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Non-Individual Plans Only

View Individual Plan code list.

Clinical Review by Code List

(CODES REVIEWED ARE SUBJECT TO CHANGE)

We're currently working with local government regarding the COVID-19 virus and its impact on our area.
View COVID-19 FAQ.

How do I ensure accurate coverage information?

Use the Prior Authorization Tool, consult the member benefit booklet, or contact a customer service representative to determine coverage for a specific medical service or supply. Specific codes can be found on the Clinical Review by Code List on the following pages. View list of codes.

What is the Clinical Review by Code list?

This is a listing the codes found in the Company's medical policies. The Clinical Review by Code list provides the following information:

- The code and type of code (CPT or HCPCS) with a description
- The type of review required (eg, pre-service, prior authorization, or retrospective review) or if the service potentially may be denied
- If the code must meet medical necessity criteria to be approved, or if it is considered investigative, cosmetic, specialized durable medical equipment, or is an unlisted (non-specific) code
- If specific medical records are required with the request

What are the types of review done before a service is provided?

There are two types of review conducted prior to a service being provided: prior authorization and a pre-service review. Each type of review determines if the service is medically necessary before the member's admission, stay, other service, or course of treatment, including outpatient procedures and services. Services that are not medically necessary are not covered, whether the review is done as a prior authorization or pre-service.

- Prior authorization: Prior authorization/certification is *required* by the member's contract. If a provider performs a service or procedure without prior authorization, depending on the member's benefit plan, the charges/claim will either be denied or a penalty will be applied.
- Pre-service review: This is a utilization management review. Pre-service reviews are not contractually required; however, if a pre-service review is not obtained, we will conduct a retrospective medical necessity review. If a provider performs a service or procedure without pre-service review, the member or provider may have to pay the full service cost.

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What is post service or retrospective review?
This refers to any review conducted after services have been provided, including outpatient procedures and services.

Services requiring prior authorization are listed below.
This list is subject to change. Please refer to the member's contract for specific coverage details.

Inpatient Facility Admissions

- All planned (elective) inpatient hospital care (surgical, non-surgical, behavioral health and/or substance abuse)
  - Elective admissions must have prior authorization **before** admission
  - **For facilities only**, if the service for which the member is admitted is not included in the list below, notification from the facility is required within 24 hours of the admission
- Admission to a skilled nursing facility, a long-term acute care hospital (LTACH) or a rehabilitation facility
- Admission to all residential treatment programs

Transplants (inpatient or outpatient)

- Autologous progenitor cell therapy (stem cell transplants)
- Complex organ transplants (small bowel, lung, heart, liver, multi-organ, face, limb)
  - No prior authorization is needed for cornea, skin, or kidney unless parts of care will involve a clinical trial
  - We recommend notifying the plan of scheduled kidney, liver, heart, or multi-organ transplant to ensure the highest level of coverage
- Transplant donor procedures and services (for all types of transplants)

Elective (non-emergent) Air Ambulance Transport

Surgical, Medical, Therapeutic, Diagnostic and Reconstructive Procedures (inpatient or outpatient)

- Ablation therapy (destruction of abnormal tissue)
- Artificial intervertebral disc, any level (artificial disc between vertebrae in the spine)
- Blepharoplasty (eyelid surgery)
- Bone-anchored and implantable hearing aids
- Breast surgeries – selected: implant removal, mastectomy for gynecomastia (removal of breast tissue in males), prophylactic mastectomy (removal of breasts to prevent breast cancer), reduction mammoplasty (breast reduction)
- Cardiac devices, including related services for implantation if applicable: ventricular assist devices for outpatient (a certain kind of device to help the heart pump), implanted and wearable defibrillators (a device to shock the heart into a normal rhythm); closure devices for septal defects (a hole in a specific part of the heart); transcatheter aortic valve replacement known as TAVR/TAVI (a specific procedure that replaces the heart's aortic valve)
- Chemotherapy administration and radiation oncology
- Cochlear implantation (stimulates the nerve in the inner ear)
- Corneal remodeling/keratoprosthesis (reshaping the clear front layer of the eyeball/implanting an artificial cornea)
- Cosmetic or reconstructive surgery usually done to change the appearance (such as face lifts, brow lifts, cervicoplasty, collagen implants, chemical peels/abrasions, abdominoplasty [tummy tuck], liposuction, body contouring surgery [skin fold or fat removal from torso or extremity],

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nose or ear remodeling, scar revision, bioengineered skin, and others)
- Cryosurgical ablation/ablation of tumors (using extreme cold to destroy tumors)
- Deep brain stimulation (electrical stimulation of the brain through implanted wires)
- Esophageal sphincter procedures (anti-reflux surgery)
- Extracorporeal photopheresis (collecting cells, treating them with special light, and then returning specific cells the body)
- Facet arthroplasty (replacing a specific part of a joint in the spine with an artificial support)
- Facility-based polysomnography (sleep studies done in a lab)
- Foot surgery (some specified surgeries)
- Gastric restrictive procedures (weight loss surgery that makes the stomach smaller)
- Genetic testing and analysis
- Home-based polysomnography (sleep studies done at home)
- Hyperbaric oxygen therapy (pressurized oxygen to treat certain kinds of wounds and illnesses)
- Implantation or application of electric stimulator devices – selected: gastric (stomach), spinal cord, sacral nerve (a specific nerve that affects bladder and bowel function), pelvic floor (muscles at the bottom of the pelvis), implanted bone stimulators, posterior tibial nerve (a nerve running down the back of the lower leg)
- Interspinous distraction devices (spacers between the bones of the spine)
- Major joint surgeries, arthroplasty/arthroscopy: knee, hip, and shoulder
- Mitral valve repair (repair of a specific heart valve)
- Nasal/sinus surgery
- Panniculectomy (removing an apron of fat and tissue that hangs far below the waist)
- Radiation therapy – selected: stereotactic radiosurgery, gamma knife, proton beam, intensity modulated radiation therapy (IMRT), high-dose rate electronic brachytherapy, brachytherapy
- Radiofrequency: ablation of tumors and treatment of facet joints (using heat to destroy tumors and treat nerves at specific joints of the spine)
- Skilled home health care services
- Skilled hourly nursing care
- Spine surgeries and treatments
- Surgeries related to gender reassignment
- Surgery to treat sleep apnea
- Surgical treatments for the temporomandibular joint (joint that connects the jaw to the rest of the skull)
- Therapeutic apheresis (removing certain components of the blood)
- Transcatheter occlusion or embolization for tumor destruction (closing off the blood supply to tumors)
- Transcranial magnetic stimulation, TMS (magnetic pulses to the brain)
- Upper gastrointestinal endoscopy (a viewing scope inserted through the mouth to examine the esophagus, stomach, and first part of the small intestine)
- Vascular embolization or occlusion for tumors, organ ischemia or infarction (closing off a blood vessel to treat a tumor or other tissue)
- Vertebroplasty, kyphoplasty, or sacroplasty (specific treatments for stabilizing compression fractures in the spine)
- Vagus nerve blocking therapy (obesity treatment that blocks signals going to the nerve that goes to the stomach)
- Varicose veins and perforator veins – all procedures

