problem focused interval history; An expanded problem focused examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 25 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 99349 | Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed interval history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient and/or family. |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 99350 | Home visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A comprehensive interval history; A comprehensive examination; Medical decision making of moderate to high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. Typically, 60 minutes are spent face-to-face with the patient and/or family. |
| CPT-I | 99354 | Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; first hour (List separately in addition to code for outpatient Evaluation and Management or psychotherapy service, except with office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215]) |
| CPT-I | 99355 | Prolonged service(s) in the outpatient setting requiring direct patient contact beyond the time of the usual service; each additional 30 minutes (List separately in addition to code for prolonged service) |
| CPT-I | 99356 | Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; first hour (List separately in addition to code for inpatient or observation Evaluation and Management service) |
| CPT-I | 99357 | Prolonged service in the inpatient or observation setting, requiring unit/floor time beyond the usual service; each additional 30 minutes (List separately in addition to code for prolonged service) |
| CPT-I | 99358 | Prolonged evaluation and management service before and/or after direct patient care; first hour |
| CPT-I | 99359 | Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service) |
| CPT-I | 99360 | Standby service, requiring prolonged attendance, each 30 minutes (eg, operative standby, standby for frozen section, for cesarean/high risk delivery, for monitoring EEG) |
| CPT-I | 99366 | Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional |
| CPT-I | 99367 | Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician |
| CPT-I | 99368 | Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 99377 | Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes |
| CPT-I | 99378 | Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more |
| CPT-I | 99379 | Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 15-29 minutes |
| CPT-I | 99380 | Supervision of a nursing facility patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 99381 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year) |
| CPT-I | 99382 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years) |
| CPT-I | 99383 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years) |
| CPT-I | 99384 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years) |
| CPT-I | 99385 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years |
| CPT-I | 99386 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years |
| CPT-I | 99387 | Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older |
| CPT-I | 99391 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 99392 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years) |
| CPT-I | 99393 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years) |
| CPT-I | 99394 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years) |
| CPT-I | 99395 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years |
| CPT-I | 99396 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years |
| CPT-I | 99397 | Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older |
| CPT-I | 99401 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes |
| CPT-I | 99402 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes |
| CPT-I | 99403 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes |
| CPT-I | 99404 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes |
| CPT-I | 99406 | Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 99407 | Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes |
| CPT-I | 99408 | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes |
| CPT-I | 99409 | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes |
| CPT-I | 99411 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes |
| CPT-I | 99412 | Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes |
| CPT-I | 99415 | Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service) |
| CPT-I | 99416 | Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service) |
| CPT-I | 99417 | Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (List separately in addition to codes 99205, 99215 for office or other outpatient Evaluation and Management services) |
| CPT-I | 99421 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes |
| CPT-I | 99422 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes |
| CPT-I | 99423 | Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I | 99439 | Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) |
| CPT-I | 99441 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion |
| CPT-I | 99442 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion |
| CPT-I | 99443 | Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion |
| CPT-I | 99446 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review |
| CPT-I | 99447 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 99448 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review |
| CPT-I | 99449 | Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review |
| CPT-I | 99453 | Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; set-up and patient education on use of equipment |
| CPT-I | 99454 | Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial; device(s) supply with daily recording(s) or programmed alert(s) transmission, each 30 days |
| CPT-I | 99460 | Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant |
| CPT-I | 99461 | Initial care, per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center |
| CPT-I | 99462 | Subsequent hospital care, per day, for evaluation and management of normal newborn |
| CPT-I | 99463 | Initial hospital or birthing center care, per day, for evaluation and management of normal newborn infant admitted and discharged on the same date |
| CPT-I | 99464 | Attendance at delivery (when requested by the delivering physician or other qualified health care professional) and initial stabilization of newborn |
| CPT-I | 99465 | Delivery/birthing room resuscitation, provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output |
| CPT-I | 99466 | Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; first 30-74 minutes of hands-on care during transport |
| CPT-I | 99467 | Critical care face-to-face services, during an interfacility transport of critically ill or critically injured pediatric patient, 24 months of age or younger; each additional 30 minutes (List separately in addition to code for primary service) |
| CPT-I | 99468 | Initial inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 99469 | Subsequent inpatient neonatal critical care, per day, for the evaluation and management of a critically ill neonate, 28 days of age or younger |
| CPT-I | 99471 | Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age |
| CPT-I | 99472 | Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 29 days through 24 months of age |
| CPT-I | 99475 | Initial inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age |
| CPT-I | 99476 | Subsequent inpatient pediatric critical care, per day, for the evaluation and management of a critically ill infant or young child, 2 through 5 years of age |
| CPT-I | 99477 | Initial hospital care, per day, for the evaluation and management of the neonate, 28 days of age or younger, who requires intensive observation, frequent interventions, and other intensive care services |
| CPT-I | 99478 | Subsequent intensive care, per day, for the evaluation and management of the recovering very low birth weight infant (present body weight less than 1500 grams) |
| CPT-I | 99479 | Subsequent intensive care, per day, for the evaluation and management of the recovering low birth weight infant (present body weight of 1500-2500 grams) |
| CPT-I | 99480 | Subsequent intensive care, per day, for the evaluation and management of the recovering infant (present body weight of 2501-5000 grams) |
| CPT-I | 99485 | Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; first 30 minutes |
| CPT-I | 99486 | Supervision by a control physician of interfacility transport care of the critically ill or critically injured pediatric patient, 24 months of age or younger, includes two-way communication with transport team before transport, at the referring facility and during the transport, including data interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure) |
| CPT-I | 99487 | Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high |



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| Type of Code | Code | Description |
|--------------|-------|--|
| | | complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month. |
| CPT-I | 99489 | Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) |
| CPT-I | 99491 | Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month. |
| CPT-I | 99492 | Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies. |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I | 99493 | Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment. |
| CPT-I | 99494 | Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure) |
| CPT-I | 99495 | Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of at least moderate complexity during the service period Face-to-face visit, within 14 calendar days of discharge |
| CPT-I | 99496 | Transitional Care Management Services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge Medical decision making of high complexity during the service period Face-to-face visit, within 7 calendar days of discharge |
| CPT-I-COVID | 0001A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; first dose |
| CPT-II | 0001F | Heart failure assessed (includes assessment of all the following components) (CAD): Blood pressure measured (2000F) Level of activity assessed (1003F) Clinical symptoms of volume overload (excess) assessed (1004F) Weight, recorded (2001F) Clinical signs of volume overload (excess) assessed (2002F) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I-COVID | 0002A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; second dose |
| CPT-MAAA | 0002M | Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and alcoholic steatohepatitis (ASH) |
| CPT-I-COVID | 0003A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; third dose |
| CPT-MAAA | 0003M | Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and nonalcoholic steatohepatitis (NASH) |
| CPT-I-COVID | 0004A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; booster dose |
| CPT-II | 0005F | Osteoarthritis assessed (OA) Includes assessment of all the following components: Osteoarthritis symptoms and functional status assessed (1006F) Use of anti-inflammatory or over-the-counter (OTC) analgesic medications assessed (1007F) Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion) (2004F) |
| CPT-I-COVID | 0011A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; first dose |
| CPT-I-COVID | 0012A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; second dose |
| CPT-II | 0012F | Community-acquired bacterial pneumonia assessment (includes all of the following components) (CAP): Co-morbid conditions assessed (1026F) Vital signs recorded (2010F) Mental status assessed (2014F) Hydration status assessed (2018F) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I-COVID | 0013A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; third dose |
| CPT-II | 0014F | Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (IOL) placement (includes assessment of all of the following components) (EC): Dilated fundus evaluation performed within 12 months prior to cataract surgery (2020F) Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented (must be performed within 12 months prior to surgery) (3073F) Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within 12 months prior to cataract surgery) (3325F) |
| CPT-II | 0015F | Melanoma follow up completed (includes assessment of all of the following components) (ML): History obtained regarding new or changing moles (1050F) Complete physical skin exam performed (2029F) Patient counseled to perform a monthly self skin examination (5005F) |
| CPT-I-COVID | 0031A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage; single dose |
| CPT-I-COVID | 0034A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5 mL dosage; booster dose |
| CPT-I-COVID | 0041A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; first dose |
| CPT-I-COVID | 0042A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; second dose |
| CPT-I-COVID | 0044A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, booster dose |
| CPT-I-COVID | 0051A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; first dose |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I-COVID | 0052A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; second dose |
| CPT-I-COVID | 0053A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; third dose |
| CPT-I-COVID | 0054A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose |
| CPT-I-COVID | 0054A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; booster dose |
| CPT-I-COVID | 0064A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose |
| CPT-I-COVID | 0071A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose |
| CPT-I-COVID | 0072A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose |
| CPT-I-COVID | 0073A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose |
| CPT-I-COVID | 0074A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; booster dose |
| CPT-I-COVID | 0081A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-I-COVID | 0082A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose |
| CPT-I-COVID | 0083A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose |
| CPT-I-COVID | 0091A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years |
| CPT-I-COVID | 0092A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years |
| CPT-I-COVID | 0093A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years |
| CPT-I-COVID | 0094A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; booster dose, when administered to individuals 18 years and over |
| CPT-III | 0095T | Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure) |
| CPT-III | 0098T | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure) |
| CPT-I-COVID | 0111A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; first dose |
| CPT-I-COVID | 0112A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; second dose |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-I-COVID | 0113A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; third dose |
| CPT-I-COVID | 0124A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose |
| CPT-I-COVID | 0134A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose |
| CPT-III | 0164T | Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) |
| CPT-III | 0165T | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure) |
| CPT-III | 0449T | Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device |
| CPT-II | 0500F | Initial prenatal care visit (report at first prenatal encounter with health care professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period [LMP]) (Prenatal) |
| CPT-II | 0501F | Prenatal flow sheet documented in medical record by first prenatal visit (documentation includes at minimum blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery). Report also: date of visit and, in a separate field, the date of the last menstrual period [LMP] (Note: If reporting 0501F Prenatal flow sheet, it is not necessary to report 0500F Initial prenatal care visit) (Prenatal) |
| CPT-II | 0502F | Subsequent prenatal care visit (Prenatal) [Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (eg, an upper respiratory infection; patients seen for consultation only, not for continuing care)] |
| CPT-II | 0503F | Postpartum care visit (Prenatal) |
| CPT-II | 0505F | Hemodialysis plan of care documented (ESRD, P-ESRD) |
| CPT-II | 0507F | Peritoneal dialysis plan of care documented (ESRD) |
| CPT-II | 0509F | Urinary incontinence plan of care documented (GER) |
| CPT-II | 0513F | Elevated blood pressure plan of care documented (CKD) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-II | 0514F | Plan of care for elevated hemoglobin level documented for patient receiving Erythropoiesis-Stimulating Agent therapy (ESA) (CKD) |
| CPT-II | 0516F | Anemia plan of care documented (ESRD) |
| CPT-II | 0517F | Glaucoma plan of care documented (EC) |
| CPT-II | 0518F | Falls plan of care documented (GER) |
| CPT-II | 0519F | Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initiation of a new treatment regimen (ONC) |
| CPT-II | 0520F | Radiation dose limits to normal tissues established prior to the initiation of a course of 3D conformal radiation for a minimum of 2 tissue/organ (ONC) |
| CPT-II | 0521F | Plan of care to address pain documented (COA) (ONC) |
| CPT-II | 0525F | Initial visit for episode (BkP) |
| CPT-II | 0526F | Subsequent visit for episode (BkP) |
| CPT-II | 0528F | Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report (End/Polyp) |
| CPT-II | 0529F | Interval of 3 or more years since patient's last colonoscopy, documented (End/Polyp) |
| CPT-II | 0535F | Dyspnea management plan of care, documented (Pall Cr) |
| CPT-II | 0540F | Glucorticoid Management Plan Documented (RA) |
| CPT-II | 0545F | Plan for follow-up care for major depressive disorder, documented (MDD ADOL) |
| CPT-II | 0550F | Cytopathology report on routine nongynecologic specimen finalized within two working days of accession date (PATH) |
| CPT-II | 0551F | Cytopathology report on nongynecologic specimen with documentation that the specimen was non-routine (PATH) |
| CPT-II | 0555F | Symptom management plan of care documented (HF) |
| CPT-II | 0556F | Plan of care to achieve lipid control documented (CAD) |
| CPT-II | 0557F | Plan of care to manage anginal symptoms documented (CAD) |
| CPT-II | 0575F | HIV RNA control plan of care, documented (HIV) |
| CPT-II | 0580F | Multidisciplinary care plan developed or updated (ALS) |
| CPT-II | 0581F | Patient transferred directly from anesthetizing location to critical care unit (Peri2) |
| CPT-II | 0582F | Patient not transferred directly from anesthetizing location to critical care unit (Peri2) |
| CPT-II | 0583F | Transfer of care checklist used (Peri2) |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-II | 0584F | Transfer of care checklist not used (Peri2) |
| CPT-III | 0715T | Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure) |
| CPT-III | 0722T | Quantitative computed tomography (CT) tissue characterization, including interpretation and report, obtained with concurrent CT examination of any structure contained in the concurrently acquired diagnostic imaging dataset (List separately in addition to code for primary procedure) |
| CPT-III | 0724T | Quantitative magnetic resonance cholangiopancreatography (QMRCP) including data preparation and transmission, interpretation and report, obtained with diagnostic magnetic resonance imaging (MRI) examination of the same anatomy (eg, organ, gland, tissue, target structure) (List separately in addition to code for primary procedure) |
| CPT-III | 0735T | Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (IORT) concurrent with primary craniotomy (List separately in addition to code for primary procedure) |
| CPT-II | 1000F | Tobacco use assessed (CAD, CAP, COPD, PV) (DM) |
| CPT-II | 1002F | Anginal symptoms and level of activity assessed (NMA-No Measure Associated) |
| CPT-II | 1003F | Level of activity assessed (NMA-No Measure Associated) |
| CPT-II | 1004F | Clinical symptoms of volume overload (excess) assessed (NMA-No Measure Associated) |
| CPT-II | 1005F | Asthma symptoms evaluated (includes documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire) (NMA-No Measure Associated) |
| CPT-II | 1006F | Osteoarthritis symptoms and functional status assessed (may include the use of a standardized scale or the completion of an assessment questionnaire, such as the SF-36, AAOS Hip & Knee Questionnaire) (OA) [Instructions: Report when osteoarthritis is addressed during the patient encounter] |
| CPT-II | 1007F | Use of anti-inflammatory or analgesic over-the-counter (OTC) medications for symptom relief assessed (OA) |
| CPT-II | 1008F | Gastrointestinal and renal risk factors assessed for patients on prescribed or OTC non-steroidal anti-inflammatory drug (NSAID) (OA) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-II | 1010F | Severity of angina assessed by level of activity (CAD) |
| CPT-II | 1011F | Angina present (CAD) |
| CPT-II | 1012F | Angina absent (CAD) |
| CPT-II | 1015F | Chronic obstructive pulmonary disease (COPD) symptoms assessed (Includes assessment of at least 1 of the following: dyspnea, cough/sputum, wheezing), or respiratory symptom assessment tool completed (COPD) |
| CPT-II | 1018F | Dyspnea assessed, not present (COPD) |
| CPT-II | 1019F | Dyspnea assessed, present (COPD) |
| CPT-II | 1022F | Pneumococcus immunization status assessed (CAP, COPD) |
| CPT-II | 1026F | Co-morbid conditions assessed (eg, includes assessment for presence or absence of: malignancy, liver disease, congestive heart failure, cerebrovascular disease, renal disease, chronic obstructive pulmonary disease, asthma, diabetes, other co-morbid conditions) (CAP) |
| CPT-II | 1030F | Influenza immunization status assessed (CAP) |
| CPT-II | 1031F | Smoking status and exposure to second hand smoke in the home assessed (Asthma) |
| CPT-II | 1032F | Current tobacco smoker or currently exposed to secondhand smoke (Asthma) |
| CPT-II | 1033F | Current tobacco non-smoker and not currently exposed to secondhand smoke (Asthma) |
| CPT-II | 1034F | Current tobacco smoker (CAD, CAP, COPD, PV) (DM) |
| CPT-II | 1035F | Current smokeless tobacco user (eg, chew, snuff) (PV) |
| CPT-II | 1036F | Current tobacco non-user (CAD, CAP, COPD, PV) (DM) (IBD) |
| CPT-II | 1038F | Persistent asthma (mild, moderate or severe) (Asthma) |
| CPT-II | 1039F | Intermittent asthma (Asthma) |
| CPT-II | 1040F | DSM-5 criteria for major depressive disorder documented at the initial evaluation (MDD, MDD ADOL) |
| CPT-II | 1050F | History obtained regarding new or changing moles (ML) |
| CPT-II | 1052F | Type, anatomic location, and activity all assessed (IBD) |
| CPT-II | 1055F | Visual functional status assessed (EC) |
| CPT-II | 1060F | Documentation of permanent or persistent or paroxysmal atrial fibrillation (STR) |
| CPT-II | 1061F | Documentation of absence of permanent and persistent and paroxysmal atrial fibrillation (STR) |
| CPT-II | 1065F | Ischemic stroke symptom onset of less than 3 hours prior to arrival (STR) |
| CPT-II | 1066F | Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival (STR) |
| CPT-II | 1070F | Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; none present (GERD) |



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|--------------|-------|--|
| CPT-II | 1071F | Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; 1 or more present (GERD) |
| CPT-II | 1090F | Presence or absence of urinary incontinence assessed (GER) |
| CPT-II | 1091F | Urinary incontinence characterized (eg, frequency, volume, timing, type of symptoms, how bothersome) (GER) |
| CPT-II | 1100F | Patient screened for future fall risk; documentation of 2 or more falls in the past year or any fall with injury in the past year (GER) |
| CPT-II | 1101F | Patient screened for future fall risk; documentation of no falls in the past year or only 1 fall without injury in the past year (GER) |
| CPT-II | 1110F | Patient discharged from an inpatient facility (eg, hospital, skilled nursing facility, or rehabilitation facility) within the last 60 days (GER) |
| CPT-II | 1111F | Discharge medications reconciled with the current medication list in outpatient medical record (COA) (GER) |
| CPT-II | 1116F | Auricular or periauricular pain assessed (AOE) |
| CPT-II | 1118F | GERD symptoms assessed after 12 months of therapy (GERD) |
| CPT-II | 1119F | Initial evaluation for condition (HEP C)(EPI, DSP) |
| CPT-II | 1121F | Subsequent evaluation for condition (HEP C)(EPI) |
| CPT-II | 1123F | Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (DEM) (GER, Pall Cr) |
| CPT-II | 1124F | Advance Care Planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (DEM) (GER, Pall Cr) |
| CPT-II | 1125F | Pain severity quantified; pain present (COA) (ONC) |
| CPT-II | 1126F | Pain severity quantified; no pain present (COA) (ONC) |
| CPT-II | 1127F | New episode for condition (NMA-No Measure Associated) |
| CPT-II | 1128F | Subsequent episode for condition (NMA-No Measure Associated) |
| CPT-II | 1130F | Back pain and function assessed, including all of the following: Pain assessment and functional status and patient history, including notation of presence or absence of "red flags" (warning signs) and assessment of prior treatment and response, and employment status (BkP) |
| CPT-II | 1134F | Episode of back pain lasting 6 weeks or less (BkP) |
| CPT-II | 1135F | Episode of back pain lasting longer than 6 weeks (BkP) |
| CPT-II | 1136F | Episode of back pain lasting 12 weeks or less (BkP) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-II | 1137F | Episode of back pain lasting longer than 12 weeks (BkP) |
| CPT-II | 1150F | Documentation that a patient has a substantial risk of death within 1 year (Pall Cr) |
| CPT-II | 1151F | Documentation that a patient does not have a substantial risk of death within one year (Pall Cr) |
| CPT-II | 1152F | Documentation of advanced disease diagnosis, goals of care prioritize comfort (Pall Cr) |
| CPT-II | 1153F | Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (Pall Cr) |
| CPT-II | 1157F | Advance care plan or similar legal document present in the medical record (COA) |
| CPT-II | 1158F | Advance care planning discussion documented in the medical record (COA) |
| CPT-II | 1159F | Medication list documented in medical record (COA) |
| CPT-II | 1160F | Review of all medications by a prescribing practitioner or clinical pharmacist (such as, prescriptions, OTCs, herbal therapies and supplements) documented in the medical record (COA) |
| CPT-II | 1170F | Functional status assessed (COA) (RA) |
| CPT-II | 1175F | Functional status for dementia assessed and results reviewed (DEM) |
| CPT-II | 1180F | All specified thromboembolic risk factors assessed (AFIB) |
| CPT-II | 1181F | Neuropsychiatric symptoms assessed and results reviewed (DEM) |
| CPT-II | 1182F | Neuropsychiatric symptoms, one or more present (DEM) |
| CPT-II | 1183F | Neuropsychiatric symptoms, absent (DEM) |
| CPT-II | 1200F | Seizure type(s) and current seizure frequency(ies) documented (EPI) |
| CPT-II | 1205F | Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (EPI) |
| CPT-II | 1220F | Patient screened for depression (SUD) |
| CPT-II | 1400F | Parkinson's disease diagnosis reviewed (Prkns) |
| CPT-II | 1450F | Symptoms improved or remained consistent with treatment goals since last assessment (HF) |
| CPT-II | 1451F | Symptoms demonstrated clinically important deterioration since last assessment (HF) |
| CPT-II | 1460F | Qualifying cardiac event/diagnosis in previous 12 months (CAD) |
| CPT-II | 1461F | No qualifying cardiac event/diagnosis in previous 12 months (CAD) |
| CPT-II | 1490F | Dementia severity classified, mild (DEM) |
| CPT-II | 1491F | Dementia severity classified, moderate (DEM) |
| CPT-II | 1493F | Dementia severity classified, severe (DEM) |
| CPT-II | 1494F | Cognition assessed and reviewed (DEM) |
| CPT-II | 1500F | Symptoms and signs of distal symmetric polyneuropathy reviewed and documented (DSP) |
| CPT-II | 1501F | Not initial evaluation for condition (DSP) |



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|--------------|-------|--|
| CPT-II | 1502F | Patient queried about pain and pain interference with function using a valid and reliable instrument (DSP) |
| CPT-II | 1503F | Patient queried about symptoms of respiratory insufficiency (ALS) |
| CPT-II | 1504F | Patient has respiratory insufficiency (ALS) |
| CPT-II | 1505F | Patient does not have respiratory insufficiency (ALS) |
| CPT-II | 2000F | Blood pressure measured (CKD)(DM) |
| CPT-II | 2001F | Weight recorded (PAG) |
| CPT-II | 2002F | Clinical signs of volume overload (excess) assessed (NMA-No Measure Associated) |
| CPT-II | 2004F | Initial examination of the involved joint(s) (includes visual inspection, palpation, range of motion) (OA) [Instructions: Report only for initial osteoarthritis visit or for visits for new joint involvement] |
| CPT-II | 2010F | Vital signs (temperature, pulse, respiratory rate, and blood pressure) documented and reviewed (CAP) (EM) |
| CPT-II | 2014F | Mental status assessed (CAP) (EM) |
| CPT-II | 2015F | Asthma impairment assessed (Asthma) |
| CPT-II | 2016F | Asthma risk assessed (Asthma) |
| CPT-II | 2018F | Hydration status assessed (normal/mildly dehydrated/severely dehydrated) (CAP) |
| CPT-II | 2019F | Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage and the level of macular degeneration severity (EC) |
| CPT-II | 2020F | Dilated fundus evaluation performed within 12 months prior to cataract surgery (EC) |
| CPT-II | 2021F | Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level of severity of retinopathy (EC) |
| CPT-II | 2022F | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM) |
| CPT-II | 2023F | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM) |
| CPT-II | 2024F | 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; with evidence of retinopathy (DM) |
| CPT-II | 2025F | 7 standard field stereoscopic retinal photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy (DM) |
| CPT-II | 2026F | Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; with evidence of retinopathy (DM) |
| CPT-II | 2027F | Optic nerve head evaluation performed (EC) |



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|--------------|-------|---|
| CPT-II | 2028F | Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse exam - report when any of the 3 components are completed) (DM) |
| CPT-II | 2029F | Complete physical skin exam performed (ML) |
| CPT-II | 2030F | Hydration status documented, normally hydrated (PAG) |
| CPT-II | 2031F | Hydration status documented, dehydrated (PAG) |
| CPT-II | 2033F | Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; without evidence of retinopathy (DM) |
| CPT-II | 2035F | Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (OME) |
| CPT-II | 2040F | Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (BkP) |
| CPT-II | 2044F | Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back pain episode lasting longer than 6 weeks (BkP) |
| CPT-II | 2050F | Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement documented (CWC) |
| CPT-II | 2060F | Patient interviewed directly on or before date of diagnosis of major depressive disorder (MDD ADOL) |
| CPT-II | 3006F | Chest X-ray results documented and reviewed (CAP) |
| CPT-II | 3008F | Body Mass Index (BMI), documented (PV) |
| CPT-II | 3011F | Lipid panel results documented and reviewed (must include total cholesterol, HDL-C, triglycerides and calculated LDL-C) (CAD) |
| CPT-II | 3014F | Screening mammography results documented and reviewed (PV) |
| CPT-II | 3015F | Cervical cancer screening results documented and reviewed (PV) |
| CPT-II | 3016F | Patient screened for unhealthy alcohol use using a systematic screening method (PV) (DSP) |
| CPT-II | 3017F | Colorectal cancer screening results documented and reviewed (PV) |
| CPT-II | 3018F | Pre-procedure risk assessment and depth of insertion and quality of the bowel prep and complete description of polyp(s) found, including location of each polyp, size, number and gross morphology and recommendations for follow-up in final colonoscopy report documented (End/Polyp) |
| CPT-II | 3019F | Left ventricular ejection fraction (LVEF) assessment planned post discharge (HF) |
| CPT-II | 3020F | Left ventricular function (LVF) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the medical record (Includes quantitative or qualitative assessment results) (NMA-No Measure Associated) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-II | 3021F | Left ventricular ejection fraction (LVEF) less than 40% or documentation of moderately or severely depressed left ventricular systolic function (CAD, HF) |
| CPT-II | 3022F | Left ventricular ejection fraction (LVEF) greater than or equal to 40% or documentation as normal or mildly depressed left ventricular systolic function (CAD, HF) |
| CPT-II | 3023F | Spirometry results documented and reviewed (COPD) |
| CPT-II | 3025F | Spirometry test results demonstrate FEV1/FVC less than 70% with COPD symptoms (eg, dyspnea, cough/sputum, wheezing) (CAP, COPD) |
| CPT-II | 3027F | Spirometry test results demonstrate FEV1/FVC greater than or equal to 70% or patient does not have COPD symptoms (COPD) |
| CPT-II | 3028F | Oxygen saturation results documented and reviewed (includes assessment through pulse oximetry or arterial blood gas measurement) (CAP, COPD) (EM) |
| CPT-II | 3035F | Oxygen saturation less than or equal to 88% or a PaO2 less than or equal to 55 mm Hg (COPD) |
| CPT-II | 3037F | Oxygen saturation greater than 88% or PaO2 greater than 55 mm Hg (COPD) |
| CPT-II | 3038F | Pulmonary function test performed within 12 months prior to surgery (Lung/Esop Cx) |
| CPT-II | 3040F | Functional expiratory volume (FEV1) less than 40% of predicted value (COPD) |
| CPT-II | 3042F | Functional expiratory volume (FEV1) greater than or equal to 40% of predicted value (COPD) |
| CPT-II | 3044F | Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM) |
| CPT-II | 3046F | Most recent hemoglobin A1c level greater than 9.0% (DM) |
| CPT-II | 3048F | Most recent LDL-C less than 100 mg/dL (CAD) (DM) |
| CPT-II | 3049F | Most recent LDL-C 100-129 mg/dL (CAD) (DM) |
| CPT-II | 3050F | Most recent LDL-C greater than or equal to 130 mg/dL (CAD) (DM) |
| CPT-II | 3051F | Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM) |
| CPT-II | 3052F | Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM) |
| CPT-II | 3055F | Left ventricular ejection fraction (LVEF) less than or equal to 35% (HF) |
| CPT-II | 3056F | Left ventricular ejection fraction (LVEF) greater than 35% or no LVEF result available (HF) |
| CPT-II | 3060F | Positive microalbuminuria test result documented and reviewed (DM) |
| CPT-II | 3061F | Negative microalbuminuria test result documented and reviewed (DM) |
| CPT-II | 3062F | Positive macroalbuminuria test result documented and reviewed (DM) |
| CPT-II | 3066F | Documentation of treatment for nephropathy (eg, patient receiving dialysis, patient being treated for ESRD, CRF, ARF, or renal insufficiency, any visit to a nephrologist) (DM) |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-II | 3072F | Low risk for retinopathy (no evidence of retinopathy in the prior year) (DM) |
| CPT-II | 3073F | Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documented within 12 months prior to surgery (EC) |
| CPT-II | 3074F | Most recent systolic blood pressure less than 130 mm Hg (DM) (HTN, CKD, CAD) |
| CPT-II | 3075F | Most recent systolic blood pressure 130-139 mm Hg (DM) (HTN, CKD, CAD) |
| CPT-II | 3077F | Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM) |
| CPT-II | 3078F | Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM) |
| CPT-II | 3079F | Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM) |
| CPT-II | 3080F | Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM) |
| CPT-II | 3082F | Kt/V less than 1.2 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD) |
| CPT-II | 3083F | Kt/V equal to or greater than 1.2 and less than 1.7 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD) |
| CPT-II | 3084F | Kt/V greater than or equal to 1.7 (Clearance of urea [Kt]/volume [V]) (ESRD, P-ESRD) |
| CPT-II | 3085F | Suicide risk assessed (MDD, MDD ADOL) |
| CPT-II | 3088F | Major depressive disorder, mild (MDD) |
| CPT-II | 3089F | Major depressive disorder, moderate (MDD) |
| CPT-II | 3090F | Major depressive disorder, severe without psychotic features (MDD) |
| CPT-II | 3091F | Major depressive disorder, severe with psychotic features (MDD) |
| CPT-II | 3092F | Major depressive disorder, in remission (MDD) |
| CPT-II | 3093F | Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (MDD) |
| CPT-II | 3095F | Central dual-energy X-ray absorptiometry (DXA) results documented (OP) (IBD) |
| CPT-II | 3096F | Central dual-energy X-ray absorptiometry (DXA) ordered (OP) (IBD) |
| CPT-II | 3100F | Carotid imaging study report (includes direct or indirect reference to measurements of distal internal carotid diameter as the denominator for stenosis measurement) (STR, RAD) |
| CPT-II | 3110F | Documentation in final CT or MRI report of presence or absence of hemorrhage and mass lesion and acute infarction (STR) |
| CPT-II | 3111F | CT or MRI of the brain performed in the hospital within 24 hours of arrival or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, TIA or intracranial hemorrhage (STR) |
| CPT-II | 3112F | CT or MRI of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center for purpose other than confirmation of initial diagnosis of stroke, TIA, or intracranial hemorrhage (STR) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-II | 3115F | Quantitative results of an evaluation of current level of activity and clinical symptoms (HF) |
| CPT-II | 3117F | Heart failure disease specific structured assessment tool completed (HF) |
| CPT-II | 3118F | New York Heart Association (NYHA) Class documented (HF) |
| CPT-II | 3119F | No evaluation of level of activity or clinical symptoms (HF) |
| CPT-II | 3120F | 12-Lead ECG Performed (EM) |
| CPT-II | 3126F | Esophageal biopsy report with a statement about dysplasia (present, absent, or indefinite, and if present, contains appropriate grading) (PATH) |
| CPT-II | 3130F | Upper gastrointestinal endoscopy performed (GERD) |
| CPT-II | 3132F | Documentation of referral for upper gastrointestinal endoscopy (GERD) |
| CPT-II | 3140F | Upper gastrointestinal endoscopy report indicates suspicion of Barrett's esophagus (GERD) |
| CPT-II | 3141F | Upper gastrointestinal endoscopy report indicates no suspicion of Barrett's esophagus (GERD) |
| CPT-II | 3142F | Barium swallow test ordered (GERD) |
| CPT-II | 3150F | Forceps esophageal biopsy performed (GERD) |
| CPT-II | 3155F | Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (HEM) |
| CPT-II | 3160F | Documentation of iron stores prior to initiating erythropoietin therapy (HEM) |
| CPT-II | 3170F | Baseline flow cytometry studies performed at time of diagnosis or prior to initiating treatment (HEM) |
| CPT-II | 3200F | Barium swallow test not ordered (GERD) |
| CPT-II | 3210F | Group A Strep Test Performed (PHAR) |
| CPT-II | 3215F | Patient has documented immunity to Hepatitis A (HEP-C) |
| CPT-II | 3216F | Patient has documented immunity to Hepatitis B (HEP-C)(IBD) |
| CPT-II | 3218F | RNA testing for Hepatitis C documented as performed within 6 months prior to initiation of antiviral treatment for Hepatitis C (HEP-C) |
| CPT-II | 3220F | Hepatitis C quantitative RNA testing documented as performed at 12 weeks from initiation of antiviral treatment (HEP-C) |
| CPT-II | 3230F | Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (OME) |
| CPT-II | 3250F | Specimen site other than anatomic location of primary tumor (PATH) |
| CPT-II | 3260F | pT category (primary tumor), pN category (regional lymph nodes), and histologic grade documented in pathology report (PATH) |
| CPT-II | 3265F | Ribonucleic acid (RNA) testing for Hepatitis C viremia ordered or results documented (HEP C) |



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|--------------|-------|--|
| CPT-II | 3266F | Hepatitis C genotype testing documented as performed prior to initiation of antiviral treatment for Hepatitis C (HEP C) |
| CPT-II | 3267F | Pathology report includes pT category, pN category, Gleason score, and statement about margin status (PATH) |
| CPT-II | 3268F | Prostate-specific antigen (PSA), and primary tumor (T) stage, and Gleason score documented prior to initiation of treatment (PRCA) |
| CPT-II | 3269F | Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (PRCA) |
| CPT-II | 3270F | Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (PRCA) |
| CPT-II | 3271F | Low risk of recurrence, prostate cancer (PRCA) |
| CPT-II | 3272F | Intermediate risk of recurrence, prostate cancer (PRCA) |
| CPT-II | 3273F | High risk of recurrence, prostate cancer (PRCA) |
| CPT-II | 3274F | Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (PRCA) |
| CPT-II | 3278F | Serum levels of calcium, phosphorus, intact Parathyroid Hormone (PTH) and lipid profile ordered (CKD) |
| CPT-II | 3279F | Hemoglobin level greater than or equal to 13 g/dL (CKD, ESRD) |
| CPT-II | 3280F | Hemoglobin level 11 g/dL to 12.9 g/dL (CKD, ESRD) |
| CPT-II | 3281F | Hemoglobin level less than 11 g/dL (CKD, ESRD) |
| CPT-II | 3284F | Intraocular pressure (IOP) reduced by a value of greater than or equal to 15% from the pre-intervention level (EC) |
| CPT-II | 3285F | Intraocular pressure (IOP) reduced by a value less than 15% from the pre-intervention level (EC) |
| CPT-II | 3288F | Falls risk assessment documented (GER) |
| CPT-II | 3290F | Patient is D (Rh) negative and unsensitized (Pre-Cr) |
| CPT-II | 3291F | Patient is D (Rh) positive or sensitized (Pre-Cr) |
| CPT-II | 3292F | HIV testing ordered or documented and reviewed during the first or second prenatal visit (Pre-Cr) |
| CPT-II | 3293F | ABO and Rh blood typing documented as performed (Pre-Cr) |
| CPT-II | 3294F | Group B Streptococcus (GBS) screening documented as performed during week 35-37 gestation (Pre-Cr) |
| CPT-II | 3300F | American Joint Committee on Cancer (AJCC) stage documented and reviewed (ONC) |
| CPT-II | 3301F | Cancer stage documented in medical record as metastatic and reviewed (ONC) |
| CPT-II | 3315F | Estrogen receptor (ER) or progesterone receptor (PR) positive breast cancer (ONC) |
| CPT-II | 3316F | Estrogen receptor (ER) and progesterone receptor (PR) negative breast cancer (ONC) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-II | 3317F | Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemotherapy (ONC) |
| CPT-II | 3318F | Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiation therapy (ONC) |
| CPT-II | 3319F | 1 of the following diagnostic imaging studies ordered: chest x-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans (ML) |
| CPT-II | 3320F | None of the following diagnostic imaging studies ordered: chest X-ray, CT, Ultrasound, MRI, PET, or nuclear medicine scans (ML) |
| CPT-II | 3321F | AJCC Cancer Stage 0 or IA Melanoma, documented (ML) |
| CPT-II | 3322F | Melanoma greater than AJCC Stage 0 or IA (ML) |
| CPT-II | 3323F | Clinical tumor, node and metastases (TNM) staging documented and reviewed prior to surgery (Lung/Esop Cx) |
| CPT-II | 3324F | MRI or CT scan ordered, reviewed or requested (EPI) |
| CPT-II | 3325F | Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocular lens placement (must be performed within 12 months prior to cataract surgery) (EC) |
| CPT-II | 3328F | Performance status documented and reviewed within 2 weeks prior to surgery (Lung/Esop Cx) |
| CPT-II | 3330F | Imaging study ordered (BkP) |
| CPT-II | 3331F | Imaging study not ordered (BkP) |
| CPT-II | 3340F | Mammogram assessment category of "incomplete: need additional imaging evaluation" documented (RAD) |
| CPT-II | 3341F | Mammogram assessment category of "negative," documented (RAD) |
| CPT-II | 3342F | Mammogram assessment category of "benign," documented (RAD) |
| CPT-II | 3343F | Mammogram assessment category of "probably benign," documented (RAD) |
| CPT-II | 3344F | Mammogram assessment category of "suspicious," documented (RAD) |
| CPT-II | 3345F | Mammogram assessment category of "highly suggestive of malignancy," documented (RAD) |
| CPT-II | 3350F | Mammogram assessment category of "known biopsy proven malignancy," documented (RAD) |
| CPT-II | 3351F | Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD) |
| CPT-II | 3352F | No significant depressive symptoms as categorized by using a standardized depression assessment tool (MDD) |



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|--------------|-------|---|
| CPT-II | 3353F | Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD) |
| CPT-II | 3354F | Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (MDD) |
| CPT-II | 3370F | AJCC Breast Cancer Stage 0 documented (ONC) |
| CPT-II | 3372F | AJCC Breast Cancer Stage I: T1mic, T1a or T1b (tumor size <= 1 cm) documented (ONC) |
| CPT-II | 3374F | AJCC Breast Cancer Stage I: T1c (tumor size > 1 cm to 2 cm) documented (ONC) |
| CPT-II | 3376F | AJCC Breast Cancer Stage II documented (ONC) |
| CPT-II | 3378F | AJCC Breast Cancer Stage III documented (ONC) |
| CPT-II | 3380F | AJCC Breast Cancer Stage IV documented (ONC) |
| CPT-II | 3382F | AJCC colon cancer, Stage 0 documented (ONC) |
| CPT-II | 3384F | AJCC colon cancer, Stage I documented (ONC) |
| CPT-II | 3386F | AJCC colon cancer, Stage II documented (ONC) |
| CPT-II | 3388F | AJCC colon cancer, Stage III documented (ONC) |
| CPT-II | 3390F | AJCC colon cancer, Stage IV documented (ONC) |
| CPT-II | 3394F | Quantitative HER2 immunohistochemistry (IHC) evaluation of breast cancer consistent with the scoring system defined in the ASCO/CAP guidelines (PATH) |
| CPT-II | 3395F | Quantitative non-HER2 immunohistochemistry (IHC) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [ER/PR]) performed (PATH) |
| CPT-II | 3450F | Dyspnea screened, no dyspnea or mild dyspnea (Pall Cr) |
| CPT-II | 3451F | Dyspnea screened, moderate or severe dyspnea (Pall Cr) |
| CPT-II | 3452F | Dyspnea not screened (Pall Cr) |
| CPT-II | 3455F | TB screening performed and results interpreted within six months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for RA (RA) |
| CPT-II | 3470F | Rheumatoid arthritis (RA) disease activity, low (RA) |
| CPT-II | 3471F | Rheumatoid arthritis (RA) disease activity, moderate (RA) |
| CPT-II | 3472F | Rheumatoid arthritis (RA) disease activity, high (RA) |
| CPT-II | 3475F | Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (RA) |
| CPT-II | 3476F | Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (RA) |
| CPT-II | 3490F | History of AIDS-defining condition (HIV) |



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|--------------|-------|---|
| CPT-II | 3491F | HIV indeterminate (infants of undetermined HIV status born of HIV-infected mothers) (HIV) |
| CPT-II | 3492F | History of nadir CD4+ cell count <350 cells/mm3 (HIV) |
| CPT-II | 3493F | No history of nadir CD4+ cell count <350 cells/mm3 and no history of AIDS-defining condition (HIV) |
| CPT-II | 3494F | CD4+ cell count <200 cells/mm3 (HIV) |
| CPT-II | 3495F | CD4+ cell count 200 - 499 cells/mm3 (HIV) |
| CPT-II | 3496F | CD4+ cell count >=500 cells/mm3 (HIV) |
| CPT-II | 3497F | CD4+ cell percentage <15% (HIV) |
| CPT-II | 3498F | CD4+ cell percentage >=15% (HIV) |
| CPT-II | 3500F | CD4+ cell count or CD4+ cell percentage documented as performed (HIV) |
| CPT-II | 3502F | HIV RNA viral load below limits of quantification (HIV) |
| CPT-II | 3503F | HIV RNA viral load not below limits of quantification (HIV) |
| CPT-II | 3510F | Documentation that tuberculosis (TB) screening test performed and results interpreted (HIV) (IBD) |
| CPT-II | 3511F | Chlamydia and gonorrhea screenings documented as performed (HIV) |
| CPT-II | 3512F | Syphilis screening documented as performed (HIV) |
| CPT-II | 3513F | Hepatitis B screening documented as performed (HIV) |
| CPT-II | 3514F | Hepatitis C screening documented as performed (HIV) |
| CPT-II | 3515F | Patient has documented immunity to Hepatitis C (HIV) |
| CPT-II | 3517F | Hepatitis B Virus (HBV) status assessed and results interpreted within one year prior to receiving a first course of anti-TNF (tumor necrosis factor) therapy (IBD) |
| CPT-II | 3520F | Clostridium difficile testing performed (IBD) |
| CPT-II | 3550F | Low risk for thromboembolism (AFIB) |
| CPT-II | 3551F | Intermediate risk for thromboembolism (AFIB) |
| CPT-II | 3552F | High risk for thromboembolism (AFIB) |
| CPT-II | 3555F | Patient had International Normalized Ratio (INR) measurement performed (AFIB) |
| CPT-II | 3570F | Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, X ray, MRI, CT) corresponding to the same anatomical region in question (NUC_MED) |
| CPT-II | 3572F | Patient considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED) |
| CPT-II | 3573F | Patient not considered to be potentially at risk for fracture in a weight-bearing site (NUC_MED) |
| CPT-II | 3650F | Electroencephalogram (EEG) ordered, reviewed or requested (EPI) |
| CPT-II | 3700F | Psychiatric disorders or disturbances assessed (Prkns) |