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Outpatient Imaging Tests

- Positron emission tomography (PET and PET/CT)
- Contrast enhanced computed tomography (CT) angiography of the heart
- Computed tomography (CT) scans
- Magnetic resonance imaging (MRI) and magnetic resonance angiography (MRA)
- Magnetic resonance spectroscopy (special imaging to look at the brain)
- Nuclear cardiology (using special dyes to look at heart function)
- Echocardiograms (ultrasound test of the heart)

Durable Medical Equipment (DME) and Prosthetic Devices

DME **rental** for home use does not require prior authorization. However, rental beyond 3 months may be reviewed for ongoing medical necessity.

Prior authorization may be required for **purchase** of DME items including but not limited to:

- Bone growth stimulators – electronic and ultrasonic
- Chest compression vests and devices
- Cochlear devices
- Custom-made knee braces
- Electrical stimulation devices – includes bone growth stimulators
- Electronic, mechanical or microprocessor-controlled artificial limb or joint
- Equipment and supplies to treat obstructive sleep apnea: CPAP, BiPAP and APAP machines and related supplies
- Hospital beds and accessories
    - No prior authorization needed for rental of standard beds for hospital to home transitions for less than 3 months
- Lymphedema pumps (pumps to reduce swelling)
- Medical foods
- Myoelectric upper limb prosthetic (externally powered artificial arm or hand)
- Oral devices, appliances, surgical splints and impressions – includes preparation
- Power-operated lifting devices
- Standing frames
- Vagal nerve stimulators other than TENS (implanted devices to stimulate a specific nerve)
- Wheelchairs, power-operated vehicles, and scooters
    - No prior authorization is needed for standard manual wheelchairs rented for less than 3 months

Dental Services

- Anesthesia for dental services and related facility charges
- Medically necessary orthodontia (medically necessary braces for the teeth)
- Orthognathic surgery (jaw enlargement or reduction)
- Pediatric orthodontia, non-routine (non-routine braces for children)
- Sleep apnea intraoral appliances (devices worn in the mouth to treat sleep apnea)
- Temporomandibular (TMJ) treatments (MRIs, oral splints, mouth guards, TMJ surgery)

Pediatric Orthodontia (non-routine): These services are reviewed by dental review staff. Requests should be faxed to 425-918-5956. View the dental pre-service request form.

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Medications

The following list of drugs requires prior authorization and review for medical necessity if covered through the member's medical benefit. Drugs requiring prior-authorization paid through a member's medical benefit may be added at any time to medical policies. Use the Rx search tool to search for a specific drug.

- Actemra® (tocilizumab)
- Adcetris® (brentuximab vedotin)
- Aliqopa™ (copanlisib)
- Amevive® (alefacept)
- Aranesp® (darbepoetin alfa)
- Arzerra® (ofatumumab)
- Avastin® (bevacizumab)
- Bavencio® (avelumab)
- Beleodaq® (belinostat)
- Benlysta® (belimumab)
- Berinert® (C1 esterase inhibitor [human])
- Besponsa® (inotuzumab ozogamicin)
- Cerezyme® (imiglucerase)
- Cimzia® (certolizumab)
- Cinryze® (C1 esterase inhibitor [human])
- Copaxone (glatiramer acetate)
- Crysvita® (burosumab)
- Elaprase® (idursulfase)
- Enbrel® (etanercept)
- Entyvio™ (vedolizumab)
- Epogen® (epoetin alfa)
- Erbitux® (cetuximab)
- Exondys 51™ (eteplirsen)
- Eylea® (aflibercept)
- Fabrazyme® (agalsidase beta)
- Fasenra™ (benralizumab)
- Firazyr® (icatibant)
- Flolan® (epoprostenol sodium)
- Fulphila™ (pegfilgrastim-jmdb)
- Gazyva® (obinutuzumab)
- Glatopa® (glatiramer)
- Growth hormone therapy
- Haegarda® (C1 esterase inhibitor [human])
- Hemlibra® (emicizumab-kxwh)
- Herceptin® (trastuzumab)
- Herceptin Hylecta™ (trastuzumab and hyaluronidase-oysk)
- Herzuma® (trastuzumab-pkrb)
- H.P. Acthar® gel (repository corticotropin)
- Humira® (adalimumab)
- Ilumya™ (tildrakizumab)
- Imfinzi® (durvalumab)
- Imlygic® (talimogene laherparepvec)
- Immune globulin, IV or subcutaneous
- Increlex® (mecasermin)
- Inflectra® (infliximab-dyyb)
- Istodax® (romidepsin)
- Kadcyla® (ado-trastuzumab emtansine)
- Kalbitor® (ecallantide)
- Keytruda® (pembrolizumab)
- Kymriah™ (tisagenlecleucel)
- Lartruvo® (olaratumab)
- Lemtrada® (alemtuzumab)
- Lumizyme® (alglucosidase alfa)
- Luxturna™ (voretigene neparvovec)
- Mircera® (epoetin beta)
- Mylotarg™ (gemtuzumab ozogamicin)
- Neulasta® (pegfilgrastim)
- Neulasta Onpro® (pegfilgrastim)
- Neupogen® (filgrastim)
- Nplate® (romiplostim)

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- Nucala® (mepolizumab)
- Nulojix® (belatacept)
- Ocrevus™ (ocrelizumab)
- Onpattro™ (patisiran)
- Ontruzant® (trastuzumab-dttb)
- Opdivo® (nivolumab)
- Orencia® (abatacept)
- Perjeta® (pertuzumab)
- Poteligeo® (mogamulizumab)
- Procrit® (epoetin alfa)
- Provenge® (sipuleucel-T)
- Radicava® (edaravone)
- Remicade® (infliximab)
- Remodulin® (treprostinil sodium)
- Reflexis® (infliximab-abda)
- Retacrit™ (epoetin alfa-epbx)
- Rituxan® (rituximab)
- Rituxan Hycela™ (rituximab and hyaluronidase)
- Ruconest® (C1 esterase inhibitor [recombinant])
- Signifor® LAR (pasireotide long acting)
- Simponi Aria® (golimumab)
- Soliris® (eculizumab)
- Spinraza™ (nusinersen)
- Stelara® (ustekinumab)
- Synagis® (palivizumab)
- Tecentriq® (atezolizumab)
- Testopel® (testosterone pellet)
- Torisel® (temsirolimus)
- Trazimera™ (trastuzumab-qyyp)
- Tremfya® (guselkumab)
- Trogarzo™ (ibalizumab)
- Truxima® (rituximab-abbs)
- Tyvaso® (treprostinil inhalation solution)
- Udenyca® (pegfilgrastim-cbqv)
- Ultomiris™ (ravulizumab-cwvz)
- Vectibix® (panitumumab)
- Ventavis (iloprost inhalation solution)
- Vimizim® (elosulfase alfa)
- Vpriv® (velaglucerase alfa)
- Xiaflex® (collagenase clostridium histolyticum)
- Xolair (omalizumab)
- Yervoy® (ipilimumab)
- Yescarta™ (axicabtagene ciloleucel)
- Zaltrap® (ziv-aflibercept)
- Zarxio® (filgrastim-sndz)