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|--------------|-------|---|
| CPT-II | 3720F | Cognitive impairment or dysfunction assessed (Prkns) |
| CPT-II | 3725F | Screening for depression performed (DEM) |
| CPT-II | 3750F | Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (IBD) |
| CPT-II | 3751F | Electrodiagnostic studies for distal symmetric polyneuropathy conducted (or requested), documented, and reviewed within 6 months of initial evaluation for condition (DSP) |
| CPT-II | 3752F | Electrodiagnostic studies for distal symmetric polyneuropathy not conducted (or requested), documented, or reviewed within 6 months of initial evaluation for condition (DSP) |
| CPT-II | 3753F | Patient has clear clinical symptoms and signs that are highly suggestive of neuropathy AND cannot be attributed to another condition, AND has an obvious cause for the neuropathy (DSP) |
| CPT-II | 3754F | Screening tests for diabetes mellitus reviewed, requested, or ordered (DSP) |
| CPT-II | 3755F | Cognitive and behavioral impairment screening performed (ALS) |
| CPT-II | 3756F | Patient has pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS) |
| CPT-II | 3757F | Patient does not have pseudobulbar affect, sialorrhea, or ALS-related symptoms (ALS) |
| CPT-II | 3758F | Patient referred for pulmonary function testing or peak cough expiratory flow (ALS) |
| CPT-II | 3759F | Patient screened for dysphagia, weight loss, and impaired nutrition, and results documented (ALS) |
| CPT-II | 3760F | Patient exhibits dysphagia, weight loss, or impaired nutrition (ALS) |
| CPT-II | 3761F | Patient does not exhibit dysphagia, weight loss, or impaired nutrition (ALS) |
| CPT-II | 3762F | Patient is dysarthric (ALS) |
| CPT-II | 3763F | Patient is not dysarthric (ALS) |
| CPT-II | 3775F | Adenoma(s) or other neoplasm detected during screening colonoscopy (SCADR) |
| CPT-II | 3776F | Adenoma(s) or other neoplasm not detected during screening colonoscopy (SCADR) |
| CPT-II | 4000F | Tobacco use cessation intervention, counseling (COPD, CAP, CAD, Asthma) (DM) (PV) |
| CPT-II | 4001F | Tobacco use cessation intervention, pharmacologic therapy (COPD, CAD, CAP, PV, Asthma) (DM) (PV) |
| CPT-II | 4003F | Patient education, written/oral, appropriate for patients with heart failure, performed (NMA-No measure Associated) |
| CPT-II | 4004F | Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (PV, CAD) |
| CPT-II | 4005F | Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (OP) (IBD) |
| CPT-II | 4008F | Beta-blocker therapy prescribed or currently being taken (CAD,HF) |



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|--------------|-------|--|
| CPT-II | 4010F | Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken (CAD, CKD, HF) (DM) |
| CPT-II | 4011F | Oral antiplatelet therapy prescribed (CAD) |
| CPT-II | 4012F | Warfarin therapy prescribed (NMA-No Measure Associated) |
| CPT-II | 4013F | Statin therapy prescribed or currently being taken (CAD) |
| CPT-II | 4014F | Written discharge instructions provided to heart failure patients discharged home (Instructions include all of the following components: activity level, diet, discharge medications, follow-up appointment, weight monitoring, what to do if symptoms worsen) (NMA-No Measure Associated) |
| CPT-II | 4015F | Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (NMA-No Measure Associated) |
| CPT-II | 4016F | Anti-inflammatory/analgesic agent prescribed (OA) (Use for prescribed or continued medication[s], including over-the-counter medication[s]) |
| CPT-II | 4017F | Gastrointestinal prophylaxis for NSAID use prescribed (OA) |
| CPT-II | 4018F | Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed (OA) |
| CPT-II | 4019F | Documentation of receipt of counseling on exercise and either both calcium and vitamin D use or counseling regarding both calcium and vitamin D use (OP) |
| CPT-II | 4025F | Inhaled bronchodilator prescribed (COPD) |
| CPT-II | 4030F | Long-term oxygen therapy prescribed (more than 15 hours per day) (COPD) |
| CPT-II | 4033F | Pulmonary rehabilitation exercise training recommended (COPD) |
| CPT-II | 4035F | Influenza immunization recommended (COPD) (IBD) |
| CPT-II | 4037F | Influenza immunization ordered or administered (COPD, PV, CKD, ESRD) (IBD) |
| CPT-II | 4040F | Pneumococcal vaccine administered or previously received (COPD) (PV) (IBD) |
| CPT-II | 4041F | Documentation of order for cefazolin OR cefuroxime for antimicrobial prophylaxis (PERI 2) |
| CPT-II | 4042F | Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intraoperatively (PERI 2) |
| CPT-II | 4043F | Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, cardiac procedures (PERI 2) |
| CPT-II | 4044F | Documentation that an order was given for venous thromboembolism (VTE) prophylaxis to be given within 24 hours prior to incision time or 24 hours after surgery end time (PERI 2) |
| CPT-II | 4045F | Appropriate empiric antibiotic prescribed (CAP), (EM) |



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|--------------|-------|---|
| CPT-II | 4046F | Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperatively (PERI 2) |
| CPT-II | 4047F | Documentation of order for prophylactic parenteral antibiotics to be given within 1 hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required) (PERI 2) |
| CPT-II | 4048F | Documentation that administration of prophylactic parenteral antibiotic was initiated within 1 hour (if fluoroquinolone or vancomycin, 2 hours) prior to surgical incision (or start of procedure when no incision is required) as ordered (PERI 2) |
| CPT-II | 4049F | Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-cardiac procedure (PERI 2) |
| CPT-II | 4050F | Hypertension plan of care documented as appropriate (NMA-No Measure Associated) |
| CPT-II | 4051F | Referred for an arteriovenous (AV) fistula (ESRD, CKD) |
| CPT-II | 4052F | Hemodialysis via functioning arteriovenous (AV) fistula (ESRD) |
| CPT-II | 4053F | Hemodialysis via functioning arteriovenous (AV) graft (ESRD) |
| CPT-II | 4054F | Hemodialysis via catheter (ESRD) |
| CPT-II | 4055F | Patient receiving peritoneal dialysis (ESRD) |
| CPT-II | 4056F | Appropriate oral rehydration solution recommended (PAG) |
| CPT-II | 4058F | Pediatric gastroenteritis education provided to caregiver (PAG) |
| CPT-II | 4060F | Psychotherapy services provided (MDD, MDD ADOL) |
| CPT-II | 4062F | Patient referral for psychotherapy documented (MDD, MDD ADOL) |
| CPT-II | 4063F | Antidepressant pharmacotherapy considered and not prescribed (MDD ADOL) |
| CPT-II | 4064F | Antidepressant pharmacotherapy prescribed (MDD, MDD ADOL) |
| CPT-II | 4065F | Antipsychotic pharmacotherapy prescribed (MDD) |
| CPT-II | 4066F | Electroconvulsive therapy (ECT) provided (MDD) |
| CPT-II | 4067F | Patient referral for electroconvulsive therapy (ECT) documented (MDD) |
| CPT-II | 4069F | Venous thromboembolism (VTE) prophylaxis received (IBD) |
| CPT-II | 4070F | Deep vein thrombosis (DVT) prophylaxis received by end of hospital day 2 (STR) |
| CPT-II | 4073F | Oral antiplatelet therapy prescribed at discharge (STR) |
| CPT-II | 4075F | Anticoagulant therapy prescribed at discharge (STR) |
| CPT-II | 4077F | Documentation that tissue plasminogen activator (t-PA) administration was considered (STR) |
| CPT-II | 4079F | Documentation that rehabilitation services were considered (STR) |



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| CPT-II | 4084F | Aspirin received within 24 hours before emergency department arrival or during emergency department stay (EM) |
| CPT-II | 4086F | Aspirin or clopidogrel prescribed or currently being taken (CAD) |
| CPT-II | 4090F | Patient receiving erythropoietin therapy (HEM) |
| CPT-II | 4095F | Patient not receiving erythropoietin therapy (HEM) |
| CPT-II | 4100F | Bisphosphonate therapy, intravenous, ordered or received (HEM) |
| CPT-II | 4110F | Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (CABG) |
| CPT-II | 4115F | Beta blocker administered within 24 hours prior to surgical incision (CABG) |
| CPT-II | 4120F | Antibiotic prescribed or dispensed (URI, PHAR), (A-BRONCH) |
| CPT-II | 4124F | Antibiotic neither prescribed nor dispensed (URI, PHAR), (A-BRONCH) |
| CPT-II | 4130F | Topical preparations (including OTC) prescribed for acute otitis externa (AOE) |
| CPT-II | 4131F | Systemic antimicrobial therapy prescribed (AOE) |
| CPT-II | 4132F | Systemic antimicrobial therapy not prescribed (AOE) |
| CPT-II | 4133F | Antihistamines or decongestants prescribed or recommended (OME) |
| CPT-II | 4134F | Antihistamines or decongestants neither prescribed nor recommended (OME) |
| CPT-II | 4135F | Systemic corticosteroids prescribed (OME) |
| CPT-II | 4136F | Systemic corticosteroids not prescribed (OME) |
| CPT-II | 4140F | Inhaled corticosteroids prescribed (Asthma) |
| CPT-II | 4142F | Corticosteroid sparing therapy prescribed (IBD) |
| CPT-II | 4144F | Alternative long-term control medication prescribed (Asthma) |
| CPT-II | 4145F | Two or more anti-hypertensive agents prescribed or currently being taken (CAD, HTN) |
| CPT-II | 4148F | Hepatitis A vaccine injection administered or previously received (HEP-C) |
| CPT-II | 4149F | Hepatitis B vaccine injection administered or previously received (HEP-C, HIV) (IBD) |
| CPT-II | 4150F | Patient receiving antiviral treatment for Hepatitis C (HEP-C) |
| CPT-II | 4151F | Patient did not start or is not receiving antiviral treatment for Hepatitis C during the measurement period (HEP-C) |
| CPT-II | 4153F | Combination peginterferon and ribavirin therapy prescribed (HEP-C) |
| CPT-II | 4155F | Hepatitis A vaccine series previously received (HEP-C) |
| CPT-II | 4157F | Hepatitis B vaccine series previously received (HEP-C) |



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| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-II | 4158F | Patient counseled about risks of alcohol use (HEP-C) |
| CPT-II | 4159F | Counseling regarding contraception received prior to initiation of antiviral treatment (HEP-C) |
| CPT-II | 4163F | Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: active surveillance, and interstitial prostate brachytherapy, and external beam radiotherapy, and radical prostatectomy, provided prior to initiation of treatment (PRCA) |
| CPT-II | 4164F | Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gonadotropin-releasing hormone [GnRH] agonist or antagonist) prescribed/administered (PRCA) |
| CPT-II | 4165F | 3-dimensional conformal radiotherapy (3D-CRT) or intensity modulated radiation therapy (IMRT) received (PRCA) |
| CPT-II | 4167F | Head of bed elevation (30-45 degrees) on first ventilator day ordered (CRIT) |
| CPT-II | 4168F | Patient receiving care in the intensive care unit (ICU) and receiving mechanical ventilation, 24 hours or less (CRIT) |
| CPT-II | 4169F | Patient either not receiving care in the intensive care unit (ICU) OR not receiving mechanical ventilation OR receiving mechanical ventilation greater than 24 hours (CRIT) |
| CPT-II | 4171F | Patient receiving erythropoiesis-stimulating agents (ESA) therapy (CKD) |
| CPT-II | 4172F | Patient not receiving erythropoiesis-stimulating agents (ESA) therapy (CKD) |
| CPT-II | 4174F | Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment adherence provided to patient and/or caregiver(s) (EC) |
| CPT-II | 4175F | Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surgery (EC) |
| CPT-II | 4176F | Counseling about value of protection from UV light and lack of proven efficacy of nutritional supplements in prevention or progression of cataract development provided to patient and/or caregiver(s) (NMA-No Measure Associated) |
| CPT-II | 4177F | Counseling about the benefits and/or risks of the Age-Related Eye Disease Study (AREDS) formulation for preventing progression of age-related macular degeneration (AMD) provided to patient and/or caregiver(s) (EC) |
| CPT-II | 4178F | Anti-D immune globulin received between 26 and 30 weeks gestation (Pre-Cr) |
| CPT-II | 4179F | Tamoxifen or aromatase inhibitor (AI) prescribed (ONC) |
| CPT-II | 4180F | Adjuvant chemotherapy referred, prescribed, or previously received for Stage III colon cancer (ONC) |
| CPT-II | 4181F | Conformal radiation therapy received (NMA-No Measure Associated) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-II | 4182F | Conformal radiation therapy not received (NMA-No Measure Associated) |
| CPT-II | 4185F | Continuous (12-months) therapy with proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD) |
| CPT-II | 4186F | No continuous (12-months) therapy with either proton pump inhibitor (PPI) or histamine H2 receptor antagonist (H2RA) received (GERD) |
| CPT-II | 4187F | Disease modifying anti-rheumatic drug therapy prescribed or dispensed (RA) |
| CPT-II | 4188F | Appropriate angiotensin converting enzyme (ACE)/angiotensin receptor blockers (ARB) therapeutic monitoring test ordered or performed (AM) |
| CPT-II | 4189F | Appropriate digoxin therapeutic monitoring test ordered or performed (AM) |
| CPT-II | 4190F | Appropriate diuretic therapeutic monitoring test ordered or performed (AM) |
| CPT-II | 4191F | Appropriate anticonvulsant therapeutic monitoring test ordered or performed (AM) |
| CPT-II | 4192F | Patient not receiving glucocorticoid therapy (RA) |
| CPT-II | 4193F | Patient receiving <10 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months (RA) |
| CPT-II | 4194F | Patient receiving >=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (RA) |
| CPT-II | 4195F | Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA) |
| CPT-II | 4196F | Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (RA) |
| CPT-II | 4200F | External beam radiotherapy as primary therapy to prostate with or without nodal irradiation (PRCA) |
| CPT-II | 4201F | External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient (PRCA) |
| CPT-II | 4210F | Angiotensin converting enzyme (ACE) or angiotensin receptor blockers (ARB) medication therapy for 6 months or more (MM) |
| CPT-II | 4220F | Digoxin medication therapy for 6 months or more (MM) |
| CPT-II | 4221F | Diuretic medication therapy for 6 months or more (MM) |
| CPT-II | 4230F | Anticonvulsant medication therapy for 6 months or more (MM) |
| CPT-II | 4240F | Instruction in therapeutic exercise with follow-up provided to patients during episode of back pain lasting longer than 12 weeks (BkP) |

| Type of Code | Code | Description |
|--------------|-------|---|
| CPT-II | 4242F | Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks (BkP) |
| CPT-II | 4245F | Patient counseled during the initial visit to maintain or resume normal activities (BkP) |
| CPT-II | 4248F | Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (BkP) |
| CPT-II | 4250F | Active warming used intraoperatively for the purpose of maintaining normothermia, or at least 1 body temperature equal to or greater than 36 degrees Centigrade (or 96.8 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (CRIT) |
| CPT-II | 4255F | Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (CRIT) (Peri2) |
| CPT-II | 4256F | Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (CRIT) (Peri2) |
| CPT-II | 4260F | Wound surface culture technique used (CWC) |
| CPT-II | 4261F | Technique other than surface culture of the wound exudate used (eg, Levine/deep swab technique, semi-quantitative or quantitative swab technique) or wound surface culture technique not used (CWC) |
| CPT-II | 4265F | Use of wet to dry dressings prescribed or recommended (CWC) |
| CPT-II | 4266F | Use of wet to dry dressings neither prescribed nor recommended (CWC) |
| CPT-II | 4267F | Compression therapy prescribed (CWC) |
| CPT-II | 4268F | Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (CWC) |
| CPT-II | 4269F | Appropriate method of offloading (pressure relief) prescribed (CWC) |
| CPT-II | 4270F | Patient receiving potent antiretroviral therapy for 6 months or longer (HIV) |
| CPT-II | 4271F | Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (HIV) |
| CPT-II | 4274F | Influenza immunization administered or previously received (HIV) (P-ESRD) |
| CPT-II | 4276F | Potent antiretroviral therapy prescribed (HIV) |
| CPT-II | 4279F | Pneumocystis jiroveci pneumonia prophylaxis prescribed (HIV) |
| CPT-II | 4280F | Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low CD4+ cell count or percentage (HIV) |
| CPT-II | 4290F | Patient screened for injection drug use (HIV) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-II | 4293F | Patient screened for high-risk sexual behavior (HIV) |
| CPT-II | 4300F | Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB) |
| CPT-II | 4301F | Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB) |
| CPT-II | 4305F | Patient education regarding appropriate foot care and daily inspection of the feet received (CWC) |
| CPT-II | 4306F | Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (SUD) |
| CPT-II | 4320F | Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (SUD) |
| CPT-II | 4322F | Caregiver provided with education and referred to additional resources for support (DEM) |
| CPT-II | 4324F | Patient (or caregiver) queried about Parkinson's disease medication related motor complications (Prkns) |
| CPT-II | 4325F | Medical and surgical treatment options reviewed with patient (or caregiver) (Prkns) |
| CPT-II | 4326F | Patient (or caregiver) queried about symptoms of autonomic dysfunction (Prkns) |
| CPT-II | 4328F | Patient (or caregiver) queried about sleep disturbances (Prkns) |
| CPT-II | 4330F | Counseling about epilepsy specific safety issues provided to patient (or caregiver(s)) (EPI) |
| CPT-II | 4340F | Counseling for women of childbearing potential with epilepsy (EPI) |
| CPT-II | 4350F | Counseling provided on symptom management, end of life decisions, and palliation (DEM) |
| CPT-II | 4400F | Rehabilitative therapy options discussed with patient (or caregiver) (Prkns) |
| CPT-II | 4450F | Self-care education provided to patient (HF) |
| CPT-II | 4470F | Implantable cardioverter-defibrillator (ICD) counseling provided (HF) |
| CPT-II | 4480F | Patient receiving ACE inhibitor/ARB therapy and beta-blocker therapy for 3 months or longer (HF) |
| CPT-II | 4481F | Patient receiving ACE inhibitor/ARB therapy and beta-blocker therapy for less than 3 months or patient not receiving ACE inhibitor/ARB therapy and beta-blocker therapy (HF) |
| CPT-II | 4500F | Referred to an outpatient cardiac rehabilitation program (CAD) |
| CPT-II | 4510F | Previous cardiac rehabilitation for qualifying cardiac event completed (CAD) |
| CPT-II | 4525F | Neuropsychiatric intervention ordered (DEM) |
| CPT-II | 4526F | Neuropsychiatric intervention received (DEM) |
| CPT-II | 4540F | Disease modifying pharmacotherapy discussed (ALS) |
| CPT-II | 4541F | Patient offered treatment for pseudobulbar affect, sialorrhoea, or ALS-related symptoms (ALS) |
| CPT-II | 4550F | Options for noninvasive respiratory support discussed with patient (ALS) |
| CPT-II | 4551F | Nutritional support offered (ALS) |
| CPT-II | 4552F | Patient offered referral to a speech language pathologist (ALS) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-II | 4553F | Patient offered assistance in planning for end of life issues (ALS) |
| CPT-II | 4554F | Patient received inhalational anesthetic agent (Peri2) |
| CPT-II | 4555F | Patient did not receive inhalational anesthetic agent (Peri2) |
| CPT-II | 4556F | Patient exhibits 3 or more risk factors for post-operative nausea and vomiting (Peri2) |
| CPT-II | 4557F | Patient does not exhibit 3 or more risk factors for post-operative nausea and vomiting (Peri2) |
| CPT-II | 4558F | Patient received at least 2 prophylactic pharmacologic anti-emetic agents of different classes preoperatively and intraoperatively (Peri2) |
| CPT-II | 4559F | At least 1 body temperature measurement equal to or greater than 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time (Peri2) |
| CPT-II | 4560F | Anesthesia technique did not involve general or neuraxial anesthesia (Peri2) |
| CPT-II | 4561F | Patient has a coronary artery stent (Peri2) |
| CPT-II | 4562F | Patient does not have a coronary artery stent (Peri2) |
| CPT-II | 4563F | Patient received aspirin within 24 hours prior to anesthesia start time (Peri2) |
| CPT-II | 5005F | Patient counseled on self-examination for new or changing moles (ML) |
| CPT-II | 5010F | Findings of dilated macular or fundus exam communicated to the physician or other qualified health care professional managing the diabetes care (EC) |
| CPT-II | 5015F | Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for osteoporosis (OP) |
| CPT-II | 5020F | Treatment summary report communicated to physician(s) or other qualified health care professional(s) managing continuing care and to the patient within 1 month of completing treatment (ONC) |
| CPT-II | 5050F | Treatment plan communicated to provider(s) managing continuing care within 1 month of diagnosis (ML) |
| CPT-II | 5060F | Findings from diagnostic mammogram communicated to practice managing patient's on-going care within 3 business days of exam interpretation (RAD) |
| CPT-II | 5062F | Findings from diagnostic mammogram communicated to the patient within 5 days of exam interpretation (RAD) |
| CPT-II | 5100F | Potential risk for fracture communicated to the referring physician or other qualified health care professional within 24 hours of completion of the imaging study (NUC_MED) |
| CPT-II | 5200F | Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy within the past 3 years (EPI) |

| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-II | 5250F | Asthma discharge plan provided to patient (Asthma) |
| CPT-II | 6005F | Rationale (eg, severity of illness and safety) for level of care (eg, home, hospital) documented (CAP) |
| CPT-II | 6010F | Dysphagia screening conducted prior to order for or receipt of any foods, fluids, or medication by mouth (STR) |
| CPT-II | 6015F | Patient receiving or eligible to receive foods, fluids, or medication by mouth (STR) |
| CPT-II | 6020F | NPO (nothing by mouth) ordered (STR) |
| CPT-II | 6030F | All elements of maximal sterile barrier technique, hand hygiene, skin preparation and, if ultrasound is used, sterile ultrasound techniques followed (CRIT) |
| CPT-II | 6040F | Use of appropriate radiation dose reduction devices OR manual techniques for appropriate moderation of exposure, documented (RAD) |
| CPT-II | 6045F | Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (RAD) |
| CPT-II | 6070F | Patient queried and counseled about anti-epileptic drug (AED) side effects (EPI) |
| CPT-II | 6080F | Patient (or caregiver) queried about falls (Prkns, DSP) |
| CPT-II | 6090F | Patient (or caregiver) counseled about safety issues appropriate to patient's stage of disease (Prkns) |
| CPT-II | 6100F | Timeout to verify correct patient, correct site, and correct procedure, documented (PATH) |
| CPT-II | 6101F | Safety counseling for dementia provided (DEM) |
| CPT-II | 6102F | Safety counseling for dementia ordered (DEM) |
| CPT-II | 6110F | Counseling provided regarding risks of driving and the alternatives to driving (DEM) |
| CPT-II | 6150F | Patient not receiving a first course of anti-TNF (tumor necrosis factor) therapy (IBD) |
| CPT-II | 7010F | Patient information entered into a recall system that includes: target date for the next exam specified and a process to follow up with patients regarding missed or unscheduled appointments (ML) |
| CPT-II | 7020F | Mammogram assessment category (eg, Mammography Quality Standards Act [MQSA], Breast Imaging Reporting and Data System [BI-RADS], or FDA approved equivalent categories) entered into an internal database to allow for analysis of abnormal interpretation (recall) rate (RAD) |
| CPT-II | 7025F | Patient information entered into a reminder system with a target due date for the next mammogram (RAD) |
| CPT-II | 9001F | Aortic aneurysm less than 5.0 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated) |
| CPT-II | 9002F | Aortic aneurysm 5.0 - 5.4 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| CPT-II | 9003F | Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated) |
| CPT-II | 9004F | Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted CT or minor diameter on axial formatted CT (NMA-No Measure Associated) |
| CPT-II | 9005F | Asymptomatic carotid stenosis: No history of any transient ischemic attack or stroke in any carotid or vertebral territory (NMA-No Measure Associated) |
| CPT-II | 9006F | Symptomatic carotid stenosis: Ipsilateral carotid territory TIA or stroke less than 120 days prior to procedure (NMA-No Measure Associated) |
| CPT-II | 9007F | Other carotid stenosis: Ipsilateral TIA or stroke 120 days or greater prior to procedure or any prior contralateral carotid territory or vertebral TIA or stroke (NMA-No Measure Associated) |
| HCPCS | A0382 | BLS routine disposable supplies |
| HCPCS | A0384 | BLS specialized service disposable supplies; defibrillation (used by ALS ambulances and BLS ambulances in jurisdictions where defibrillation is permitted in BLS ambulances) |
| HCPCS | A0392 | ALS specialized service disposable supplies; defibrillation (to be used only in jurisdictions where defibrillation cannot be performed in BLS ambulances) |
| HCPCS | A0394 | ALS specialized service disposable supplies; IV drug therapy |
| HCPCS | A0396 | ALS specialized service disposable supplies; esophageal intubation |
| HCPCS | A0398 | ALS routine disposable supplies |
| HCPCS | A0420 | Ambulance waiting time (ALS or BLS), one half (1/2) hour increments |
| HCPCS | A0422 | Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation |
| HCPCS | A0424 | Extra ambulance attendant, ground (ALS or BLS) or air (fixed or rotary winged); (requires medical review) |
| HCPCS | A0425 | Ground mileage, per statute mile |
| HCPCS | A0427 | Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 - emergency) |
| HCPCS | A0429 | Ambulance service, basic life support, emergency transport (BLS, emergency) |
| HCPCS | A0430 | Ambulance service, conventional air services, transport, one way (fixed wing) |
| HCPCS | A0431 | Ambulance service, conventional air services, transport, one way (rotary wing) |
| HCPCS | A0432 | Paramedic intercept (pi), rural area, transport furnished by a volunteer ambulance company which is prohibited by state law from billing third party payers |
| HCPCS | A0433 | Advanced life support, level 2 (ALS 2) |
| HCPCS | A0435 | Fixed wing air mileage, per statute mile |