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Clinical Review by Code List

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Code	Description	Plan Review Requirement	Reviewed For	Medical Records Request
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups, utilizing whole blood, common RBC alleles reported	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0002U	Oncology (colorectal), quantitative assessment of three urine metabolites (ascorbic acid, succinic acid and carnitine) by liquid chromatography with tandem mass spectrometry (LC-MS/MS) using multiple reaction monitoring acquisition, algorithm reported as likelihood of adenomatous polyps	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0003U	Oncology (ovarian) biochemical assays of five proteins (apolipoprotein A-1, CA 125 II, follicle stimulating hormone, human epididymis protein 4, transferrin), utilizing serum, algorithm reported as a likelihood score	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk classifier	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor disease index	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and/or urine, algorithms to predict high-grade prostate cancer risk	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and XCR2), utilizing urine, algorithm reported as a risk score for having urothelial carcinoma	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0012U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood, report of specific gene rearrangement(s)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm reported as a risk score for having recurrent urothelial carcinoma	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, fresh or frozen tissue or cells, report of specific gene rearrangement(s)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, DNA, whole blood or bone marrow, report of specific gene rearrangement(s)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not detected or detected with quantitation	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or detected	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0018U	Oncology (Thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential targets for therapeutic agents	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0021U	Oncology (prostate), detection of 8 autoantibodies (ARF 6, NKX3-1, 5'-UTR-BMI1, CEP 164, 3'-UTR-Ropporin, Desmocollin, AURKAIP-1, CSNK2A2), multiplexed immunoassay and flow cytometry serum, algorithm reported as risk score	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or nondetection of FLT3 mutation and indication for or against the use of midostaurin	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs12777823)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C], HTR2C rs3813929 [c.-759C>T] and rs1414334 [c.551-3008C>G])	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism), gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative	Retrospective Review	Medical Necessity	Reviewed retrospectively only. Submit history and physical, documentation of medical necessity.
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a risk score	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite instability, matched with normal specimens	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants or rearrangements	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0056U	Hematology (acute myelogenous leukemia), DNA, whole genome nextgeneration sequencing to detect gene rearrangement(s), blood or bone marrow, report of specific gene rearrangement(s)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free DNA in maternal blood	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0075T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; initial vessel	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0076T	Transcatheter placement of extracranial vertebral artery stent(s), including radiologic supervision and interpretation, open or percutaneous; each additional vessel	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/ multiplication) (List separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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0078U	Pain management (opioid-use disorder) genotyping panel, 16 common variants (ie, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), buccal swab or other germline tissue sample, algorithm reported as positive or negative risk of opioid-use disorder	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms (SNPs), urine and buccal DNA, for specimen identity verification	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a probability score	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a categorical result (ie, benign, indeterminate, malignant)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	Possible Denial; Medical Records Optional	Investigative	Documentation optional.

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0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	Prior Authorization Required	Medical necessity including site of service	Submit recent history and physical, plan of care, and documentation of medical necessity including for site of service.
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	Prior Authorization Required	Medical necessity including site of service	Submit recent history and physical, plan of care, and documentation of medical necessity including for site of service.
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified; high energy	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0101U	Hereditary colon cancer disorders (eg, lynch syndrome, pten hamartoma syndrome, cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa and array cgh, with mrna analytics to resolve variants of unknown significance when indicated [15 genes (sequencing and deletion/duplication), epcam and grem1 (deletion/duplication only)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving lateral humeral epicondyle	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa and array cgh, with mrna analytics to resolve variants of unknown significance when indicated [17 genes (sequencing and deletion/duplication)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa and array cgh, with mrna analytics to resolve variants of unknown significance when indicated [24 genes (sequencing and deletion/duplication); epcam (deletion/duplication only)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorithm reported as risk score	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0114U	Gastroenterology (Barrett's esophagus), VIM and CCNA1 methylation analysis, esophageal cells, algorithm reported as likelihood for Barrett's esophagus	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA in the total cell-free DNA	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixed paraffin-embedded tissue, algorithm reported as likelihood for primary mediastinal B-cell lymphoma (PMBCL) and diffuse large B-cell lymphoma (DLBCL) with cell of origin subtyping in the latter	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0126T	Common carotid intima-media thickness (IMT) study for evaluation of atherosclerotic burden or coronary heart disease risk factor assessment	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.

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0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13 genes) (List separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17 genes) (List separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0133U	Hereditary prostate cancer-related disorders, targeted mRNA sequence analysis panel (11 genes) (List separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (12 genes) (List separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.

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0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0153U	Oncology (breast), MRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0154U	Oncology (urothelial cancer) RNA, analysis by real-time rt-pcr of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (IE, P.R248C [C.742C>T], P.S249C [C.746C>G], P.G370C [C.1108G>T], P.Y373C [C.1118A>G], FGFR3-TACC3V1, AND FGFR3-TACC3V3) utilizing formalin-fixed paraffin-embedded (FFPE) urothelial cancer tumor tissue, reported as FGFR gene alteration status	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0155U	Oncology (breast cancer) DNA, PIK3CA (PHOSPHATIDYLINOSITOL-4,5BISPHOSPHATE 3-KINASE, catalytic SUBUNIT ALPHA) gene analysis (IE, P.C420R, P.E542K, P.E545A, P.E545D [G.1635G>T ONLY], P.E545G, P.E545K, P.Q546E, P.Q546R, P.H1047L, P.H1047R, P.H1047Y) utilizing formalin-fixed paraffin-embedded (FFPE) breast tumor tissue, reported as PIK3CA gene mutation status	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0156U	Copy number (EG, intellectual disability, dysmorphology), sequence analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0157U	APC (APC regulator of WNT signaling pathway) (EG, familial adenomatosis polyposis [FAP]) MRNA sequence analysis (list separately in addition to code for primary procedure	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0158U	MLH1 (MUTL HOMOLOG 1) (EG, hereditary non-polyposis colorectal cancer, lynch syndrome) mrna sequence analysis (list separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.