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|--------------|-------|---|
| HCPCS | A0436 | Rotary wing air mileage, per statute mile |
| HCPCS | A0998 | Ambulance response and treatment, no transport |
| HCPCS | A4206 | Syringe with needle, sterile, 1 cc or less, each |
| HCPCS | A4207 | Syringe with needle, sterile 2 cc, each |
| HCPCS | A4208 | Syringe with needle, sterile 3 cc, each |
| HCPCS | A4209 | Syringe with needle, sterile 5 cc or greater, each |
| HCPCS | A4210 | Needle-free injection device, each |
| HCPCS | A4211 | Supplies for self-administered injections |
| HCPCS | A4212 | Non-coring needle or stylet with or without catheter |
| HCPCS | A4213 | Syringe, sterile, 20 cc or greater, each |
| HCPCS | A4215 | Needle, sterile, any size, each |
| HCPCS | A4216 | Sterile water, saline and/or dextrose, diluent/flush, 10 ml |
| HCPCS | A4217 | Sterile water/saline, 500 ml |
| HCPCS | A4218 | Sterile saline or water, metered dose dispenser, 10 ml |
| HCPCS | A4221 | Supplies for maintenance of non-insulin drug infusion catheter, per week (list drugs separately) |
| HCPCS | A4230 | Infusion set for external insulin pump, non needle cannula type |
| HCPCS | A4231 | Infusion set for external insulin pump, needle type |
| HCPCS | A4232 | Syringe with needle for external insulin pump, sterile, 3 cc |
| HCPCS | A4233 | Replacement battery, alkaline (other than J cell), for use with medically necessary home blood glucose monitor owned by patient, each |
| HCPCS | A4234 | Replacement battery, alkaline, J cell, for use with medically necessary home blood glucose monitor owned by patient, each |
| HCPCS | A4235 | Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned by patient, each |
| HCPCS | A4236 | Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor owned by patient, each |
| HCPCS | A4244 | Alcohol or peroxide, per pint |
| HCPCS | A4253 | Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips |
| HCPCS | A4255 | Platforms for home blood glucose monitor, 50 per box |
| HCPCS | A4256 | Normal, low and high calibrator solution/chips |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | A4258 | Spring-powered device for lancet, each |
| HCPCS | A4259 | Lancets, per box of 100 |
| HCPCS | A4261 | Cervical cap for contraceptive use |
| HCPCS | A4262 | Temporary, absorbable lacrimal duct implant, each |
| HCPCS | A4263 | Permanent, long term, non-dissolvable lacrimal duct implant, each |
| HCPCS | A4264 | Permanent implantable contraceptive intratubal occlusion device(s) and delivery system |
| HCPCS | A4266 | Diaphragm for contraceptive use |
| HCPCS | A4270 | Disposable endoscope sheath, each |
| HCPCS | A4280 | Adhesive skin support attachment for use with external breast prosthesis, each |
| HCPCS | A4290 | Sacral nerve stimulation test lead, each |
| HCPCS | A4300 | Implantable access catheter, (e.g., venous, arterial, epidural subarachnoid, or peritoneal, etc.) external access |
| HCPCS | A4301 | Implantable access total catheter, port/reservoir (e.g., venous, arterial, epidural, subarachnoid, peritoneal, etc.) |
| HCPCS | A4306 | Disposable drug delivery system, flow rate of less than 50 ml per hour |
| HCPCS | A4310 | Insertion tray without drainage bag and without catheter (accessories only) |
| HCPCS | A4311 | Insertion tray without drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.) |
| HCPCS | A4312 | Insertion tray without drainage bag with indwelling catheter, Foley type, two-way, all silicone |
| HCPCS | A4313 | Insertion tray without drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation |
| HCPCS | A4314 | Insertion tray with drainage bag with indwelling catheter, Foley type, two-way latex with coating (teflon, silicone, silicone elastomer or hydrophilic, etc.) |
| HCPCS | A4315 | Insertion tray with drainage bag with indwelling catheter, Foley type, two-way, all silicone |
| HCPCS | A4316 | Insertion tray with drainage bag with indwelling catheter, Foley type, three-way, for continuous irrigation |
| HCPCS | A4320 | Irrigation tray with bulb or piston syringe, any purpose |
| HCPCS | A4321 | Therapeutic agent for urinary catheter irrigation |
| HCPCS | A4322 | Irrigation syringe, bulb or piston, each |
| HCPCS | A4326 | Male external catheter with integral collection chamber, any type, each |
| HCPCS | A4327 | Female external urinary collection device; meatal cup, each |
| HCPCS | A4328 | Female external urinary collection device; pouch, each |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | A4330 | Perianal fecal collection pouch with adhesive, each |
| HCPCS | A4331 | Extension drainage tubing, any type, any length, with connector/adaptor, for use with urinary leg bag or urostomy pouch, each |
| HCPCS | A4332 | Lubricant, individual sterile packet, each |
| HCPCS | A4333 | Urinary catheter anchoring device, adhesive skin attachment, each |
| HCPCS | A4334 | Urinary catheter anchoring device, leg strap, each |
| HCPCS | A4335 | Incontinence supply; miscellaneous |
| HCPCS | A4336 | Incontinence supply, urethral insert, any type, each |
| HCPCS | A4337 | Incontinence supply, rectal insert, any type, each |
| HCPCS | A4338 | Indwelling catheter; Foley type, two-way latex with coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each |
| HCPCS | A4340 | Indwelling catheter; specialty type, (e.g., Coude, mushroom, wing, etc.), each |
| HCPCS | A4344 | Indwelling catheter, Foley type, two-way, all silicone, each |
| HCPCS | A4346 | Indwelling catheter; Foley type, three way for continuous irrigation, each |
| HCPCS | A4349 | Male external catheter, with or without adhesive, disposable, each |
| HCPCS | A4351 | Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each |
| HCPCS | A4352 | Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each |
| HCPCS | A4353 | Intermittent urinary catheter, with insertion supplies |
| HCPCS | A4354 | Insertion tray with drainage bag but without catheter |
| HCPCS | A4355 | Irrigation tubing set for continuous bladder irrigation through a three-way indwelling Foley catheter, each |
| HCPCS | A4356 | external urethral clamp or compression device (not to be used for catheter clamp), each |
| HCPCS | A4357 | Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, each |
| HCPCS | A4358 | Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each |
| HCPCS | A4360 | Disposable external urethral clamp or compression device, with pad and/or pouch, each |
| HCPCS | A4361 | Ostomy faceplate, each |
| HCPCS | A4362 | Skin barrier; solid, 4 x 4 or equivalent; each |
| HCPCS | A4363 | Ostomy clamp, any type, replacement only, each |
| HCPCS | A4364 | Adhesive, liquid or equal, any type, per oz |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | A4366 | Ostomy vent, any type, each |
| HCPCS | A4367 | Ostomy belt, each |
| HCPCS | A4368 | Ostomy filter, any type, each |
| HCPCS | A4369 | Ostomy skin barrier, liquid (spray, brush, etc.), per oz |
| HCPCS | A4371 | Ostomy skin barrier, powder, per oz |
| HCPCS | A4372 | Ostomy skin barrier, solid 4 x 4 or equivalent, standard wear, with built-in convexity, each |
| HCPCS | A4373 | Ostomy skin barrier, with flange (solid, flexible or accordion), with built-in convexity, any size, each |
| HCPCS | A4375 | Ostomy pouch, drainable, with faceplate attached, plastic, each |
| HCPCS | A4376 | Ostomy pouch, drainable, with faceplate attached, rubber, each |
| HCPCS | A4377 | Ostomy pouch, drainable, for use on faceplate, plastic, each |
| HCPCS | A4378 | Ostomy pouch, drainable, for use on faceplate, rubber, each |
| HCPCS | A4379 | Ostomy pouch, urinary, with faceplate attached, plastic, each |
| HCPCS | A4380 | Ostomy pouch, urinary, with faceplate attached, rubber, each |
| HCPCS | A4381 | Ostomy pouch, urinary, for use on faceplate, plastic, each |
| HCPCS | A4382 | Ostomy pouch, urinary, for use on faceplate, heavy plastic, each |
| HCPCS | A4383 | Ostomy pouch, urinary, for use on faceplate, rubber, each |
| HCPCS | A4384 | Ostomy faceplate equivalent, silicone ring, each |
| HCPCS | A4385 | Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, without built-in convexity, each |
| HCPCS | A4387 | Ostomy pouch, closed, with barrier attached, with built-in convexity (1 piece), each |
| HCPCS | A4388 | Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each |
| HCPCS | A4389 | Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each |
| HCPCS | A4390 | Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each |
| HCPCS | A4391 | Ostomy pouch, urinary, with extended wear barrier attached (1 piece), each |
| HCPCS | A4392 | Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each |
| HCPCS | A4393 | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each |
| HCPCS | A4394 | Ostomy deodorant, with or without lubricant, for use in ostomy pouch, per fluid ounce |
| HCPCS | A4395 | Ostomy deodorant for use in ostomy pouch, solid, per tablet |
| HCPCS | A4396 | Ostomy belt with peristomal hernia support |
| HCPCS | A4398 | Ostomy irrigation supply; bag, each |
| HCPCS | A4399 | Ostomy irrigation supply; cone/catheter, with or without brush |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | A4400 | Ostomy irrigation set |
| HCPCS | A4402 | Lubricant, per ounce |
| HCPCS | A4404 | Ostomy ring, each |
| HCPCS | A4405 | Ostomy skin barrier, non-pectin based, paste, per ounce |
| HCPCS | A4406 | Ostomy skin barrier, pectin-based, paste, per ounce |
| HCPCS | A4407 | Ostomy skin barrier, with flange (solid, flexible, or accordion), extended wear, with built-in convexity, 4 x 4 inches or smaller, each |
| HCPCS | A4408 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 x 4 inches, each |
| HCPCS | A4409 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 x 4 inches or smaller, each |
| HCPCS | A4410 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 x 4 inches, each |
| HCPCS | A4411 | Ostomy skin barrier, solid 4 x 4 or equivalent, extended wear, with built-in convexity, each |
| HCPCS | A4412 | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), without filter, each |
| HCPCS | A4413 | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each |
| HCPCS | A4414 | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 x 4 inches or smaller, each |
| HCPCS | A4415 | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 x 4 inches, each |
| HCPCS | A4416 | Ostomy pouch, closed, with barrier attached, with filter (1 piece), each |
| HCPCS | A4417 | Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each |
| HCPCS | A4418 | Ostomy pouch, closed; without barrier attached, with filter (1 piece), each |
| HCPCS | A4419 | Ostomy pouch, closed; for use on barrier with non-locking flange, with filter (2 piece), each |
| HCPCS | A4420 | Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each |
| HCPCS | A4421 | Ostomy supply; miscellaneous |
| HCPCS | A4422 | Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each |
| HCPCS | A4423 | Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each |
| HCPCS | A4424 | Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | A4425 | Ostomy pouch, drainable; for use on barrier with non-locking flange, with filter (2 piece system), each |
| HCPCS | A4426 | Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each |
| HCPCS | A4427 | Ostomy pouch, drainable; for use on barrier with locking flange, with filter (2 piece system), each |
| HCPCS | A4428 | Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each |
| HCPCS | A4429 | Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each |
| HCPCS | A4430 | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each |
| HCPCS | A4431 | Ostomy pouch, urinary; with barrier attached, with faucet-type tap with valve (1 piece), each |
| HCPCS | A4432 | Ostomy pouch, urinary; for use on barrier with non-locking flange, with faucet-type tap with valve (2 piece), each |
| HCPCS | A4433 | Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each |
| HCPCS | A4434 | Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each |
| HCPCS | A4435 | Ostomy pouch, drainable, high output, with extended wear barrier (one-piece system), with or without filter, each |
| HCPCS | A4436 | Irrigation supply; sleeve, reusable, per month |
| HCPCS | A4437 | Irrigation supply; sleeve, disposable, per month |
| HCPCS | A4459 | Manual pump-operated enema system, includes balloon, catheter and all accessories, reusable, any type |
| HCPCS | A4481 | Tracheostoma filter, any type, any size, each |
| HCPCS | A4565 | Slings |
| HCPCS | A4566 | Shoulder sling or vest design, abduction restrainer, with or without swathe control, prefabricated, includes fitting and adjustment |
| HCPCS | A4570 | Splint |
| HCPCS | A4580 | Cast supplies (e.g., plaster) |
| HCPCS | A4590 | Special casting material (e.g., fiberglass) |
| HCPCS | A4604 | Tubing with integrated heating element for use with positive airway pressure device |
| HCPCS | A4605 | Tracheal suction catheter, closed system, each |
| HCPCS | A4606 | Oxygen probe for use with oximeter device, replacement |
| HCPCS | A4608 | Transtracheal oxygen catheter, each |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | A4614 | Peak expiratory flow rate meter, hand held |
| HCPCS | A4615 | Cannula, nasal |
| HCPCS | A4616 | Tubing (oxygen), per foot |
| HCPCS | A4617 | Mouth piece |
| HCPCS | A4618 | Breathing circuits |
| HCPCS | A4619 | Face tent |
| HCPCS | A4620 | Variable concentration mask |
| HCPCS | A4623 | Tracheostomy, inner cannula |
| HCPCS | A4624 | Tracheal suction catheter, any type other than closed system, each |
| HCPCS | A4625 | Tracheostomy care kit for new tracheostomy |
| HCPCS | A4626 | Tracheostomy cleaning brush, each |
| HCPCS | A4627 | Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler |
| HCPCS | A4628 | Oropharyngeal suction catheter, each |
| HCPCS | A4629 | Tracheostomy care kit for established tracheostomy |
| HCPCS | A4657 | Syringe, with or without needle, each |
| HCPCS | A4671 | Disposable cyclor set used with cyclor dialysis machine, each |
| HCPCS | A4672 | Drainage extension line, sterile, for dialysis, each |
| HCPCS | A4673 | Extension line with easy lock connectors, used with dialysis |
| HCPCS | A4674 | Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz |
| HCPCS | A4680 | Activated carbon filter for hemodialysis, each |
| HCPCS | A4690 | Dialyzer (artificial kidneys), all types, all sizes, for hemodialysis, each |
| HCPCS | A4706 | Bicarbonate concentrate, solution, for hemodialysis, per gallon |
| HCPCS | A4707 | Bicarbonate concentrate, powder, for hemodialysis, per packet |
| HCPCS | A4708 | Acetate concentrate solution, for hemodialysis, per gallon |
| HCPCS | A4709 | Acid concentrate, solution, for hemodialysis, per gallon |
| HCPCS | A4714 | Treated water (deionized, distilled, or reverse osmosis) for peritoneal dialysis, per gallon |
| HCPCS | A4719 | "Y set" tubing for peritoneal dialysis |
| HCPCS | A4720 | Dialysate solution, any concentration of dextrose, fluid volume greater than 249 cc, but less than or equal to 999 cc, for peritoneal dialysis |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | A4721 | Dialysate solution, any concentration of dextrose, fluid volume greater than 999 cc but less than or equal to 1999 cc, for peritoneal dialysis |
| HCPCS | A4722 | Dialysate solution, any concentration of dextrose, fluid volume greater than 1999 cc but less than or equal to 2999 cc, for peritoneal dialysis |
| HCPCS | A4723 | Dialysate solution, any concentration of dextrose, fluid volume greater than 2999 cc but less than or equal to 3999 cc, for peritoneal dialysis |
| HCPCS | A4724 | Dialysate solution, any concentration of dextrose, fluid volume greater than 3999 cc but less than or equal to 4999 cc, for peritoneal dialysis |
| HCPCS | A4725 | Dialysate solution, any concentration of dextrose, fluid volume greater than 4999 cc but less than or equal to 5999 cc, for peritoneal dialysis |
| HCPCS | A4726 | Dialysate solution, any concentration of dextrose, fluid volume greater than 5999 cc, for peritoneal dialysis |
| HCPCS | A4728 | Dialysate solution, non-dextrose containing, 500 ml |
| HCPCS | A4730 | Fistula cannulation set for hemodialysis, each |
| HCPCS | A4736 | Topical anesthetic, for dialysis, per gram |
| HCPCS | A4737 | Injectable anesthetic, for dialysis, per 10 ml |
| HCPCS | A4740 | Shunt accessory, for hemodialysis, any type, each |
| HCPCS | A4750 | Blood tubing, arterial or venous, for hemodialysis, each |
| HCPCS | A4755 | Blood tubing, arterial and venous combined, for hemodialysis, each |
| HCPCS | A4760 | Dialysate solution test kit, for peritoneal dialysis, any type, each |
| HCPCS | A4765 | Dialysate concentrate, powder, additive for peritoneal dialysis, per packet |
| HCPCS | A4766 | Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml |
| HCPCS | A4770 | Blood collection tube, vacuum, for dialysis, per 50 |
| HCPCS | A4771 | Serum clotting time tube, for dialysis, per 50 |
| HCPCS | A4772 | Blood glucose test strips, for dialysis, per 50 |
| HCPCS | A4773 | Occult blood test strips, for dialysis, per 50 |
| HCPCS | A4774 | Ammonia test strips, for dialysis, per 50 |
| HCPCS | A4802 | Protamine sulfate, for hemodialysis, per 50 mg |
| HCPCS | A4860 | Disposable catheter tips for peritoneal dialysis, per 10 |
| HCPCS | A4911 | Drain bag/bottle, for dialysis, each |
| HCPCS | A4913 | Miscellaneous dialysis supplies, not otherwise specified |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | A4918 | Venous pressure clamp, for hemodialysis, each |
| HCPCS | A5051 | Ostomy pouch, closed; with barrier attached (1 piece), each |
| HCPCS | A5052 | Ostomy pouch, closed; without barrier attached (1 piece), each |
| HCPCS | A5053 | Ostomy pouch, closed; for use on faceplate, each |
| HCPCS | A5054 | Ostomy pouch, closed; for use on barrier with flange (2 piece), each |
| HCPCS | A5055 | Stoma cap |
| HCPCS | A5056 | Ostomy pouch, drainable, with extended wear barrier attached, with filter, (1 piece), each |
| HCPCS | A5057 | Ostomy pouch, drainable, with extended wear barrier attached, with built in convexity, with filter, (1 piece), each |
| HCPCS | A5061 | Ostomy pouch, drainable; with barrier attached, (1 piece), each |
| HCPCS | A5062 | Ostomy pouch, drainable; without barrier attached (1 piece), each |
| HCPCS | A5063 | Ostomy pouch, drainable; for use on barrier with flange (2 piece system), each |
| HCPCS | A5071 | Ostomy pouch, urinary; with barrier attached (1 piece), each |
| HCPCS | A5072 | Ostomy pouch, urinary; without barrier attached (1 piece), each |
| HCPCS | A5073 | Ostomy pouch, urinary; for use on barrier with flange (2 piece), each |
| HCPCS | A5081 | Stoma plug or seal, any type |
| HCPCS | A5082 | Continent device; catheter for continent stoma |
| HCPCS | A5083 | Continent device, stoma absorptive cover for continent stoma |
| HCPCS | A5093 | Ostomy accessory; convex insert |
| HCPCS | A5102 | Bedside drainage bottle with or without tubing, rigid or expandable, each |
| HCPCS | A5105 | Urinary suspensory with leg bag, with or without tube, each |
| HCPCS | A5112 | Urinary drainage bag, leg or abdomen, latex, with or without tube, with straps, each |
| HCPCS | A5113 | Leg strap; latex, replacement only, per set |
| HCPCS | A5114 | Leg strap; foam or fabric, replacement only, per set |
| HCPCS | A5120 | Skin barrier, wipes or swabs, each |
| HCPCS | A5121 | Skin barrier; solid, 6 x 6 or equivalent, each |
| HCPCS | A5122 | Skin barrier; solid, 8 x 8 or equivalent, each |
| HCPCS | A5126 | Adhesive or non-adhesive; disk or foam pad |
| HCPCS | A5131 | Appliance cleaner, incontinence and ostomy appliances, per 16 oz. |
| HCPCS | A5200 | Percutaneous catheter/tube anchoring device, adhesive skin attachment |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | A6010 | Collagen based wound filler, dry form, sterile, per gram of collagen |
| HCPCS | A6011 | Collagen based wound filler, gel/paste, per gram of collagen |
| HCPCS | A6021 | Collagen dressing, sterile, size 16 sq. in. or less, each |
| HCPCS | A6022 | Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each |
| HCPCS | A6023 | Collagen dressing, sterile, size more than 48 sq. in., each |
| HCPCS | A6024 | Collagen dressing wound filler, sterile, per 6 inches |
| HCPCS | A6025 | Gel sheet for dermal or epidermal application, (e.g., silicone, hydrogel, other), each |
| HCPCS | A6154 | Wound pouch, each |
| HCPCS | A6196 | Alginate or other fiber gelling dressing, wound cover, sterile, pad size 16 sq. in. or less, each dressing |
| HCPCS | A6197 | Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing |
| HCPCS | A6198 | Alginate or other fiber gelling dressing, wound cover, sterile, pad size more than 48 sq. in., each dressing |
| HCPCS | A6199 | Alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches |
| HCPCS | A6203 | Composite dressing, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| HCPCS | A6204 | Composite dressing, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| HCPCS | A6205 | Composite dressing, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| HCPCS | A6206 | Contact layer, sterile, 16 sq. in. or less, each dressing |
| HCPCS | A6207 | Contact layer, sterile, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing |
| HCPCS | A6208 | Contact layer, sterile, more than 48 sq. in., each dressing |
| HCPCS | A6209 | Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing |
| HCPCS | A6210 | Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing |
| HCPCS | A6211 | Foam dressing, wound cover, sterile, pad size more than 48 sq. in., without adhesive border, each dressing |
| HCPCS | A6212 | Foam dressing, wound cover, sterile, pad size 16 sq. in. or less, with any size adhesive border, each dressing |
| HCPCS | A6213 | Foam dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing |
| HCPCS | A6214 | Foam dressing, wound cover, sterile, pad size more than 48 sq. in., with any size adhesive border, each dressing |
| HCPCS | A6215 | Foam dressing, wound filler, sterile, per gram |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | A7000 | Canister, disposable, used with suction pump, each |
| HCPCS | A7002 | Tubing, used with suction pump, each |
| HCPCS | A7003 | Administration set, with small volume nonfiltered pneumatic nebulizer, disposable |
| HCPCS | A7004 | Small volume nonfiltered pneumatic nebulizer, disposable |
| HCPCS | A7005 | Administration set, with small volume nonfiltered pneumatic nebulizer, non-disposable |
| HCPCS | A7006 | Administration set, with small volume filtered pneumatic nebulizer |
| HCPCS | A7007 | Large volume nebulizer, disposable, unfilled, used with aerosol compressor |
| HCPCS | A7008 | Large volume nebulizer, disposable, prefilled, used with aerosol compressor |
| HCPCS | A7009 | Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer |
| HCPCS | A7010 | Corrugated tubing, disposable, used with large volume nebulizer, 100 feet |
| HCPCS | A7012 | Water collection device, used with large volume nebulizer |
| HCPCS | A7013 | Filter, disposable, used with aerosol compressor or ultrasonic generator |
| HCPCS | A7014 | Filter, nondisposable, used with aerosol compressor or ultrasonic generator |
| HCPCS | A7015 | Aerosol mask, used with DME nebulizer |
| HCPCS | A7016 | Dome and mouthpiece, used with small volume ultrasonic nebulizer |
| HCPCS | A7017 | Nebulizer, durable, glass or autoclavable plastic, bottle type, not used with oxygen |
| HCPCS | A7018 | Water, distilled, used with large volume nebulizer, 1000 ml |
| HCPCS | A7020 | Interface for cough stimulating device, includes all components, replacement only |
| HCPCS | A7027 | Combination oral/nasal mask, used with continuous positive airway pressure device, each |
| HCPCS | A7028 | Oral cushion for combination oral/nasal mask, replacement only, each |
| HCPCS | A7029 | Nasal pillows for combination oral/nasal mask, replacement only, pair |
| HCPCS | A7030 | Full face mask used with positive airway pressure device, each |
| HCPCS | A7031 | Face mask interface, replacement for full face mask, each |
| HCPCS | A7032 | Cushion for use on nasal mask interface, replacement only, each |
| HCPCS | A7033 | Pillow for use on nasal cannula type interface, replacement only, pair |
| HCPCS | A7034 | Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap |
| HCPCS | A7035 | Headgear used with positive airway pressure device |
| HCPCS | A7036 | Chinstrap used with positive airway pressure device |
| HCPCS | A7037 | Tubing used with positive airway pressure device |
| HCPCS | A7038 | Filter, disposable, used with positive airway pressure device |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | A7039 | Filter, non disposable, used with positive airway pressure device |
| HCPCS | A7040 | One way chest drain valve |
| HCPCS | A7041 | Water seal drainage container and tubing for use with implanted chest tube |
| HCPCS | A7044 | Oral interface used with positive airway pressure device, each |
| HCPCS | A7045 | Exhalation port with or without swivel used with accessories for positive airway devices, replacement only |
| HCPCS | A7046 | Water chamber for humidifier, used with positive airway pressure device, replacement, each |
| HCPCS | A7047 | Oral interface used with respiratory suction pump, each |
| HCPCS | A7048 | Vacuum drainage collection unit and tubing kit, including all supplies needed for collection unit change, for use with implanted catheter, each |
| HCPCS | A7501 | Tracheostoma valve, including diaphragm, each |
| HCPCS | A7502 | Replacement diaphragm/faceplate for tracheostoma valve, each |
| HCPCS | A7503 | Filter holder or filter cap, reusable, for use in a tracheostoma heat and moisture exchange system, each |
| HCPCS | A7504 | Filter for use in a tracheostoma heat and moisture exchange system, each |
| HCPCS | A7505 | Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each |
| HCPCS | A7506 | Adhesive disc for use in a heat and moisture exchange system and/or with tracheostoma valve, any type each |
| HCPCS | A7507 | Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each |
| HCPCS | A7508 | Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each |
| HCPCS | A7509 | Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each |
| HCPCS | A7520 | Tracheostomy/laryngectomy tube, non-cuffed, polyvinylchloride (PVC), silicone or equal, each |
| HCPCS | A7521 | Tracheostomy/laryngectomy tube, cuffed, polyvinylchloride (PVC), silicone or equal, each |
| HCPCS | A7522 | Tracheostomy/laryngectomy tube, stainless steel or equal (sterilizable and reusable), each |
| HCPCS | A7523 | Tracheostomy shower protector, each |
| HCPCS | A7524 | Tracheostoma stent/stud/button, each |
| HCPCS | A7525 | Tracheostomy mask, each |
| HCPCS | A7526 | Tracheostomy tube collar/holder, each |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | A7527 | Tracheostomy/laryngectomy tube plug/stop, each |
| HCPCS | A8000 | Helmet, protective, soft, prefabricated, includes all components and accessories |
| HCPCS | A8001 | Helmet, protective, hard, prefabricated, includes all components and accessories |
| HCPCS | A9500 | Technetium Tc-99m sestamibi, diagnostic, per study dose |
| HCPCS | A9501 | Technetium Tc-99m teboroxime, diagnostic, per study dose |
| HCPCS | A9502 | Technetium Tc-99m tetrofosmin, diagnostic, per study dose |
| HCPCS | A9503 | Technetium Tc-99m medronate, diagnostic, per study dose, up to 30 millicuries |
| HCPCS | A9504 | Technetium Tc-99m apcitide, diagnostic, per study dose, up to 20 millicuries |
| HCPCS | A9505 | Thallium Tl-201 thallos chloride, diagnostic, per millicurie |
| HCPCS | A9507 | Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries |
| HCPCS | A9508 | Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie |
| HCPCS | A9509 | Iodine I-123 sodium iodide, diagnostic, per millicurie |
| HCPCS | A9510 | Technetium Tc-99m disofenin, diagnostic, per study dose, up to 15 millicuries |
| HCPCS | A9512 | Technetium Tc-99m pertechnetate, diagnostic, per millicurie |
| HCPCS | A9515 | Choline C-11, diagnostic, per study dose up to 20 millicuries |
| HCPCS | A9516 | Iodine I-123 sodium iodide, diagnostic, per 100 microcuries, up to 999 microcuries |
| HCPCS | A9517 | Iodine I-131 sodium iodide capsule(s), therapeutic, per millicurie |
| HCPCS | A9520 | Technetium Tc-99m tilmanocept, diagnostic, up to 0.5 millicuries |
| HCPCS | A9521 | Technetium Tc-99m exametazime, diagnostic, per study dose, up to 25 millicuries |
| HCPCS | A9524 | Iodine I-131 iodinated serum albumin, diagnostic, per 5 microcuries |
| HCPCS | A9526 | Nitrogen N-13 ammonia, diagnostic, per study dose, up to 40 millicuries |
| HCPCS | A9527 | Iodine I-125, sodium iodide solution, therapeutic, per millicurie |
| HCPCS | A9528 | Iodine I-131 sodium iodide capsule(s), diagnostic, per millicurie |
| HCPCS | A9529 | Iodine I-131 sodium iodide solution, diagnostic, per millicurie |
| HCPCS | A9530 | Iodine I-131 sodium iodide solution, therapeutic, per millicurie |
| HCPCS | A9531 | Iodine I-131 sodium iodide, diagnostic, per microcurie (up to 100 microcuries) |
| HCPCS | A9532 | Iodine I-125 serum albumin, diagnostic, per 5 microcuries |
| HCPCS | A9536 | Technetium Tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries |
| HCPCS | A9537 | Technetium Tc-99m mebrofenin, diagnostic, per study dose, up to 15 millicuries |
| HCPCS | A9538 | Technetium Tc-99m pyrophosphate, diagnostic, per study dose, up to 25 millicuries |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | A9539 | Techneium Tc-99m pentetate, diagnostic, per study dose, up to 25 millicuries |
| HCPCS | A9540 | Techneium Tc-99m macroaggregated albumin, diagnostic, per study dose, up to 10 millicuries |
| HCPCS | A9541 | Techneium Tc-99m sulfur colloid, diagnostic, per study dose, up to 20 millicuries |
| HCPCS | A9542 | Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries |
| HCPCS | A9543 | Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries |
| HCPCS | A9546 | Cobalt Co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie |
| HCPCS | A9547 | Indium In-111 oxyquinoline, diagnostic, per 0.5 millicurie |
| HCPCS | A9548 | Indium In-111 pentetate, diagnostic, per 0.5 millicurie |
| HCPCS | A9550 | Techneium Tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie |
| HCPCS | A9551 | Techneium Tc-99m succimer, diagnostic, per study dose, up to 10 millicuries |
| HCPCS | A9553 | Chromium Cr-51 sodium chromate, diagnostic, per study dose, up to 250 microcuries |
| HCPCS | A9554 | Iodine I-125 sodium iothalamate, diagnostic, per study dose, up to 10 microcuries |
| HCPCS | A9555 | Rubidium Rb-82, diagnostic, per study dose, up to 60 millicuries |
| HCPCS | A9556 | Gallium Ga-67 citrate, diagnostic, per millicurie |
| HCPCS | A9557 | Techneium Tc-99m bismate, diagnostic, per study dose, up to 25 millicuries |
| HCPCS | A9558 | Xenon Xe-133 gas, diagnostic, per 10 millicuries |
| HCPCS | A9559 | Cobalt Co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie |
| HCPCS | A9560 | Techneium Tc-99m labeled red blood cells, diagnostic, per study dose, up to 30 millicuries |
| HCPCS | A9561 | Techneium Tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries |
| HCPCS | A9562 | Techneium Tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries |
| HCPCS | A9563 | Sodium phosphate P-32, therapeutic, per millicurie |
| HCPCS | A9564 | Chromic phosphate P-32 suspension, therapeutic, per millicurie |
| HCPCS | A9566 | Techneium Tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries |
| HCPCS | A9567 | Techneium Tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries |
| HCPCS | A9568 | Techneium Tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries |
| HCPCS | A9569 | Techneium Tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose |
| HCPCS | A9570 | Indium In-111 labeled autologous white blood cells, diagnostic, per study dose |
| HCPCS | A9571 | Indium In-111 labeled autologous platelets, diagnostic, per study dose |
| HCPCS | A9572 | Indium In-111 pentetate, diagnostic, per study dose, up to 6 millicuries |
| HCPCS | A9575 | Injection, gadoterate meglumine, 0.1 ml |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | A9576 | Injection, gadoteridol, (ProHance multipack), per ml |
| HCPCS | A9577 | Injection, gadobenate dimeglumine (MultiHance), per ml |
| HCPCS | A9578 | Injection, gadobenate dimeglumine (MultiHance multipack), per ml |
| HCPCS | A9579 | Injection, gadolinium-based magnetic resonance contrast agent, not otherwise specified (NOS), per ml |
| HCPCS | A9580 | Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries |
| HCPCS | A9581 | Injection, gadoxetate disodium, 1 ml |
| HCPCS | A9582 | Iodine I-123 iobenguane, diagnostic, per study dose, up to 15 millicuries |
| HCPCS | A9583 | Injection, gadofosveset trisodium, 1 ml |
| HCPCS | A9584 | Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 millicuries |
| HCPCS | A9585 | Injection, gadobutrol, 0.1 ml |
| HCPCS | A9586 | Florbetapir F18, diagnostic, per study dose, up to 10 millicuries |
| HCPCS | A9587 | Gallium Ga-68, dotatate, diagnostic, 0.1 millicurie |
| HCPCS | A9588 | Fluciclovine F-18, diagnostic, 1 millicurie |
| HCPCS | A9589 | Instillation, hexaminolevulinate hydrochloride, 100 mg |
| HCPCS | A9590 | Iodine I-131, iobenguane, 1 millicurie |
| HCPCS | A9591 | Fluoroestradiol F 18, diagnostic, 1 millicurie |
| HCPCS | A9592 | Copper cu-64, dotatate, diagnostic, 1 millicurie |
| HCPCS | A9595 | Piflufolastat F-18, diagnostic, 1 millicurie |
| HCPCS | A9596 | Gallium GA-68 gozetotide, diagnostic, (Illuccix), 1 millicurie |
| HCPCS | A9600 | Strontium Sr-89 chloride, therapeutic, per millicurie |
| HCPCS | A9601 | Flortaucipir F 18 injection, diagnostic, 1 millicurie |
| HCPCS | A9602 | Fluorodopa f-18, diagnostic, per millicurie |
| HCPCS | A9604 | Samarium Sm-153 lexidronam, therapeutic, per treatment dose, up to 150 millicuries |
| HCPCS | A9606 | Radium Ra-223 dichloride, therapeutic, per microcurie |
| HCPCS | A9700 | Supply of injectable contrast material for use in echocardiography, per study |
| HCPCS | B4034 | Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape |
| HCPCS | B4035 | Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | B4036 | Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape |
| HCPCS | B4081 | Nasogastric tubing with stylet |
| HCPCS | B4082 | Nasogastric tubing without stylet |
| HCPCS | B4083 | Stomach tube - Levine type |
| HCPCS | B4087 | Gastrostomy/jejunostomy tube, standard, any material, any type, each |
| HCPCS | B4088 | Gastrostomy/jejunostomy tube, low-profile, any material, any type, each |
| HCPCS | B4105 | In-line cartridge containing digestive enzyme(s) for enteral feeding, each |
| HCPCS | B4164 | Parenteral nutrition solution: carbohydrates (dextrose), 50% or less (500 ml = 1 unit) - home mix |
| HCPCS | B4168 | Parenteral nutrition solution; amino acid, 3.5%, (500 ml = 1 unit) - home mix |
| HCPCS | B4172 | Parenteral nutrition solution; amino acid, 5.5% through 7%, (500 ml = 1 unit) - home mix |
| HCPCS | B4176 | Parenteral nutrition solution; amino acid, 7% through 8.5%, (500 ml = 1 unit) - home mix |
| HCPCS | B4178 | Parenteral nutrition solution: amino acid, greater than 8.5% (500 ml = 1 unit) - home mix |
| HCPCS | B4180 | Parenteral nutrition solution; carbohydrates (dextrose), greater than 50% (500 ml = 1 unit) - home mix |
| HCPCS | B4185 | Parenteral nutrition solution, not otherwise specified, 10 grams lipids |
| HCPCS | B4189 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 10 to 51 grams of protein - premix |
| HCPCS | B4193 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, 52 to 73 grams of protein - premix |
| HCPCS | B4197 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, 74 to 100 grams of protein - premix |
| HCPCS | B4199 | Parenteral nutrition solution; compounded amino acid and carbohydrates with electrolytes, trace elements and vitamins, including preparation, any strength, over 100 grams of protein - premix |
| HCPCS | B4216 | Parenteral nutrition; additives (vitamins, trace elements, heparin, electrolytes), home mix, per day |
| HCPCS | B4220 | Parenteral nutrition supply kit; premix, per day |
| HCPCS | B4222 | Parenteral nutrition supply kit; home mix, per day |
| HCPCS | B4224 | Parenteral nutrition administration kit, per day |
| HCPCS | B5000 | Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, renal-Aminosyn-RF, NephroAmine, RenAmine-premix |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | B5100 | Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, hepatic-HepatAmine-premix |
| HCPCS | B5200 | Parenteral nutrition solution compounded amino acid and carbohydrates with electrolytes, trace elements, and vitamins, including preparation, any strength, stress-branch chain amino acids-FreAmine-HBC-premix |
| HCPCS | B9002 | Enteral nutrition infusion pump, any type |
| HCPCS | B9004 | Parenteral nutrition infusion pump, portable |
| HCPCS | B9006 | Parenteral nutrition infusion pump, stationary |
| HCPCS | B9998 | NOC for enteral supplies |
| HCPCS | B9999 | NOC for parenteral supplies |
| HCPCS | C1713 | Anchor/screw for opposing bone-to-bone or soft tissue-to-bone (implantable) |
| HCPCS | C1714 | Catheter, transluminal atherectomy, directional |
| HCPCS | C1715 | Brachytherapy needle |
| HCPCS | C1721 | Cardioverter-defibrillator, dual chamber (implantable) |
| HCPCS | C1722 | Cardioverter-defibrillator, single chamber (implantable) |
| HCPCS | C1724 | Catheter, transluminal atherectomy, rotational |
| HCPCS | C1725 | Catheter, transluminal angioplasty, non-laser (may include guidance, infusion/perfusion capability) |
| HCPCS | C1726 | Catheter, balloon dilatation, non-vascular |
| HCPCS | C1727 | Catheter, balloon tissue dissector, non-vascular (insertable) |
| HCPCS | C1728 | Catheter, brachytherapy seed administration |
| HCPCS | C1729 | Catheter, drainage |
| HCPCS | C1730 | Catheter, electrophysiology, diagnostic, other than 3D mapping (19 or fewer electrodes) |
| HCPCS | C1731 | Catheter, electrophysiology, diagnostic, other than 3D mapping (20 or more electrodes) |
| HCPCS | C1732 | Catheter, electrophysiology, diagnostic/ablation, 3D or vector mapping |
| HCPCS | C1733 | Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, other than cool-tip |
| HCPCS | C1748 | Endoscope, single-use (i.e. disposable), upper GI, imaging/illumination device (insertable) |
| HCPCS | C1749 | Endoscope, retrograde imaging/illumination colonoscope device (implantable) |
| HCPCS | C1750 | Catheter, hemodialysis/peritoneal, long-term |
| HCPCS | C1751 | Catheter, infusion, inserted peripherally, centrally or midline (other than hemodialysis) |
| HCPCS | C1752 | Catheter, hemodialysis/peritoneal, short-term |
| HCPCS | C1753 | Catheter, intravascular ultrasound |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | C1755 | Catheter, intraspinal |
| HCPCS | C1756 | Catheter, pacing, transesophageal |
| HCPCS | C1757 | Catheter, thrombectomy/embolectomy |
| HCPCS | C1758 | Catheter, ureteral |
| HCPCS | C1759 | Catheter, intracardiac echocardiography |
| HCPCS | C1760 | Closure device, vascular (implantable/insertable) |
| HCPCS | C1762 | Connective tissue, human (includes fascia lata) |
| HCPCS | C1763 | Connective tissue, non-human (includes synthetic) |
| HCPCS | C1764 | Event recorder, cardiac (implantable) |
| HCPCS | C1765 | Adhesion barrier |
| HCPCS | C1766 | Introducer/sheath, guiding, intracardiac electrophysiological, steerable, other than peel-away |
| HCPCS | C1768 | Graft, vascular |
| HCPCS | C1769 | Guide wire |
| HCPCS | C1770 | Imaging coil, magnetic resonance (insertable) |
| HCPCS | C1771 | Repair device, urinary, incontinence, with sling graft |
| HCPCS | C1772 | Infusion pump, programmable (implantable) |
| HCPCS | C1773 | Retrieval device, insertable (used to retrieve fractured medical devices) |
| HCPCS | C1776 | Joint device (implantable) |
| HCPCS | C1777 | Lead, cardioverter-defibrillator, endocardial single coil (implantable) |
| HCPCS | C1779 | Lead, pacemaker, transvenous vdd single pass |
| HCPCS | C1780 | Lens, intraocular (new technology) |
| HCPCS | C1781 | Mesh (implantable) |
| HCPCS | C1782 | Morcellator |
| HCPCS | C1783 | Ocular implant, aqueous drainage assist device |
| HCPCS | C1784 | Ocular device, intraoperative, detached retina |
| HCPCS | C1785 | Pacemaker, dual chamber, rate-responsive (implantable) |
| HCPCS | C1786 | Pacemaker, single chamber, rate-responsive (implantable) |
| HCPCS | C1787 | Patient programmer, neurostimulator |
| HCPCS | C1788 | Port, indwelling (implantable) |
| HCPCS | C1789 | Prosthesis, breast (implantable) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | C1814 | Retinal tamponade device, silicone oil |
| HCPCS | C1815 | Prosthesis, urinary sphincter (implantable) |
| HCPCS | C1817 | Septal defect implant system, intracardiac |
| HCPCS | C1818 | Integrated keratoprosthesis |
| HCPCS | C1819 | Surgical tissue localization and excision device (implantable) |
| HCPCS | C1830 | Powered bone marrow biopsy needle |
| HCPCS | C1840 | Lens, intraocular (telescopic) |
| HCPCS | C1874 | Stent, coated/covered, with delivery system |
| HCPCS | C1875 | Stent, coated/covered, without delivery system |
| HCPCS | C1876 | Stent, non-coated/non-covered, with delivery system |
| HCPCS | C1877 | Stent, non-coated/non-covered, without delivery system |
| HCPCS | C1878 | Material for vocal cord medialization, synthetic (implantable) |
| HCPCS | C1880 | Vena cava filter |
| HCPCS | C1881 | Dialysis access system (implantable) |
| HCPCS | C1882 | Cardioverter-defibrillator, other than single or dual chamber (implantable) |
| HCPCS | C1884 | Embolization protective system |
| HCPCS | C1885 | Catheter, transluminal angioplasty, laser |
| HCPCS | C1886 | Catheter, extravascular tissue ablation, any modality (insertable) |
| HCPCS | C1887 | Catheter, guiding (may include infusion/perfusion capability) |
| HCPCS | C1888 | Catheter, ablation, non-cardiac, endovascular (implantable) |
| HCPCS | C1891 | Infusion pump, non-programmable, permanent (implantable) |
| HCPCS | C1892 | Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, peel-away |
| HCPCS | C1893 | Introducer/sheath, guiding, intracardiac electrophysiological, fixed-curve, other than peel-away |
| HCPCS | C1894 | Introducer/sheath, other than guiding, other than intracardiac electrophysiological, non-laser |
| HCPCS | C1895 | Lead, cardioverter-defibrillator, endocardial dual coil (implantable) |
| HCPCS | C1896 | Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable) |
| HCPCS | C1898 | Lead, pacemaker, other than transvenous VDD single pass |
| HCPCS | C1899 | Lead, pacemaker/cardioverter-defibrillator combination (implantable) |
| HCPCS | C1900 | Lead, left ventricular coronary venous system |
| HCPCS | C2613 | Lung biopsy plug with delivery system |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | C2614 | Probe, percutaneous lumbar discectomy |
| HCPCS | C2615 | Sealant, pulmonary, liquid |
| HCPCS | C2617 | Stent, non-coronary, temporary, without delivery system |
| HCPCS | C2618 | Probe/needle, cryoablation |
| HCPCS | C2619 | Pacemaker, dual chamber, non rate-responsive (implantable) |
| HCPCS | C2620 | Pacemaker, single chamber, non rate-responsive (implantable) |
| HCPCS | C2621 | Pacemaker, other than single or dual chamber (implantable) |
| HCPCS | C2622 | Prosthesis, penile, non-inflatable |
| HCPCS | C2623 | Catheter, transluminal angioplasty, drug-coated, non-laser |
| HCPCS | C2625 | Stent, non-coronary, temporary, with delivery system |
| HCPCS | C2626 | Infusion pump, non-programmable, temporary (implantable) |
| HCPCS | C2627 | Catheter, suprapubic/cystoscopic |
| HCPCS | C2629 | Introducer/sheath, other than guiding, other than intracardiac electrophysiological, laser |
| HCPCS | C2630 | Catheter, electrophysiology, diagnostic/ablation, other than 3D or vector mapping, cool-tip |
| HCPCS | C2631 | Repair device, urinary, incontinence, without sling graft |
| HCPCS | 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 |
| HCPCS | 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) |
| HCPCS | 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 |
| HCPCS | 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) |
| HCPCS | 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 |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | 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) |
| HCPCS | 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 |
| HCPCS | 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) |
| HCPCS | C8900 | Magnetic resonance angiography with contrast, abdomen |
| HCPCS | C8901 | Magnetic resonance angiography without contrast, abdomen |
| HCPCS | C8902 | Magnetic resonance angiography without contrast followed by with contrast, abdomen |
| HCPCS | C8903 | Magnetic resonance imaging with contrast, breast; unilateral |
| HCPCS | C8905 | Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral |
| HCPCS | C8906 | Magnetic resonance imaging with contrast, breast; bilateral |
| HCPCS | C8908 | Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral |
| HCPCS | C8909 | Magnetic resonance angiography with contrast, chest (excluding myocardium) |
| HCPCS | C8910 | Magnetic resonance angiography without contrast, chest (excluding myocardium) |
| HCPCS | C8911 | Magnetic resonance angiography without contrast followed by with contrast, chest (excluding myocardium) |
| HCPCS | C8912 | Magnetic resonance angiography with contrast, lower extremity |
| HCPCS | C8913 | Magnetic resonance angiography without contrast, lower extremity |
| HCPCS | C8914 | Magnetic resonance angiography without contrast followed by with contrast, lower extremity |
| HCPCS | C8918 | Magnetic resonance angiography with contrast, pelvis |
| HCPCS | C8919 | Magnetic resonance angiography without contrast, pelvis |
| HCPCS | C8920 | Magnetic resonance angiography without contrast followed by with contrast, pelvis |
| HCPCS | C8921 | Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; complete |
| HCPCS | C8922 | Transthoracic echocardiography with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; follow-up or limited study |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | C8923 | Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color doppler echocardiography |
| HCPCS | C8924 | Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study |
| HCPCS | C8925 | Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, real time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report |
| HCPCS | C8926 | Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report |
| HCPCS | C8927 | Transesophageal echocardiography (TEE) with contrast, or without contrast followed by with contrast, for monitoring purposes, including probe placement, real time 2-dimensional image acquisition and interpretation leading to ongoing (continuous) assessment of (dynamically changing) cardiac pumping function and to therapeutic measures on an immediate time basis |
| HCPCS | C8928 | Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report |
| HCPCS | C8929 | Transthoracic echocardiography with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral doppler echocardiography, and with color flow doppler echocardiography |
| HCPCS | C8930 | Transthoracic echocardiography, with contrast, or without contrast followed by with contrast, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with physician supervision |
| HCPCS | C8931 | Magnetic resonance angiography with contrast, spinal canal and contents |
| HCPCS | C8932 | Magnetic resonance angiography without contrast, spinal canal and contents |
| HCPCS | C8933 | Magnetic resonance angiography without contrast followed by with contrast, spinal canal and contents |
| HCPCS | C8934 | Magnetic resonance angiography with contrast, upper extremity |
| HCPCS | C8935 | Magnetic resonance angiography without contrast, upper extremity |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | C8936 | Magnetic resonance angiography without contrast followed by with contrast, upper extremity |
| HCPCS | C8957 | Intravenous infusion for therapy/diagnosis; initiation of prolonged infusion (more than 8 hours), requiring use of portable or implantable pump |
| HCPCS | C9352 | Microporous collagen implantable tube (NeuraGen Nerve Guide), per centimeter length |
| HCPCS | C9353 | Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per centimeter length |
| HCPCS | C9354 | Acellular pericardial tissue matrix of non-human origin (Veritas), per square centimeter |
| HCPCS | C9355 | Collagen nerve cuff (NeuroMatrix), per 0.5 centimeter length |
| HCPCS | C9356 | Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per square centimeter |
| HCPCS | C9358 | Dermal substitute, native, non-denatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 square centimeters |
| HCPCS | C9359 | Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc |
| HCPCS-COVID | C9507 | Fresh frozen plasma, high titer COVID-19 convalescent, frozen within 8 hours of collection, each unit |
| HCPCS | C9600 | Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch |
| HCPCS | C9601 | Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) |
| HCPCS | C9602 | Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch |
| HCPCS | C9603 | Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure) |
| HCPCS | C9604 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel |
| HCPCS | C9605 | Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, |



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| Type of Code | Code | Description |
|--------------|-------|--|
| | | including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure) |
| HCPCS | C9606 | Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel |
| HCPCS | C9607 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel |
| HCPCS | C9608 | Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure) |
| HCPCS | C9728 | Placement of interstitial device(s) for radiation therapy/surgery guidance (e.g., fiducial markers, dosimeter), for other than the following sites (any approach): abdomen, pelvis, prostate, retroperitoneum, thorax, single or multiple |
| HCPCS | C9733 | Non-ophthalmic fluorescent vascular angiography |
| HCPCS | C9738 | Adjunctive blue light cystoscopy with fluorescent imaging agent (List separately in addition to code for primary procedure) |
| HCPCS | C9759 | Transcatheter intraoperative blood vessel microinfusion(s) (e.g., intraluminal, vascular wall and/or perivascular) therapy, any vessel, including radiological supervision and interpretation, when performed |
| HCPCS | C9762 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging |
| HCPCS | C9763 | Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging |
| HCPCS | C9764 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the same vessel(s), when performed |
| HCPCS | C9765 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | C9766 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel(s), when performed |
| HCPCS | C9767 | Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel(s), when performed |
| HCPCS | C9768 | Endoscopic ultrasound-guided direct measurement of hepatic portosystemic pressure gradient by any method (List separately in addition to code for primary procedure) |
| HCPCS | C9769 | Cystourethroscopy, with insertion of temporary prostatic implant/stent with fixation/anchor and incisional struts |
| HCPCS | C9772 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when performed |
| HCPCS | C9773 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty within the same vessel(s), when performed |
| HCPCS | C9774 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel (s), when performed |
| HCPCS | C9775 | Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includes angioplasty within the same vessel (s), when performed |
| HCPCS-COVID | C9803 | Hospital outpatient clinic visit specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) coronavirus disease [COVID-19], any specimen source |
| HCPCS | E0585 | Nebulizer, with compressor and heater |
| HCPCS | E1634 | Peritoneal dialysis clamps, each |
| HCPCS | E2402 | Negative pressure wound therapy electrical pump, stationary or portable |
| HCPCS | G0008 | Administration of influenza virus vaccine |
| HCPCS | G0009 | Administration of pneumococcal vaccine |
| HCPCS | G0010 | Administration of hepatitis B vaccine |
| HCPCS | G0101 | Cervical or vaginal cancer screening; pelvic and clinical breast examination |
| HCPCS | G0102 | Prostate cancer screening; digital rectal examination |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G0103 | Prostate cancer screening; prostate specific antigen test (PSA) |
| HCPCS | G0104 | Colorectal cancer screening; flexible sigmoidoscopy |
| HCPCS | G0105 | Colorectal cancer screening; colonoscopy on individual at high risk |
| HCPCS | G0106 | Colorectal cancer screening; alternative to G0104, screening sigmoidoscopy, barium enema |
| HCPCS | G0108 | Diabetes outpatient self-management training services, individual, per 30 minutes |
| HCPCS | G0109 | Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes |
| HCPCS | G0117 | Glaucoma screening for high risk patients furnished by an optometrist or ophthalmologist |
| HCPCS | G0118 | Glaucoma screening for high risk patient furnished under the direct supervision of an optometrist or ophthalmologist |
| HCPCS | G0120 | Colorectal cancer screening; alternative to G0105, screening colonoscopy, barium enema. |
| HCPCS | G0121 | Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk |
| HCPCS | G0122 | Colorectal cancer screening; barium enema |
| HCPCS | G0123 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, screening by cytotechnologist under physician supervision |
| HCPCS | G0124 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician |
| HCPCS | G0127 | Trimming of dystrophic nails, any number |
| HCPCS | G0128 | Direct (face-to-face with patient) skilled nursing services of a registered nurse provided in a comprehensive outpatient rehabilitation facility, each 10 minutes beyond the first 5 minutes |
| HCPCS | G0129 | Occupational therapy services requiring the skills of a qualified occupational therapist, furnished as a component of a partial hospitalization treatment program, per session (45 minutes or more) |
| HCPCS | G0130 | Single energy x-ray absorptiometry (SEXA) bone density study, one or more sites; appendicular skeleton (peripheral) (e.g., radius, wrist, heel) |
| HCPCS | G0141 | Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician |
| HCPCS | G0143 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with manual screening and rescreening by cytotechnologist under physician supervision |
| HCPCS | G0144 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system, under physician supervision |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G0145 | Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, with screening by automated system and manual rescreening under physician supervision |
| HCPCS | G0147 | Screening cytopathology smears, cervical or vaginal, performed by automated system under physician supervision |
| HCPCS | G0148 | Screening cytopathology smears, cervical or vaginal, performed by automated system with manual rescreening |
| HCPCS | G0168 | Wound closure utilizing tissue adhesive(s) only |
| HCPCS | G0175 | Scheduled interdisciplinary team conference (minimum of three exclusive of patient care nursing staff) with patient present |
| HCPCS | G0182 | Physician supervision of a patient under a Medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more |
| HCPCS | G0186 | Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions) |
| HCPCS | G0237 | Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring) |
| HCPCS | G0238 | Therapeutic procedures to improve respiratory function, other than described by G0237, one on one, face to face, per 15 minutes (includes monitoring) |
| HCPCS | G0239 | Therapeutic procedures to improve respiratory function or increase strength or endurance of respiratory muscles, two or more individuals (includes monitoring) |
| HCPCS | G0245 | Initial physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) which must include: (1) the diagnosis of LOPS, (2) a patient history, (3) a physical examination that consists of at least the following elements: (a) visual inspection of the forefoot, hindfoot and toe web spaces, (b) evaluation of a protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear and (4) patient education |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G0246 | Follow-up physician evaluation and management of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include at least the following: (1) a patient history, (2) a physical examination that includes: (a) visual inspection of the forefoot, hindfoot and toe web spaces, (b) evaluation of protective sensation, (c) evaluation of foot structure and biomechanics, (d) evaluation of vascular status and skin integrity, and (e) evaluation and recommendation of footwear, and (3) patient education |
| HCPCS | G0247 | Routine foot care by a physician of a diabetic patient with diabetic sensory neuropathy resulting in a loss of protective sensation (LOPS) to include, the local care of superficial wounds (i.e. superficial to muscle and fascia) and at least the following if present: (1) local care of superficial wounds, (2) debridement of corns and calluses, and (3) trimming and debridement of nails |
| HCPCS | G0248 | Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the inr monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results |
| HCPCS | G0249 | Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests |
| HCPCS | G0250 | Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests |
| HCPCS | G0255 | Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve |
| HCPCS | G0257 | Unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not certified as an ESRD facility |
| HCPCS | G0259 | Injection procedure for sacroiliac joint; arthrography |
| HCPCS | G0260 | Injection procedure for sacroiliac joint; provision of anesthetic, steroid and/or other therapeutic agent, with or without arthrography |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G0268 | Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing |
| HCPCS | G0269 | Placement of occlusive device into either a venous or arterial access site, post surgical or interventional procedure (e.g., angioseal plug, vascular plug) |
| HCPCS | G0270 | Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes |
| HCPCS | G0271 | Medical nutrition therapy, reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition, or treatment regimen (including additional hours needed for renal disease), group (2 or more individuals), each 30 minutes |
| HCPCS | G0278 | Iliac and/or femoral artery angiography, non-selective, bilateral or ipsilateral to catheter insertion, performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images, and radiologic supervision and interpretation (List separately in addition to primary procedure) |
| HCPCS | G0288 | Reconstruction, computed tomographic angiography of aorta for surgical planning for vascular surgery |
| HCPCS | G0289 | Arthroscopy, knee, surgical, for removal of loose body, foreign body, debridement/shaving of articular cartilage (chondroplasty) at the time of other surgical knee arthroscopy in a different compartment of the same knee |
| HCPCS | G0293 | Noncovered surgical procedure(s) using conscious sedation, regional, general or spinal anesthesia in a Medicare qualifying clinical trial, per day |
| HCPCS | G0294 | Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day |
| HCPCS | G0296 | Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making) |
| HCPCS | G0306 | Complete CBC, automated (HGB, HCT, RBC, WBC, without platelet count) and automated WBC differential count |
| HCPCS | G0307 | Complete (CBC), automated (HGB, HCT, RBC, WBC; without platelet count) |
| HCPCS | G0328 | Colorectal cancer screening; fecal occult blood test, immunoassay, 1-3 simultaneous |
| HCPCS | G0333 | Pharmacy dispensing fee for inhalation drug(s); initial 30-day supply as a beneficiary |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G0337 | Hospice evaluation and counseling services, pre-election |
| HCPCS | G0380 | Level 1 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment) |
| HCPCS | G0381 | Level 2 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment) |
| HCPCS | G0382 | Level 3 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, based on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G0383 | Level 4 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, basED on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment) |
| HCPCS | G0384 | Level 5 hospital emergency department visit provided in a type B emergency department; (the ED must meet at least one of the following requirements: (1) it is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) it is held out to the public (by name, posted signs, advertising, or other means) as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) during the calendar year immediately preceding the calendar year in which a determination under 42 CFR 489.24 is being made, basED on a representative sample of patient visits that occurred during that calendar year, it provides at least one-third of all of its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a previously scheduled appointment) |
| HCPCS | G0390 | Trauma response team associated with hospital critical care service |
| HCPCS | G0396 | Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and brief intervention 15 to 30 minutes |
| HCPCS | G0397 | Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and intervention, greater than 30 minutes |
| HCPCS | G0398 | Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart rate, airflow, respiratory effort and oxygen saturation |
| HCPCS | G0399 | Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1 oxygen saturation |
| HCPCS | G0400 | Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels |
| HCPCS | G0403 | Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G0404 | Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination |
| HCPCS | G0405 | Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination |
| HCPCS | G0409 | Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each 15 minutes, face-to-face; individual (services provided by a CORF-qualified social worker or psychologist in a CORF) |
| HCPCS | G0410 | Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes |
| HCPCS | G0411 | Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes |
| HCPCS | G0412 | Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral or bilateral for pelvic bone fracture patterns which do not disrupt the pelvic ring includes internal fixation, when performed |
| HCPCS | G0413 | Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, (includes ilium, sacroiliac joint and/or sacrum) |
| HCPCS | G0414 | Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation when performed (includes pubic symphysis and/or superior/inferior rami) |
| HCPCS | G0415 | Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns which disrupt the pelvic ring, unilateral or bilateral, includes internal fixation, when performed (includes ilium, sacroiliac joint and/or sacrum) |
| HCPCS | G0416 | Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method |
| HCPCS | G0422 | Intensive cardiac rehabilitation; with or without continuous ECG monitoring with exercise, per session |
| HCPCS | G0423 | Intensive cardiac rehabilitation; with or without continuous ECG monitoring; without exercise, per session |
| HCPCS | G0432 | Infectious agent antibody detection by enzyme immunoassay (EIA) technique, HIV-1 and/or HIV-2, screening |
| HCPCS | G0433 | Infectious agent antibody detection by enzyme-linked immunosorbent assay (ELISA) technique, HIV-1 and/or HIV-2, screening |
| HCPCS | G0435 | Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2, screening |
| HCPCS | G0438 | Annual wellness visit; includes a personalized prevention plan of service (PPS), initial visit |
| HCPCS | G0439 | Annual wellness visit, includes a personalized prevention plan of service (PPS), subsequent visit |
| HCPCS | G0442 | Annual alcohol misuse screening, 15 minutes |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G0443 | Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes |
| HCPCS | G0444 | Annual depression screening, 15 minutes |
| HCPCS | G0445 | High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes |
| HCPCS | G0446 | Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes |
| HCPCS | G0447 | Face-to-face behavioral counseling for obesity, 15 minutes |
| HCPCS | G0448 | Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing |
| HCPCS | G0451 | Development testing, with interpretation and report, per standardized instrument form |
| HCPCS | G0452 | Molecular pathology procedure; physician interpretation and report |
| HCPCS | G0453 | Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure) |
| HCPCS | G0463 | Hospital outpatient clinic visit for assessment and management of a patient |
| HCPCS | 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 |
| HCPCS | 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 |
| HCPCS | 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 |
| HCPCS | 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 |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | 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 |
| HCPCS | G0472 | Hepatitis C antibody screening, for individual at high risk and other covered indication(s) |
| HCPCS | G0475 | HIV antigen/antibody, combination assay, screening |
| HCPCS | G0476 | Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), high-risk types (e.g., 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 |
| HCPCS | G0499 | Hepatitis B screening in non-pregnant, high risk individual includes hepatitis B surface antigen (HBSAG), antibodies to hbsag (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result |
| HCPCS | G0500 | Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate) |
| HCPCS | G0516 | Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant) |
| HCPCS | G0517 | Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants) |
| HCPCS | G0518 | Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants) |
| HCPCS | G2011 | Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., AUDIT, DAST), and brief intervention, 5-14 minutes |
| HCPCS-COVID | G2023 | Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), any specimen source |
| HCPCS-COVID | G2024 | Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) from an individual in a SNF or by a laboratory on behalf of a HHA, any specimen source |
| HCPCS | G2081 | Patients age 66 and older in institutional special needs plans (SNP) or residing in long-term care with a POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G2090 | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period |
| HCPCS | G2091 | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period |
| HCPCS | G2092 | Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy prescribed or currently being taken |
| HCPCS | G2093 | Documentation of medical reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., hypotensive patients who are at immediate risk of cardiogenic shock, hospitalized patients who have experienced marked azotemia, allergy, intolerance, other medical reasons) |
| HCPCS | G2094 | Documentation of patient reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., patient declined, other patient reasons) |
| HCPCS | G2095 | Documentation of system reason(s) for not prescribing ACE inhibitor or ARB or ARNI therapy (e.g., other system reasons) |
| HCPCS | G2096 | Angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) or angiotensin receptor-neprilysin inhibitor (ARNI) therapy was not prescribed, reason not given |
| HCPCS | G2097 | Episodes where the patient had a competing diagnosis on or within three days after the episode date (e.g., intestinal infection, pertussis, bacterial infection, lyme disease, otitis media, acute sinusitis, chronic sinusitis, infection of the adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]), infections of the kidney, cystitis or UTI) |
| HCPCS | G2098 | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period |
| HCPCS | G2099 | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G2100 | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period |
| HCPCS | G2101 | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period |
| HCPCS | G2105 | Patient age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period |
| HCPCS | G2106 | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period |
| HCPCS | G2107 | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period |
| HCPCS | G2108 | Patient age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54 or 56 for more than 90 consecutive days during the measurement period |
| HCPCS | G2109 | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period |
| HCPCS | G2110 | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period |
| HCPCS | G2112 | Patient receiving ≤ 5 mg daily prednisone (or equivalent), or RA activity is worsening, or glucocorticoid use is for less than 6 months |
| HCPCS | G2113 | Patient receiving > 5 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G2115 | Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period |
| HCPCS | G2116 | Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period |
| HCPCS | G2118 | Patients 81 years of age and older with at least one claim/encounter for frailty during the measurement period |
| HCPCS | G2121 | Depression, anxiety, apathy, and psychosis assessed |
| HCPCS | G2122 | Depression, anxiety, apathy, and psychosis not assessed |
| HCPCS | G2125 | Patients 81 years of age and older with at least one claim/encounter for frailty during the six months prior to the measurement period through december 31 of the measurement period |
| HCPCS | G2126 | Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period |
| HCPCS | G2127 | Patients 66 - 80 years of age with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period |
| HCPCS | G2128 | Documentation of medical reason(s) for not on a daily aspirin or other antiplatelet (e.g. history of gastrointestinal bleed, intra-cranial bleed, blood disorders, idiopathic thrombocytopenic purpura (ITP), gastric bypass or documentation of active anticoagulant use during the measurement period) |
| HCPCS | G2129 | Procedure-related bp's not taken during an outpatient visit. examples include same day surgery, ambulatory service center, G.I. lab, dialysis, infusion center, chemotherapy |
| HCPCS | G2136 | Back pain measured by the visual analog scale (vas) at three months (6 - 20 weeks) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (vas) within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater |

| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G2137 | Back pain measured by the visual analog scale (VAS) at three months (6-20 weeks) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated a change of less than an improvement of 5.0 points |
| HCPCS | G2138 | Back pain as measured by the visual analog scale (vas) at one year (9 to 15 months) postoperatively was less than or equal to 3.0 or back pain measured by the visual analog scale (vas) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated a change of 5.0 points or greater |
| HCPCS | G2139 | Back pain measured by the visual analog scale (VAS) pain at one year (9 to 15 months) postoperatively was greater than 3.0 and back pain measured by the visual analog scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated a change of less than 5.0 |
| HCPCS | G2140 | Leg pain measured by the visual analog scale (VAS) at three months (6 - 20 weeks) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of 5.0 points or greater |
| HCPCS | G2141 | Leg pain measured by the visual analog scale (VAS) at three months (6-20 weeks) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) within three months preoperatively and at three months (6-20 weeks) postoperatively demonstrated less than an improvement of 5.0 points |
| HCPCS | G2142 | Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at one year (9 to 15 months) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of 30 points or greater |
| HCPCS | G2143 | Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at one year (9 to 15 months) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of less than 30 points |
| HCPCS | G2144 | Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at three months (6 - 20 weeks) postoperatively was less than or equal to 22 or functional status measured by the ODI version 2.1a within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of 30 points or greater |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G2145 | Functional status measured by the Oswestry Disability Index (ODI version 2.1a) at three months (6 - 20 weeks) postoperatively was greater than 22 and functional status measured by the ODI version 2.1a within three months preoperatively and at three months (6 - 20 weeks) postoperatively demonstrated an improvement of less than 30 points |
| HCPCS | G2146 | Leg pain as measured by the visual analog scale (VAS) at one year (9 to 15 months) postoperatively was less than or equal to 3.0 or leg pain measured by the visual analog scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated an improvement of 5.0 points or greater |
| HCPCS | G2147 | Leg pain measured by the visual analog scale (VAS) at one year (9 to 15 months) postoperatively was greater than 3.0 and leg pain measured by the visual analog scale (VAS) within three months preoperatively and at one year (9 to 15 months) postoperatively demonstrated less than an improvement of 5.0 points |
| HCPCS | G2148 | Multimodal pain management was used |
| HCPCS | G2149 | Documentation of medical reason(s) for not using multimodal pain management (e.g., allergy to multiple classes of analgesics, intubated patient, hepatic failure, patient reports no pain during PACU stay, other medical reason(s)) |
| HCPCS | G2150 | Multimodal pain management was not used |
| HCPCS | G2151 | Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care |
| HCPCS | G2152 | Risk-adjusted functional status change residual score for the neck impairment successfully calculated and the score was equal to zero (0) or greater than zero (> 0) |
| HCPCS | G2167 | Risk-adjusted functional status change residual score for the neck impairment successfully calculated and the score was less than zero (< 0) |
| HCPCS | G2170 | Percutaneous arteriovenous fistula creation (AVF), direct, any site, by tissue approximation using thermal resistance energy, and secondary procedures to redirect blood flow (e.g., transluminal balloon angioplasty, coil embolization) when performed, and includes all imaging and radiologic guidance, supervision and interpretation, when performed |
| HCPCS | G2171 | Percutaneous arteriovenous fistula creation (AVF), direct, any site, using magnetic-guided arterial and venous catheters and radiofrequency energy, including flow-directing procedures (e.g., vascular coil embolization with radiologic supervision and interpretation, when performed) and fistulogram(s), angiography, enography, and/or ultrasound, with radiologic supervision and interpretation, when performed |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G2173 | URI episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease) |
| HCPCS | G2174 | URI episodes when the patient had an active prescription of antibiotics (table 1) in the 30 days prior to the episode date |
| HCPCS | G2175 | Episodes where the patient had a comorbid condition during the 12 months prior to or on the episode date (e.g., tuberculosis, neutropenia, cystic fibrosis, chronic bronchitis, pulmonary edema, respiratory failure, rheumatoid lung disease) |
| HCPCS | G2176 | Outpatient, ED, or observation visits that result in an inpatient admission |
| HCPCS | G2177 | Acute bronchitis/bronchiolitis episodes when the patient had a new or refill prescription of antibiotics (table 1) in the 30 days prior to the episode date |
| HCPCS | G2178 | Clinician documented that patient was not an eligible candidate for lower extremity neurological exam measure, for example patient bilateral amputee; patient has condition that would not allow them to accurately respond to a neurological exam (dementia, alzheimer's, etc.); patient has previously documented diabetic peripheral neuropathy with loss of protective sensation |
| HCPCS | G2179 | Clinician documented that patient had medical reason for not performing lower extremity neurological exam |
| HCPCS | G2180 | Clinician documented that patient was not an eligible candidate for evaluation of footwear as patient is bilateral lower extremity amputee |
| HCPCS | G2181 | BMI not documented due to medical reason or patient refusal of height or weight measurement |
| HCPCS | G2182 | Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy |
| HCPCS | G2183 | Documentation patient unable to communicate and informant not available |
| HCPCS | G2184 | Patient does not have a caregiver |
| HCPCS | G2185 | Documentation caregiver is trained and certified in dementia care |
| HCPCS | G2186 | Patient /caregiver dyad has been referred to appropriate resources and connection to those resources is confirmed |
| HCPCS | G2187 | Patients with clinical indications for imaging of the head: head trauma |
| HCPCS | G2188 | Patients with clinical indications for imaging of the head: new or change in headache above 50 years of age |
| HCPCS | G2189 | Patients with clinical indications for imaging of the head: abnormal neurologic exam |
| HCPCS | G2190 | Patients with clinical indications for imaging of the head: headache radiating to the neck |
| HCPCS | G2191 | Patients with clinical indications for imaging of the head: positional headaches |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | G2192 | Patients with clinical indications for imaging of the head: temporal headaches in patients over 55 years of age |
| HCPCS | G2193 | Patients with clinical indications for imaging of the head: new onset headache in pre-school children or younger (<6 years of age) |
| HCPCS | G2194 | Patients with clinical indications for imaging of the head: new onset headache in pediatric patients with disabilities for which headache is a concern as inferred from behavior |
| HCPCS | G2195 | Patients with clinical indications for imaging of the head: occipital headache in children |
| HCPCS | G2196 | Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method |
| HCPCS | G2197 | Patient screened for unhealthy alcohol use using a systematic screening method and not identified as an unhealthy alcohol user |
| HCPCS | G2198 | Documentation of medical reason(s) for not screening for unhealthy alcohol use using a systematic screening method (e.g., limited life expectancy, other medical reasons) |
| HCPCS | G2199 | Patient not screened for unhealthy alcohol use using a systematic screening method, reason not given |
| HCPCS | G2200 | Patient identified as an unhealthy alcohol user received brief counseling |
| HCPCS | G2201 | Documentation of medical reason(s) for not providing brief counseling (e.g., limited life expectancy, other medical reasons) |
| HCPCS | G2202 | Patient did not receive brief counseling if identified as an unhealthy alcohol user, reason not given |
| HCPCS | G2203 | Documentation of medical reason(s) for not providing brief counseling if identified as an unhealthy alcohol user (e.g., limited life expectancy, other medical reasons) |
| HCPCS | G2204 | Patients between 50 and 85 years of age who received a screening colonoscopy during the performance period |
| HCPCS | G2205 | Patients with pregnancy during adjuvant treatment course |
| HCPCS | G2206 | Patient received adjuvant treatment course including both chemotherapy and HER2-targeted therapy |
| HCPCS | G2207 | Reason for not administering adjuvant treatment course including both chemotherapy and HER2-targeted therapy (e.g. poor performance status (ECOG 3-4; Karnofsky =50), cardiac contraindications, insufficient renal function, insufficient hepatic function, other active or secondary cancer diagnoses, other medical contraindications, patients who died during initial treatment course or transferred during or after initial treatment course) |
| HCPCS | G2208 | Patient did not receive adjuvant treatment course including both chemotherapy and HER2-targeted therapy |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | G2209 | Patient refused to participate |
| HCPCS | G2210 | Risk-adjusted functional status change residual score for the neck impairment not measured because the patient did not complete the neck FS PROM at initial evaluation and/or near discharge, reason not given |
| HCPCS | G2211 | Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious condition or a complex condition. (add-on code, list separately in addition to office/outpatient evaluation and management visit, new or established) |
| HCPCS | G2212 | Prolonged office or other outpatient evaluation and management service(s) beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes by the physician or qualified healthcare professional, with or without direct patient contact (List separately in addition to CPT codes 99205, 99215 for office or other outpatient evaluation and management services) (Do not report G2212 on the same date of service as 99354, 99355, 99358, 99359, 99415, 99416). (Do not report G2212 for any time unit less than 15 minutes) |
| HCPCS | G2213 | Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services (List separately in addition to code for primary procedure) |
| HCPCS | G2214 | Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional |
| HCPCS | G2215 | Take-home supply of nasal naloxone; 2-pack of 4mg per 0.1 ml nasal spray (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure |
| HCPCS | G2216 | Take-home supply of injectable naloxone (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure |
| HCPCS | G2250 | Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment |
| HCPCS | G2251 | Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating |