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0159U	MSH2 (MUTS HOMOLOG 2) (EG, hereditary colon cancer, lynch syndrome) MRNA sequence analysis (list separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0160U	MSH6 (MUTS HOMOLOG 6) (EG, hereditary colon cancer, lynch syndrome) MRNA sequence analysis (list separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0161U	PMS2 (PMS1 HOMOLOG 2, mismatch repair system component) (eg, hereditary nonpolyposis colorectal cancer, lynch syndrome) MRNA sequence analysis (list separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0162U	Hereditary colon cancer (lynch syndrome), targeted MRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (list separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), lumbar, each additional interspace (List separately in addition to code for primary procedure	Prior Authorization Required	Investigative	Submit History and physical, documentation of medical necessity and procedure report.
0163U	Oncology (colorectal) screening, biochemical enzyme-linked immunosorbent assay (ELISA) of 3 plasma or serum proteins (teratocarcinoma derived growth factor-1 [TDGF-1, Cripto-1], carcinoembryonic antigen [CEA], extracellular matrix protein [ECM]), with demographic data (age, gender, CRC-screening compliance) using a proprietary algorithm and reported as likelihood of CRC or advanced adenomas	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0164T	Removal of total disc arthroplasty, anterior approach, lumbar, each additional interspace (List separately in addition to code for primary procedure	Prior Authorization Required	Investigative	Submit History and physical, documentation of medical necessity and procedure report.
0165T	Revision of total disc arthroplasty (artificial disc),, anterior approach, lumbar, each additional interspace	Prior Authorization Required	Investigative	Submit History and physical, documentation of medical necessity and procedure report.
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequence variants, rearrangements and minimal residual disease, reported as presence/absence	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score	Prior Authorization Required	Advanced Imaging	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 genes	Prior Authorization Required	Advanced Imaging	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	Prior Authorization Required	Advanced Imaging	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as PIK3CA gene mutation status	Contract Determines Benefit Eligibility	Advanced Imaging	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)	Prior Authorization Required	Advanced Imaging	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
01999	Unlisted anesthesia procedure(s)	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy and vertebral column fixation, with or without injection of bone cement, including fluoroscopy, single level, lumbar spine	Prior Authorization Required	Investigative	Submit History and physical, documentation of medical necessity and procedure report.
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Possible Denial; Medical Records Optional	Investigative	Documentation optional.

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0224U	Antibody, severe acute respiratory syndrome Coronavirus 2 (SARS-COV-2) (Coronavirus disease [COVID-19], includes titer(s), when performed	Retrospective Review	Medical Necessity	Reviewed retrospectively only. Submit history and physical, documentation of medical necessity.
0232T	Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure excluding bone marrow harvest	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral or bilateral bone marrow harvest only	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; cervical or thoracic	Pre-Service Review Required	Investigative	Submit History and physical, documentation of medical necessity and procedure report.
0275T	Percutaneous laminotomy/ laminectomy (intralaminar approach) for decompression of neural elements, with or without the use of an endoscope, single or multiple levels, unilateral or bilateral; lumbar	Pre-Service Review Required	Investigative	Submit History and physical, documentation of medical necessity and procedure report.
0278T	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes)	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0312T	Vagus nerve blocking therapy (morbid obesity); laparoscopic implantation of neurostimulator electrode array, anterior and posterior vagal trunks adjacent to esophagogastric junction (EGJ), with implantation of pulse generator, includes programming	Prior Authorization Required	Investigative	Submit History and physical, documentation of medical necessity and procedure report.
0313T	Vagus nerve blocking therapy (morbid obesity); laparoscopic revision or replacement of vagal trunk neurostimulator electrode array, including connection to existing pulse generator	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
0315T	Vagus nerve blocking therapy (morbid obesity); removal of pulse generator	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
0316T	Vagus nerve blocking therapy (morbid obesity); replacement of pulse generator	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.

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0317T	Vagus nerve blocking therapy (morbid obesity); neurostimulator pulse generator electronic analysis, includes reprogramming when performed	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0335T	Insertion of sinus tarsi implant.	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; unilateral	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	Prior Authorization Required	Medical Necessity	Submit documentation of medical necessity, operative report
0375T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), cervical, three or more levels	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0398T	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation and frame placement when performed	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.

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0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead, implantable pulse generator)	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0432T	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0433T	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0466T	Insertion of chest wall respiratory sensor electrode or electrode array, including connection to pulse generator	Prior Authorization Required	Medical Necessity	History and physical, documentation of medical necessity, operative report.
0467T	Revision or replacement of chest wall respiratory sensor electrode or electrode array, including connection to existing pulse generator	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
0510T	Removal of sinus tarsi implant	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0511T	Removal and reinsertion of sinus tarsi implant	Possible Denial; Medical Records Optional	Investigative	Documentation optional.

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0537T	Chimeric antigen receptor t-cell (car-t) therapy; harvesting of blood-derived t lymphocytes for development of genetically modified autologous car-t cells, per day	Non-covered Service	Generally Not Covered	Inclusive service, not separately reimbursable.
0538T	Chimeric antigen receptor t-cell (car-t) therapy; preparation of blood-derived t lymphocytes for transportation (eg, cryopreservation, storage)	Non-covered Service	Generally Not Covered	Inclusive service, not separately reimbursable.
0539T	Chimeric antigen receptor t-cell (car-t) therapy; receipt and preparation of car-t cells for administration	Non-covered Service	Generally Not Covered	Inclusive service, not separately reimbursable.
0540T	Chimeric antigen receptor t-cell (car-t) therapy; car-t cell administration, autologous	Non-covered Service	Generally Not Covered	Inclusive service, not separately reimbursable.
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0601T	Ablation, irreversible electroporation; 1 or more tumors, including fluoroscopic and ultrasound guidance, when performed, open	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
0902	Behavioral Health Treatments/Services-Milieu Therapy	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
0907	Behavioral Health Treatments - Community Behavioral Health Program (Day Treatment)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
0941	Other Therapeutic Services - Recreational Therapy	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
0951	Other Therapeutic Services - Athletic Training	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
0952	Other Therapeutic Services - Kinesiotherapy Training	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
0990	Patient Convenience Items - General Classification	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
0991	Patient Convenience Items - Charges for Cafeteria/Guest Trays	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
0992	Patient Convenience Items - Charges for Private Linen Service	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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0993	Patient Convenience Items - Charges for Telephone/Telegraph	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
0994	Patient Convenience Items - TV/Radio	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
0995	Patient Convenience Items - Nonpatient Room Rentals	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
0996	Patient Convenience Items - Late Discharge Charge	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
0998	Patient Convenience Items - Beauty Shop/Barber	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
0999	Patient Convenience Items - Other Patient Convenience Item	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	Possible Denial; Medical Records Optional	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report.
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	Possible Denial; Medical Records Optional	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report.
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	Possible Denial; Medical Records Optional	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report.
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less	Possible Denial; Medical Records Optional	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc	Possible Denial; Medical Records Optional	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc	Possible Denial; Medical Records Optional	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc	Possible Denial; Medical Records Optional	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
11970	Replacement of tissue expander with permanent prosthesis	Prior Authorization Required	Cosmetic - Reconstructive	Pre Operative Evaluation, History and Physical including functional impairment and Operative report.
11971	Removal of tissue expander(s) without insertion of prosthesis	Prior Authorization Required	Cosmetic - Reconstructive	Pre Operative Evaluation, History and Physical including functional impairment and Operative report.
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Possible Denial; Medical Records Optional	Cosmetic	Submit history and physical, documentation of medical necessity and procedure report.