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|--------------|-------|---|
| | | from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion |
| HCPCS | G2252 | Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion |
| HCPCS | G6001 | Ultrasonic guidance for placement of radiation therapy fields |
| HCPCS | G6002 | Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy |
| HCPCS | G6015 | Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session |
| HCPCS | G6017 | Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3D positional tracking, gating, 3D surface tracking), each fraction of treatment |
| HCPCS | G8961 | Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery |
| HCPCS | G8962 | Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low risk surgery |
| HCPCS | G8963 | Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had PCI within 2 years |
| HCPCS | G8964 | Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had PCI within 2 years (e.g., symptomatic patient, patient greater than 2 years since PCI, initial evaluation, etc) |
| HCPCS | G8965 | Cardiac stress imaging test primarily performed on low CHD risk patient for initial detection and risk assessment |
| HCPCS | G8966 | Cardiac stress imaging test performed on symptomatic or higher than low CHD risk patient or for any reason other than initial detection and risk assessment |
| HCPCS | H0001 | Alcohol and/or drug assessment |
| HCPCS | H0002 | Behavioral health screening to determine eligibility for admission to treatment program |
| HCPCS | H0003 | Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs |
| HCPCS | H0005 | Alcohol and/or drug services; group counseling by a clinician |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | H0007 | Alcohol and/or drug services; crisis intervention (outpatient) |
| HCPCS | H0020 | Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program) |
| HCPCS | H0049 | Alcohol and/or drug screening |
| HCPCS | H0050 | Alcohol and/or drug services, brief intervention, per 15 minutes |
| HCPCS | H2011 | Crisis intervention service, per 15 minutes |
| HCPCS | J0179 | Injection, brolocizumab-dbl, 1 mg |
| HCPCS | J0841 | Injection, crotalidae immune F(ab') ₂ (equine), 120 mg |
| HCPCS | J1050 | Injection, medroxyprogesterone acetate, 1 mg |
| HCPCS | J7296 | Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg |
| HCPCS | J7300 | Intrauterine copper contraceptive |
| HCPCS | J7301 | Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg |
| HCPCS | J7304 | Contraceptive supply, hormone containing patch, each |
| HCPCS | J7306 | Levonorgestrel (contraceptive) implant system, including implants and supplies |
| HCPCS | J7307 | Etonogestrel (contraceptive) implant system, including implant and supplies |
| HCPCS | J7308 | Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg) |
| HCPCS | J9309 | Injection, polatuzumab vedotin-piiq, 1 mg |
| HCPCS | L2106 | Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated |
| HCPCS | L2108 | Ankle foot orthosis, fracture orthosis, tibial fracture cast orthosis, custom fabricated |
| HCPCS | L2112 | Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment |
| HCPCS | L2114 | Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment |
| HCPCS | L2116 | Ankle foot orthosis, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment |
| HCPCS | L2126 | Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated |
| HCPCS | L2128 | Knee ankle foot orthosis, fracture orthosis, femoral fracture cast orthosis, custom fabricated |
| HCPCS | L2132 | KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | L2134 | KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment |
| HCPCS | L2136 | KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment |
| HCPCS | L2180 | Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints |
| HCPCS | L2182 | Addition to lower extremity fracture orthosis, drop lock knee joint |
| HCPCS | L2184 | Addition to lower extremity fracture orthosis, limited motion knee joint |
| HCPCS | L2186 | Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type |
| HCPCS | L2188 | Addition to lower extremity fracture orthosis, quadrilateral brim |
| HCPCS | L2190 | Addition to lower extremity fracture orthosis, waist belt |
| HCPCS | L2840 | Addition to lower extremity orthosis, tibial length sock, fracture or equal, each |
| HCPCS | L2850 | Addition to lower extremity orthosis, femoral length sock, fracture or equal, each |
| HCPCS | L3917 | Hand orthosis, metacarpal fracture orthosis, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise |
| HCPCS | L3980 | Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment |
| HCPCS | L3982 | Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment |
| HCPCS | L3984 | Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment |
| HCPCS | L3995 | Addition to upper extremity orthosis, sock, fracture or equal, each |
| HCPCS | L7600 | Prosthetic donning sleeve, any material, each |
| HCPCS | L8000 | Breast prosthesis, mastectomy bra, without integrated breast prosthesis form, any size, any type |
| HCPCS | L8001 | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral, any size, any type |
| HCPCS | L8002 | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral, any size, any type |
| HCPCS | L8010 | Breast prosthesis, mastectomy sleeve |
| HCPCS | L8015 | External breast prosthesis garment, with mastectomy form, post mastectomy |
| HCPCS | L8020 | Breast prosthesis, mastectomy form |
| HCPCS | L8030 | Breast prosthesis, silicone or equal, without integral adhesive |
| HCPCS | L8031 | Breast prosthesis, silicone or equal, with integral adhesive |
| HCPCS | L8032 | Nipple prosthesis, prefabricated, reusable, any type, each |
| HCPCS | L8033 | Nipple prosthesis, custom fabricated, reusable, any material, any type, each |
| HCPCS | L8035 | Custom breast prosthesis, post mastectomy, molded to patient model |
| HCPCS | L8039 | Breast prosthesis, not otherwise specified |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | L8400 | Prosthetic sheath, below knee, each |
| HCPCS | L8410 | Prosthetic sheath, above knee, each |
| HCPCS | L8415 | Prosthetic sheath, upper limb, each |
| HCPCS | L8417 | Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each |
| HCPCS | L8420 | Prosthetic sock, multiple ply, below knee, each |
| HCPCS | L8430 | Prosthetic sock, multiple ply, above knee, each |
| HCPCS | L8435 | Prosthetic sock, multiple ply, upper limb, each |
| HCPCS | L8440 | Prosthetic shrinker, below knee, each |
| HCPCS | L8460 | Prosthetic shrinker, above knee, each |
| HCPCS | L8465 | Prosthetic shrinker, upper limb, each |
| HCPCS | L8470 | Prosthetic sock, single ply, fitting, below knee, each |
| HCPCS | L8480 | Prosthetic sock, single ply, fitting, above knee, each |
| HCPCS | L8485 | Prosthetic sock, single ply, fitting, upper limb, each |
| HCPCS | L8512 | Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis, replacement only, per 10 |
| HCPCS | L8513 | Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each |
| HCPCS | L8514 | Tracheoesophageal puncture dilator, replacement only, each |
| HCPCS | L8515 | Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each |
| HCPCS | L8630 | Metacarpophalangeal joint implant |
| HCPCS | L8641 | Metatarsal joint implant |
| HCPCS | L8642 | Hallux implant |
| HCPCS | L8658 | Interphalangeal joint spacer, silicone or equal, each |
| HCPCS | L8659 | Interphalangeal finger joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size |
| HCPCS-COVID | M0201 | COVID-19 vaccine administration inside a patient's home; reported only once per individual home per date of service when only COVID-19 vaccine administration is performed at the patient's home |
| HCPCS-COVID | M0249 | Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose |

| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS-COVID | M0250 | Intravenous infusion, tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with COVID-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose |
| HCPCS | M1106 | The start of an episode of care documented in the medical record |
| HCPCS | M1107 | Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care |
| HCPCS | M1108 | Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record |
| HCPCS | M1109 | Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery |
| HCPCS | M1110 | Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) |
| HCPCS | M1111 | The start of an episode of care documented in the medical record |
| HCPCS | M1112 | Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care |
| HCPCS | M1113 | Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record |
| HCPCS | M1114 | Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery |
| HCPCS | M1115 | Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) |
| HCPCS | M1116 | The start of an episode of care documented in the medical record |
| HCPCS | M1117 | Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care |
| HCPCS | M1118 | Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | M1119 | Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery |
| HCPCS | M1120 | Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) |
| HCPCS | M1121 | The start of an episode of care documented in the medical record |
| HCPCS | M1122 | Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care |
| HCPCS | M1123 | Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record |
| HCPCS | M1124 | Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery |
| HCPCS | M1125 | Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) |
| HCPCS | M1126 | The start of an episode of care documented in the medical record |
| HCPCS | M1127 | Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care |
| HCPCS | M1128 | Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record |
| HCPCS | M1129 | Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery |
| HCPCS | M1130 | Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) |
| HCPCS | M1131 | Documentation stating patient has a diagnosis of a degenerative neurological condition such as ALS, MS, or Parkinson's diagnosed at any time before or during the episode of care |
| HCPCS | M1132 | Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | M1133 | Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery |
| HCPCS | M1134 | Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) |
| HCPCS | M1135 | The start of an episode of care documented in the medical record |
| HCPCS | M1141 | Functional status was not measured by the Oxford Knee Score (OKS) or the knee injury and osteoarthritis outcome score joint replacement (KOOS, JR.) at one year (9 to 15 months) postoperatively |
| HCPCS | M1142 | Emergent cases |
| HCPCS | M1143 | Initiated episode of rehabilitation therapy, medical, or chiropractic care for neck impairment |
| HCPCS | M1146 | Ongoing care not clinically indicated because the patient needed a home program only, referral to another provider or facility, or consultation only, as documented in the medical record |
| HCPCS | M1147 | Ongoing care not medically possible because the patient was discharged early due to specific medical events, documented in the medical record, such as the patient became hospitalized or scheduled for surgery |
| HCPCS | M1148 | Ongoing care not possible because the patient self-discharged early (e.g., financial or insurance reasons, transportation problems, or reason unknown) |
| HCPCS | M1149 | Patient unable to complete the neck FS PROM at initial evaluation and/or discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility, and an adequate proxy is not available |
| HCPCS | P3000 | Screening papanicolaou smear, cervical or vaginal, up to three smears, by technician under physician supervision |
| HCPCS | P3001 | Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician |
| HCPCS | P7001 | Culture, bacterial, urine; quantitative, sensitivity study |
| HCPCS | P9010 | Blood (whole), for transfusion, per unit |
| HCPCS | P9025 | Plasma, cryoprecipitate reduced, pathogen reduced, each unit |
| HCPCS | P9026 | Cryoprecipitated fibrinogen complex, pathogen reduced, each unit |
| HCPCS | P9045 | Infusion, albumin (human), 5%, 250 ml |
| HCPCS | P9046 | Infusion, albumin (human), 25%, 20 ml |
| HCPCS | P9047 | Infusion, albumin (human), 25%, 50 ml |
| HCPCS | P9048 | Infusion, plasma protein fraction (human), 5%, 250 ml |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | P9053 | Platelets, pheresis, leukocytes reduced, CMV-negative, irradiated, each unit |
| HCPCS | P9054 | Whole blood or red blood cells, leukocytes reduced, frozen, deglycerol, washed, each unit |
| HCPCS | P9055 | Platelets, leukocytes reduced, CMV-negative, apheresis/pheresis, each unit |
| HCPCS | P9056 | Whole blood, leukocytes reduced, irradiated, each unit |
| HCPCS | P9057 | Red blood cells, frozen/deglycerolized/washed, leukocytes reduced, irradiated, each unit |
| HCPCS | P9058 | Red blood cells, leukocytes reduced, CMV-negative, irradiated, each unit |
| HCPCS | P9059 | Fresh frozen plasma between 8-24 hours of collection, each unit |
| HCPCS | P9060 | Fresh frozen plasma, donor retested, each unit |
| HCPCS | P9070 | Plasma, pooled multiple donor, pathogen reduced, frozen, each unit |
| HCPCS | P9071 | Plasma (single donor), pathogen reduced, frozen, each unit |
| HCPCS | P9100 | Pathogen(s) test for platelets |
| HCPCS | P9615 | Catheterization for collection of specimen(s) (multiple patients) |
| HCPCS | Q0081 | Infusion therapy, using other than chemotherapeutic drugs, per visit |
| HCPCS | Q0083 | Chemotherapy administration by other than infusion technique only (e.g., subcutaneous, intramuscular, push), per visit |
| HCPCS | Q0084 | Chemotherapy administration by infusion technique only, per visit |
| HCPCS | Q0085 | Chemotherapy administration by both infusion technique and other technique(s) (e.g., subcutaneous, intramuscular, push), per visit |
| HCPCS | Q0091 | Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory |
| HCPCS | Q0138 | Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use) |
| HCPCS | Q0139 | Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis) |
| HCPCS | Q0164 | Prochlorperazine maleate, 5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| HCPCS | Q0166 | Granisetron hydrochloride, 1 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen |
| HCPCS | Q0167 | Dronabinol, 2.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | Q0169 | Promethazine hydrochloride, 12.5 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| HCPCS | Q0173 | Trimethobenzamide hydrochloride, 250 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| HCPCS | Q0174 | Thiethylperazine maleate, 10 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| HCPCS | Q0175 | Perphenazine, 4 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| HCPCS | Q0177 | Hydroxyzine pamoate, 25 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| HCPCS | Q0180 | Dolasetron mesylate, 100 mg, oral, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 24 hour dosage regimen |
| HCPCS | Q0181 | Unspecified oral dosage form, FDA approved prescription anti-emetic, for use as a complete therapeutic substitute for a IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen |
| HCPCS | Q2034 | Influenza virus vaccine, split virus, for intramuscular use (Agriflu) |
| HCPCS | Q2035 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria) |
| HCPCS | Q2036 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval) |
| HCPCS | Q2037 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin) |
| HCPCS | Q2038 | Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone) |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | Q2039 | Influenza virus vaccine, not otherwise specified |
| HCPCS | Q3001 | Radioelements for brachytherapy, any type, each |
| HCPCS | Q4001 | Casting supplies, body cast adult, with or without head, plaster |
| HCPCS | Q4002 | Cast supplies, body cast adult, with or without head, fiberglass |
| HCPCS | Q4003 | Cast supplies, shoulder cast, adult (11 years +), plaster |
| HCPCS | Q4004 | Cast supplies, shoulder cast, adult (11 years +), fiberglass |
| HCPCS | Q4005 | Cast supplies, long arm cast, adult (11 years +), plaster |
| HCPCS | Q4006 | Cast supplies, long arm cast, adult (11 years +), fiberglass |
| HCPCS | Q4007 | Cast supplies, long arm cast, pediatric (0-10 years), plaster |
| HCPCS | Q4008 | Cast supplies, long arm cast, pediatric (0-10 years), fiberglass |
| HCPCS | Q4009 | Cast supplies, short arm cast, adult (11 years +), plaster |
| HCPCS | Q4010 | Cast supplies, short arm cast, adult (11 years +), fiberglass |
| HCPCS | Q4011 | Cast supplies, short arm cast, pediatric (0-10 years), plaster |
| HCPCS | Q4012 | Cast supplies, short arm cast, pediatric (0-10 years), fiberglass |
| HCPCS | Q4013 | Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), plaster |
| HCPCS | Q4014 | Cast supplies, gauntlet cast (includes lower forearm and hand), adult (11 years +), fiberglass |
| HCPCS | Q4015 | Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), plaster |
| HCPCS | Q4016 | Cast supplies, gauntlet cast (includes lower forearm and hand), pediatric (0-10 years), fiberglass |
| HCPCS | Q4017 | Cast supplies, long arm splint, adult (11 years +), plaster |
| HCPCS | Q4018 | Cast supplies, long arm splint, adult (11 years +), fiberglass |
| HCPCS | Q4019 | Cast supplies, long arm splint, pediatric (0-10 years), plaster |
| HCPCS | Q4020 | Cast supplies, long arm splint, pediatric (0-10 years), fiberglass |
| HCPCS | Q4021 | Cast supplies, short arm splint, adult (11 years +), plaster |
| HCPCS | Q4022 | Cast supplies, short arm splint, adult (11 years +), fiberglass |
| HCPCS | Q4023 | Cast supplies, short arm splint, pediatric (0-10 years), plaster |
| HCPCS | Q4024 | Cast supplies, short arm splint, pediatric (0-10 years), fiberglass |
| HCPCS | Q4025 | Cast supplies, hip spica (one or both legs), adult (11 years +), plaster |
| HCPCS | Q4026 | Cast supplies, hip spica (one or both legs), adult (11 years +), fiberglass |
| HCPCS | Q4027 | Cast supplies, hip spica (one or both legs), pediatric (0-10 years), plaster |
| HCPCS | Q4028 | Cast supplies, hip spica (one or both legs), pediatric (0-10 years), fiberglass |



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| Type of Code | Code | Description |
|--------------|-------|--|
| HCPCS | Q4029 | Cast supplies, long leg cast, adult (11 years +), plaster |
| HCPCS | Q4030 | Cast supplies, long leg cast, adult (11 years +), fiberglass |
| HCPCS | Q4031 | Cast supplies, long leg cast, pediatric (0-10 years), plaster |
| HCPCS | Q4032 | Cast supplies, long leg cast, pediatric (0-10 years), fiberglass |
| HCPCS | Q4033 | Cast supplies, long leg cylinder cast, adult (11 years +), plaster |
| HCPCS | Q4034 | Cast supplies, long leg cylinder cast, adult (11 years +), fiberglass |
| HCPCS | Q4035 | Cast supplies, long leg cylinder cast, pediatric (0-10 years), plaster |
| HCPCS | Q4036 | Cast supplies, long leg cylinder cast, pediatric (0-10 years), fiberglass |
| HCPCS | Q4037 | Cast supplies, short leg cast, adult (11 years +), plaster |
| HCPCS | Q4038 | Cast supplies, short leg cast, adult (11 years +), fiberglass |
| HCPCS | Q4039 | Cast supplies, short leg cast, pediatric (0-10 years), plaster |
| HCPCS | Q4040 | Cast supplies, short leg cast, pediatric (0-10 years), fiberglass |
| HCPCS | Q4041 | Cast supplies, long leg splint, adult (11 years +), plaster |
| HCPCS | Q4042 | Cast supplies, long leg splint, adult (11 years +), fiberglass |
| HCPCS | Q4043 | Cast supplies, long leg splint, pediatric (0-10 years), plaster |
| HCPCS | Q4044 | Cast supplies, long leg splint, pediatric (0-10 years), fiberglass |
| HCPCS | Q4045 | Cast supplies, short leg splint, adult (11 years +), plaster |
| HCPCS | Q4046 | Cast supplies, short leg splint, adult (11 years +), fiberglass |
| HCPCS | Q4047 | Cast supplies, short leg splint, pediatric (0-10 years), plaster |
| HCPCS | Q4048 | Cast supplies, short leg splint, pediatric (0-10 years), fiberglass |
| HCPCS | Q4081 | Injection, epoetin alfa, 100 units (for ESRD on dialysis) |
| HCPCS | Q9951 | Low osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml |
| HCPCS | Q9953 | Injection, iron-based magnetic resonance contrast agent, per ml |
| HCPCS | Q9954 | Oral magnetic resonance contrast agent, per 100 ml |
| HCPCS | Q9955 | Injection, perflerone lipid microspheres, per ml |
| HCPCS | Q9956 | Injection, octafluoropropane microspheres, per ml |
| HCPCS | Q9957 | Injection, perflutren lipid microspheres, per ml |
| HCPCS | Q9958 | High osmolar contrast material, up to 149 mg/ml iodine concentration, per ml |
| HCPCS | Q9959 | High osmolar contrast material, 150-199 mg/ml iodine concentration, per ml |
| HCPCS | Q9960 | High osmolar contrast material, 200-249 mg/ml iodine concentration, per ml |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS | Q9961 | High osmolar contrast material, 250-299 mg/ml iodine concentration, per ml |
| HCPCS | Q9962 | High osmolar contrast material, 300-349 mg/ml iodine concentration, per ml |
| HCPCS | Q9963 | High osmolar contrast material, 350-399 mg/ml iodine concentration, per ml |
| HCPCS | Q9964 | High osmolar contrast material, 400 or greater mg/ml iodine concentration, per ml |
| HCPCS | Q9965 | Low osmolar contrast material, 100-199 mg/ml iodine concentration, per ml |
| HCPCS | Q9966 | Low osmolar contrast material, 200-299 mg/ml iodine concentration, per ml |
| HCPCS | Q9967 | Low osmolar contrast material, 300-399 mg/ml iodine concentration, per ml |
| HCPCS | Q9968 | Injection, non-radioactive, non-contrast, visualization adjunct (e.g., methylene blue, isosulfan blue), 1 mg |
| HCPCS | Q9969 | Tc-99m from non-highly enriched uranium source, full cost recovery add-on, per study dose |
| HCPCS | S0255 | Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designated staff |
| HCPCS | S0302 | Completed early periodic screening diagnosis and treatment (EPSDT) service (list in addition to code for appropriate evaluation and management service) |
| HCPCS | S0310 | Hospitalist services (List separately in addition to code for appropriate evaluation and management service) |
| HCPCS | S0395 | Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic |
| HCPCS | S0400 | Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s) |
| HCPCS | S0601 | Screening proctoscopy |
| HCPCS | S0610 | Annual gynecological examination, new patient |
| HCPCS | S0612 | Annual gynecological examination, established patient |
| HCPCS | S0613 | Annual gynecological examination; clinical breast examination without pelvic evaluation |
| HCPCS | S0618 | Audiometry for hearing aid evaluation to determine the level and degree of hearing loss |
| HCPCS | S0630 | Removal of sutures; by a physician other than the physician who originally closed the wound |
| HCPCS | S2066 | Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral |
| HCPCS | S2067 | Breast reconstruction of a single breast with "stacked" deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast, unilateral |
| HCPCS | S2068 | Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral |



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| Type of Code | Code | Description |
|--------------|------------|--|
| HCPCS | S2115 | Osteotomy, periacetabular, with internal fixation |
| HCPCS | S2225 | Myringotomy, laser-assisted |
| HCPCS | S2342 | Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(s), unilateral or bilateral |
| HCPCS | S3620 | Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total) |
| HCPCS | S4005 | Interim labor facility global (labor occurring but not resulting in delivery) |
| HCPCS | S4989 | Contraceptive intrauterine device (e.g., Progestacert IUD), including implants and supplies |
| HCPCS | S4993 | Contraceptive pills for birth control |
| HCPCS | S5035 | Home infusion therapy, routine service of infusion device (e.g., pump maintenance) |
| HCPCS | S8030 | Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy |
| HCPCS | S8037 | Magnetic resonance cholangiopancreatography (MRCP) |
| HCPCS | S8042 | Magnetic resonance imaging (MRI), low-field |
| HCPCS | S8100 | Holding chamber or spacer for use with an inhaler or nebulizer; without mask |
| HCPCS | S8101 | Holding chamber or spacer for use with an inhaler or nebulizer; with mask |
| HCPCS | S8210 | Mucus trap |
| HCPCS | S8265 | Haberman feeder for cleft lip/palate |
| HCPCS | S8490 | Insulin syringes (100 syringes, any size) |
| HCPCS | S9088 | Services provided in an urgent care center (list in addition to code for service) |
| HCPCS | S9152 | Speech therapy, re-evaluation |
| HCPCS | S9470 | Nutritional counseling, dietitian visit |
| HCPCS | S9472 | Cardiac rehabilitation program, non-physician provider, per diem |
| HCPCS | S9473 | Pulmonary rehabilitation program, non-physician provider, per diem |
| HCPCS | S9484 | Crisis intervention mental health services, per hour |
| HCPCS | S9485 | Crisis intervention mental health services, per diem |
| HCPCS | S9988 - Q1 | Services provided as part of a Phase I clinical trial |
| HCPCS | S9990 - Q1 | Services provided as part of a Phase II clinical trial |
| HCPCS | S9991 - Q1 | Services provided as part of a Phase III clinical trial |
| HCPCS-COVID | U0001 | CDC 2019 novel Coronavirus (2019-nCoV) real-time RT-PCR diagnostic panel |



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| Type of Code | Code | Description |
|--------------|-------|---|
| HCPCS-COVID | U0002 | 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC |
| HCPCS-COVID | U0003 | Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, making use of high throughput technologies as described by CMS-2020-01-R |
| HCPCS-COVID | U0004 | 2019-nCoV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), any technique, multiple types or subtypes (includes all targets), non-CDC, making use of high throughput technologies as described by CMS-2020-01-R |
| HCPCS-COVID | U0005 | Infectious agent detection by nucleic acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date of specimen collection (List separately in addition to either HCPCS code U0003 or U0004) as described by CMS-2020-01-R2 |
| HCPCS | V2630 | Anterior chamber intraocular lens |
| HCPCS | V2631 | Iris supported intraocular lens |
| HCPCS | V2632 | Posterior chamber intraocular lens |
| HCPCS | V5362 | Speech screening |
| HCPCS | V5363 | Language screening |
| HCPCS | V5364 | Dysphagia screening |