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15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (list separately in addition to code for primary procedure)	Possible Denial; Medical Records Optional	Cosmetic	Submit history and physical, documentation of medical necessity and procedure report.
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Possible Denial; Medical Records Optional	Cosmetic	Submit history and physical, documentation of medical necessity and procedure report.
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (list separately in addition to code for primary procedure)	Possible Denial; Medical Records Optional	Cosmetic	Submit history and physical, documentation of medical necessity and procedure report.
15775	Punch graft for hair transplant; 1 to 15 punch grafts	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
15776	Punch graft for hair transplant; more than 15 punch grafts	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)	Possible Denial; Medical Records Optional	Cosmetic	Recent History and Physical, plan of care, and documentation of medical necessity
15781	Dermabrasion; segmental, face	Possible Denial; Medical Records Optional	Cosmetic	Recent History and Physical, plan of care, and documentation of medical necessity
15782	Dermabrasion; regional, other than face	Possible Denial; Medical Records Optional	Cosmetic	Recent History and Physical, plan of care, and documentation of medical necessity
15783	Dermabrasion; superficial, any site (eg, tattoo removal)	Possible Denial; Medical Records Optional	Cosmetic	Recent History and Physical, plan of care, and documentation of medical necessity
15786	Abrasion; single lesion (eg, keratosis, scar)	Possible Denial; Medical Records Optional	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and operative report
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)	Possible Denial; Medical Records Optional	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15819	Cervicoplasty	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15820	Blepharoplasty, lower eyelid	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes.
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes.
15822	Blepharoplasty, upper eyelid	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes.
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, History and Physical including functional impairment, operative report and photographs of the affected eyes.

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15824	Rhytidectomy; forehead	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15826	Rhytidectomy; glabellar frown lines	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15828	Rhytidectomy; cheek, chin, and neck	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, History and Physical including functional impairment, photos and Operative report
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report

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15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, photos and Operative report
15876	Suction assisted lipectomy; head and neck	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15877	Suction assisted lipectomy; trunk	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15878	Suction assisted lipectomy; upper extremity	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15879	Suction assisted lipectomy; lower extremity	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
15999	Unlisted procedure, excision pressure ulcer	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
17380	Electrolysis epilation, each 30 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
19296	Placement of radiotherapy after loading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; on date separate from partial mastectomy	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
19297	Placement of radiotherapy after loading balloon catheter into the breast for interstitial radioelement application following partial mastectomy, includes imaging guidance; concurrent with partial mastectomy	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and balloon type) into the breast for interstitial radioelement application following (at time of or subsequent to) partial mastectomy, includes imaging guidance.	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
19300	Mastectomy for gynecomastia	Prior Authorization Required	Medical Necessity	Pre Operative Office Evaluation, Pathology report, Operative report, Age, Medication Records, Length of time condition present
19303	Mastectomy, simple, complete	Prior Authorization Required	Medical Necessity	Submit pre-operative evaluation, pathology report, operative report including age, medication records, length of time condition present.
19316	Mastopexy	Prior Authorization Required	Cosmetic - Reconstructive	Pre Operative Evaluation, History and Physical including functional impairment and Operative report.
19318	Reduction mammaplasty	Prior Authorization Required	Medical necessity including site of service	Site of service, pre-operative evaluation, height/ weight, previous conservative treatment tried, pathology report, operative report, number of grams of tissue removed.
19324	Mammaplasty, augmentation; without prosthetic implant	Prior Authorization Required	Cosmetic - Reconstructive	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report.
19325	Mammaplasty, augmentation; with prosthetic implant	Prior Authorization Required	Cosmetic - Reconstructive	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report.
19328	Removal of intact mammary implant	Prior Authorization Required	Cosmetic - Reconstructive	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report.
19330	Removal of mammary implant material	Prior Authorization Required	Cosmetic - Reconstructive	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report.
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	Prior Authorization Required	Cosmetic - Reconstructive	Pre Operative evaluation, History and Physical including functional impairment, and operative report.
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction	Prior Authorization Required	Cosmetic - Reconstructive	Pre Operative evaluation, History and Physical including functional impairment, and operative report.
19350	Nipple/areola reconstruction	Prior Authorization Required	Cosmetic - Reconstructive	Pre Operative evaluation, History and Physical including functional impairment, and operative report.
19355	Correction of inverted nipples	Prior Authorization Required	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion	Prior Authorization Required	Cosmetic - Reconstructive	Pre Operative evaluation, History and Physical including functional impairment, and operative report.

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19366	Breast reconstruction with other technique	Prior Authorization Required	Cosmetic - Reconstructive	Pre Operative evaluation, History and Physical including functional impairment, and operative report.
19370	Open periprosthetic capsulotomy, breast	Prior Authorization Required	Cosmetic - Reconstructive	Pre Operative Evaluation, History and Physical including functional impairment and operative report.
19371	Periprosthetic capsulectomy, breast	Prior Authorization Required	Cosmetic - Reconstructive	Pre Operative Evaluation, History and Physical including functional impairment and operative report.
19380	Revision of reconstructed breast	Prior Authorization Required	Cosmetic - Reconstructive	Pre Operative evaluation, History and Physical including functional impairment, and operative report.
19499	Unlisted procedure breast	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
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)	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
20974	Electrical stimulation to aid bone healing; noninvasive (nonoperative)	Prior Authorization Required	Medical Necessity	History and Physical indicating location of fracture, any member comorbidities. If request is for non union fracture, include date of fracture, serial radiographs detailing history of healing, documentation of adequacy of immobilization.
20975	Electrical stimulation to aid bone healing; invasive (operative)	Prior Authorization Required	Medical Necessity	History and Physical indicating location of fracture, any member comorbidities. If request is for non union fracture, include date of fracture, serial radiographs detailing history of healing, documentation of adequacy of immobilization.
20979	Low intensity ultrasound stimulation to aid bone healing, noninvasive (nonoperative)	Prior Authorization Required	Medical Necessity	Date of original fracture, History and Physical including comorbidities, fracture location, serial radiographs showing nonhealing and fracture gap
20982	Ablation, bone tumor(s) (eg, osteoid osteoma, metastasis) radiofrequency, percutaneous, including computed tomographic guidance	Prior Authorization Required	Medical Necessity	History and physical, documentation of medical necessity, operative report.
20999	Unlisted procedure, musculoskeletal system, general	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
21010	Arthrotomy, temporomandibular joint	Prior Authorization Required	Medical Necessity	Submit diagnosis, prognosis and chart notes including history of non-invasive or non-surgical attempts to treat the TMJ. Fax to Dental Review @ 425-918-5956

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21050	Condylectomy, temporomandibular joint (separate procedure)	Prior Authorization Required	Medical Necessity	Submit diagnosis, prognosis and chart notes including history of non-invasive or non-surgical attempts to treat the TMJ. Fax to Dental Review @ 425-918-5956
21060	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)	Prior Authorization Required	Medical Necessity	Submit diagnosis, prognosis and chart notes including history of non-invasive or non-surgical attempts to treat the TMJ. Fax to Dental Review @ 425-918-5956
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (ie, general or monitored anesthesia care)	Pre-Service Review Required	Medical Necessity	Submit diagnosis, prognosis and chart notes including history of non-invasive or non-surgical attempts to treat the TMJ. Fax to Dental Review @ 425-918-5956
21085	Impression and custom preparation; oral surgical splint	Prior Authorization Required	Medical Necessity	DENTAL : Submit chart notes including type of appliance and history of re-occurring TMJ. Fax to Dental Review @ 425-918-5956.
21088	Impression and custom preparation; facial prosthesis	Pre-Service Review Required	Cosmetic - Reconstructive	Submit chart notes including type of appliance, history of re-occurring TMJ and copy of diagnostic sleep studies. Fax to Dental Review @ 425-918-5956.
21089	Unlisted maxillofacial prosthetic procedure	Pre-Service Review Required	Medical Necessity	Submit chart notes including type of appliance, history of re-occurring TMJ and copy of diagnostic sleep studies. Fax to Dental Review @ 425-918-5956.
21116	Injection procedure for temporomandibular joint arthrography	Pre-Service Review Required	Medical Necessity	History and Physical, documentation of medical necessity.
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	Possible Denial; Medical Records Optional	Cosmetic	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21121	Genioplasty; sliding osteotomy, single piece	Possible Denial; Medical Records Optional	Cosmetic	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)	Possible Denial; Medical Records Optional	Cosmetic	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)	Possible Denial; Medical Records Optional	Cosmetic	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21125	Augmentation, mandibular body or angle; prosthetic material	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21137	Reduction forehead; contouring only	Prior Authorization Required	Medical Necessity	History and Physical, documentation of medical necessity and previous stages of reconstruction if done

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21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)	Prior Authorization Required	Medical Necessity	History and Physical, documentation of medical necessity and previous stages of reconstruction if done
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall	Prior Authorization Required	Medical Necessity	History and Physical, documentation of medical necessity and previous stages of reconstruction if done
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	Prior Authorization Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956

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21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	Prior Authorization Required	Cosmetic - Reconstructive	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21198	Osteotomy, mandible, segmental;	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21199	Osteotomy, mandible, segmental; with genioglossus advancement	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21209	Osteoplasty, facial bones; reduction	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	Pre-Service Review Required	Medical Necessity	Submit diagnosis, prognosis and chart notes including history of non-invasive or non-surgical attempts to treat the TMJ. Fax to Dental Review @ 425-918-5956
21242	Arthroplasty, temporomandibular joint, with allograft	Pre-Service Review Required	Medical Necessity	Submit diagnosis, prognosis and chart notes including history of non-invasive or non-surgical attempts to treat the TMJ. Fax to Dental Review @ 425-918-5956
21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	Pre-Service Review Required	Medical Necessity	Submit diagnosis, prognosis and chart notes including history of non-invasive or non-surgical attempts to treat the TMJ. Fax to Dental Review @ 425-918-5956
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	Pre-Service Review Required	Medical Necessity	Submit diagnosis, prognosis and chart notes including history of non-invasive or non-surgical attempts to treat the TMJ. Fax to Dental Review @ 425-918-5956

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21270	Malar augmentation, prosthetic material	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956
21280	Medial canthopexy (separate procedure)	Prior Authorization Required	Cosmetic - Reconstructive	History and Physical, documentation of medical necessity and visual field
21282	Lateral canthopexy	Prior Authorization Required	Cosmetic - Reconstructive	History and Physical, documentation of medical necessity and visual field
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	Prior Authorization Required	Medical Necessity	History and Physical, documentation of medical necessity, procedure report
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	Prior Authorization Required	Medical Necessity	History and Physical, documentation of medical necessity, procedure report
21299	Unlisted craniofacial and maxillofacial procedure	Pre-Service Review Required	Medical Necessity	Submit Pre Operative Evaluation, History and Physical, and Operative report. If dental fax to Dental Review @ 425-918-5956
21480	Closed treatment of temporomandibular dislocation; initial or subsequent	Pre-Service Review Required	Medical Necessity	Submit diagnosis, prognosis and chart notes including history of non-invasive or non-surgical attempts to treat the TMJ. Fax to Dental Review @ 425-918-5956
21485	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent	Pre-Service Review Required	Medical Necessity	Submit diagnosis, prognosis and chart notes including history of non-invasive or non-surgical attempts to treat the TMJ. Fax to Dental Review @ 425-918-5956
21490	Open treatment of temporomandibular dislocation	Pre-Service Review Required	Medical Necessity	Submit diagnosis, prognosis and chart notes including history of non-invasive or non-surgical attempts to treat the TMJ. Fax to Dental Review @ 425-918-5956
21499	Unlisted musculoskeletal procedure, head	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
21899	Unlisted procedure, neck or thorax	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report

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22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
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	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral segment (List separately in addition to code for primary procedure)	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report. No review needed for members under age 18.

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22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report. No review needed for members under age 18.
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report. No review needed for members under age 18.
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report.
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
22600	Arthrodesis, posterior or posterolateral technique, single level; cervical below C2 segment	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report. No review needed for members under age 18.
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with or without lateral transverse technique)	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
22614	Arthrodesis, posterior or posterolateral technique, single level; each additional vertebral segment (List separately in addition to code for primary procedure)	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report.
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional interspace	Prior Authorization Required	Medical Necessity	Submit History and Physical, operative report, medical necessity documentation
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar	Prior Authorization Required	Medical Necessity	History and Physical, operative report, documentation of conservative measures.
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional	Prior Authorization Required	Medical Necessity	History and Physical, operative report, documentation of conservative measures.

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22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report.
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection), single interspace, cervical	Prior Authorization Required	Medical necessity including site of service	Submit recent history and physical, plan of care, and documentation of medical necessity including for site of service.
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression), single interspace, lumbar	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)	Prior Authorization Required	Medical necessity including site of service	Submit recent history and physical, plan of care, and documentation of medical necessity including for site of service.
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Prior Authorization Required	Medical necessity including site of service	Submit recent history and physical, plan of care, and documentation of medical necessity including for site of service.
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.

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22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
22899	Unlisted procedure, spine	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
22999	Unlisted procedure, abdomen, musculoskeletal system	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
23929	Unlisted procedure, shoulder	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
24999	Unlisted procedure, humerus or elbow	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
25999	Unlisted procedure, forearm or wrist	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
26989	Unlisted procedure, hands or fingers	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft	Prior Authorization Required	Medical Necessity	Submit history and physical, procedure report and documentation of medical necessity. No review needed for members under age 18.
27132	Conversion of previous hip surgery to total hip arthroplasty, with or without autograft or allograft	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
27134	Revision of total hip arthroplasty; both components, with or without autograft or allograft	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
27137	Revision of total hip arthroplasty; acetabular component only, with or without autograft or allograft	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
27138	Revision of total hip arthroplasty; femoral component only, with or without allograft	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.

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27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Prior Authorization Required	Medical Necessity	History and Physical, documentation of medical necessity, operative report.
27299	Unlisted procedure, pelvis or hip joint	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
27412	Autologous chondrocyte implantation, knee	Prior Authorization Required	Medical necessity including site of service	Submit recent history and physical, plan of care, and documentation of medical necessity including for site of service.
27415	Osteochrondral allograft, knee, open	Prior Authorization Required	Medical necessity including site of service	Submit recent history and physical, plan of care, and documentation of medical necessity including for site of service.
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft[s])	Prior Authorization Required	Medical necessity including site of service	Submit recent history and physical, plan of care, and documentation of medical necessity including for site of service.
27446	Arthroplasty, knee, condyle and plateau; medial OR lateral compartment	Prior Authorization Required	Medical Necessity	Submit History and Physical, pre-operative notes, operative report and all radiology reports. No review needed for member age 18 and under.
27447	Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)	Prior Authorization Required	Medical Necessity	Submit History and Physical, pre-operation notes, operative report and all radiology reports. No review needed for members under age 18.
27486	Revision of total knee arthroplasty, with or without allograft; 1 component	Prior Authorization Required	Medical Necessity	Submit History and Physical, pre-operation notes, operative report and all radiology reports. No review needed for member age 18 and under.
27487	Revision of total knee arthroplasty, with or without allograft; femoral and entire tibial component	Prior Authorization Required	Medical Necessity	Submit History and Physical, pre-operation notes, operative report and all radiology reports. No review needed for member age 18 and under.
27599	Unlisted procedure femur or knee	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
27899	Unlisted procedure, leg or ankle	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
28446	Open osteochondral autograft, talus (includes obtaining graft[s])	Prior Authorization Required	Medical necessity including site of service	Submit recent history and physical, plan of care, and documentation of medical necessity including for site of service.

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28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultrasound guidance, involving the plantar fascia	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
28899	Unlisted procedure, foot or toes	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
29799	Unlisted procedure, casting or strapping	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
29800	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)	Pre-Service Review Required	Medical Necessity	Submit diagnosis, prognosis and chart notes including history of non-invasive or non-surgical attempts to treat the TMJ. Fax to Dental Review @ 425-918-5956
29804	Arthroscopy, temporomandibular joint, surgical	Pre-Service Review Required	Medical Necessity	Submit diagnosis, prognosis and chart notes including history of non-invasive or non-surgical attempts to treat the TMJ. Fax to Dental Review @ 425-918-5956
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	Prior Authorization Required	Medical necessity including site of service	Submit recent history and physical, plan of care, and documentation of medical necessity including for site of service.
29867	Arthroscopy, knee, surgical; osteochrondral allograft(s)	Prior Authorization Required	Medical necessity including site of service	Submit site of service, history and physical, medical necessity documentation, operative report.
29868	Arthroscopy, knee, surgical; meniscal transplantation, medial or lateral	Pre-Service Review Required	Medical Necessity	Pre Operative Evaluation, History and Physical, and Operative report.
29870	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including procedure report. No review needed for member age 18 and under.
29871	Arthroscopy, knee, surgical; for infection, lavage and drainage	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, history and Physical, medical necessity documentation including operative report. No review needed for member age 18 and under.
29873	Arthroscopy, knee, surgical; with lateral release	Prior Authorization Required	Medical necessity including site of service	Submit site of service, history and physical, documentation of medical necessity including procedure report. No review needed for member age 18 and under.
29874	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)	Prior Authorization Required	Medical necessity including site of service	Submit site of service, history and physical, documentation of medical necessity including procedure report. No review needed for member age 18 and under.

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29875	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)	Prior Authorization Required	Medical necessity including site of service	Submit site of service, history and physical, documentation of medical necessity including procedure report. No review needed for member age 18 and under.
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	Prior Authorization Required	Medical necessity including site of service	Submit site of service, history and physical, documentation of medical necessity including procedure report. No review needed for member age 18 and under.
29877	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)	Prior Authorization Required	Medical necessity including site of service	Submit site of service, history and physical, documentation of medical necessity including procedure report. No review needed for member age 18 and under.
29879	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture	Prior Authorization Required	Medical necessity including site of service	Submit site of service, history and physical, documentation of medical necessity including procedure report. No review needed for member age 18 and under.
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)	Prior Authorization Required	Medical necessity including site of service	Submit site of service, history and physical, documentation of medical necessity including procedure report. No review needed for member age 18 and under.
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving)	Prior Authorization Required	Medical necessity including site of service	Submit site of service, history and physical, documentation of medical necessity including procedure report. No review needed for member age 18 and under.
29882	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)	Prior Authorization Required	Medical necessity including site of service	Submit site of service, history and physical, documentation of medical necessity including procedure report. No review needed for member age 18 and under.
29883	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)	Prior Authorization Required	Medical necessity including site of service	Submit site of service, history and physical, documentation of medical necessity including procedure report. No review needed for member age 18 and under.
29884	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)	Prior Authorization Required	Medical necessity including site of service	Submit site of service, history and physical, documentation of medical necessity including procedure report. No review needed for member age 18 and under.
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction	Prior Authorization Required	Medical necessity including site of service	Submit site of service, history and physical, documentation of medical necessity including procedure report. No review needed for member age 18 and under.
29889	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction	Prior Authorization Required	Medical necessity including site of service	Submit site of service, history and physical, documentation of medical necessity including procedure report. No review needed for member age 18 and under.

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29999	Unlisted procedure Arthroscopy	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip	Prior Authorization Required	Medical necessity including site of service	Submit site of service, pre operative evaluation, history and physical including functional impairment, and operative report.
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	Prior Authorization Required	Medical necessity including site of service	Submit site of service, pre operative evaluation, history and physical including functional impairment, and operative report.
30420	Rhinoplasty, primary; including major septal repair	Prior Authorization Required	Medical necessity including site of service	Submit site of service, pre operative evaluation, history and physical including functional impairment, and operative report.
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	Prior Authorization Required	Medical necessity including site of service	Submit site of service, pre operative evaluation, history and physical including functional impairment, and operative report.
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)	Prior Authorization Required	Medical necessity including site of service	Submit site of service, pre operative evaluation, history and physical including functional impairment, and operative report.
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	Prior Authorization Required	Medical necessity including site of service	Submit site of service, pre operative evaluation, history and physical including functional impairment, and operative report.
30999	Unlisted procedure, nose	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
3101	Adult Care - Adult Day Care, Medical and Social - Hourly	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
3102	Adult Care - Adult Day Care, Social - Hourly	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
3103	Adult Care - Medical and Social - Daily	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
3104	Adult Care - Social - Daily	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
3105	Adult Foster Care - Daily	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
3109	Other Adult Care	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, Pre-Operative Evaluation, History and Physical and Operative report. No review needed for member age 18 and under.
31254	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical including functional impairment, pre- operative evaluation, imaging and operative reports. No review needed for member age 18 and under.

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31255	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical including functional impairment, pre- operative evaluation, imaging and operative reports. No review needed for member age 18 and under.
31256	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical including functional impairment, pre- operative evaluation, imaging and operative reports. No review needed for member age 18 and under.
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, Pre-Operative Evaluation, History and Physical and Operative report. No review needed for member age 18 and under.
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, Pre-Operative Evaluation, History and Physical and Operative report. No review needed for member age 18 and under.
31267	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical including functional impairment, pre- operative evaluation, imaging and operative reports. No review needed for member age 18 and under.
31276	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical including functional impairment, pre- operative evaluation, imaging and operative reports. No review needed for member age 18 and under.
31287	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical including functional impairment, pre- operative evaluation, imaging and operative reports. No review needed for member age 18 and under.
31288	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical including functional impairment, pre- operative evaluation, imaging and operative reports. No review needed for member age 18 and under.
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium transnasal or via canine fossa	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, Pre Operative Evaluation, History and Physical and Operative report. No review needed for member age 18 and under.
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, Pre Operative Evaluation, History and Physical, and Operative report. No review needed for member age 18 and under.
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) sphenoid sinus ostium	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, Pre Operative Evaluation, History and Physical, and Operative report. No review needed for member age 18 and under.
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation) frontal and sphenoid sinus ostia	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, Pre-Operative Evaluation, History and Physical and Operative report. No review needed for member age 18 and under.

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31299	Unlisted procedure, accessory sinuses	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
31599	Unlisted procedure, larynx	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intracavitary radioelement application	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
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	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
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)	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
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])	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
31899	Unlisted procedure, trachea, bronchi	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
32664	Thoracoscopy, surgical; with thoracic sympathectomy	Prior Authorization Required	Medical Necessity	History and Physical, documentation of medical necessity, operative report.
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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32851	Lung transplant, single; without cardiopulmonary bypass	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
32852	Lung transplant, single; with cardiopulmonary bypass	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
32853	Lung transplant, double (bilateral sequential or en bloc); without cardiopulmonary bypass	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
32854	Lung transplant, double (bilateral sequential or en bloc); with cardiopulmonary bypass	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
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	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, procedure report
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, radiofrequency, unilateral	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
32999	Unlisted procedure, lungs and pleura	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
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	Pre-Service Review Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
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	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Prior Authorization Required	Medical Necessity	History and Physical, procedure report
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Prior Authorization Required	Medical Necessity	History and Physical, procedure report
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Prior Authorization Required	Medical Necessity	History and Physical, procedure report
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Prior Authorization Required	Medical Necessity	History and Physical, procedure report

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33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Prior Authorization Required	Medical Necessity	History and Physical, procedure report
33366	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Prior Authorization Required	Medical Necessity	History and Physical, documentation of medical necessity, operative report.
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (List separately in addition to code for primary procedure)	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, procedure report
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
33928	Removal and replacement of total replacement heart system (artificial heart)	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to code for primary procedure)	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
33945	Heart transplant, with or without recipient cardiectomy	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
33975	Insertion of ventricular assist device; extracorporeal, single ventricle	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
33976	Insertion of ventricular assist device; extracorporeal, biventricular	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
33979	Insertion of ventricular assist device implantable intracorporeal single ventricle	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
33999	Unlisted procedure, cardiac surgery	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
36299	Unlisted procedure, vascular injection	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.

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36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Prior Authorization Required	Medical Necessity	Submit pre-Operative Evaluation, History and Physical including results of Doppler studies, and Operative report.
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Prior Authorization Required	Medical Necessity	Submit pre-Operative Evaluation, History and Physical including results of Doppler studies, and Operative report.
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk	Prior Authorization Required	Cosmetic	Pre-Operative Evaluation, History and Physical including functional impairment, and Operative report.
36470	Injection of sclerosing solution; single vein	Prior Authorization Required	Medical Necessity	Submit pre-Operative Evaluation, History and Physical including results of Doppler studies, and Operative report.
36471	Injection of sclerosing solution; multiple veins, same leg	Prior Authorization Required	Medical Necessity	Submit pre-Operative Evaluation, History and Physical including results of Doppler studies, and Operative report.
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency,; first vein treated	Prior Authorization Required	Medical Necessity	Submit pre-Operative Evaluation, History and Physical including results of Doppler studies, and Operative report.
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; second and subsequent veins treated in a single extremity, each through separate access sites	Prior Authorization Required	Medical Necessity	Submit pre-Operative Evaluation, History and Physical including results of Doppler studies, and Operative report.
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Prior Authorization Required	Medical Necessity	Submit pre-Operative Evaluation, History and Physical including results of Doppler studies, and Operative report.
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; second and subsequent veins treated in a single extremity, each through separate access sites	Prior Authorization Required	Medical Necessity	Submit pre-Operative Evaluation, History and Physical including results of Doppler studies, and Operative report.
36511	Therapeutic apheresis; for white blood cells	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
36516	Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion	Prior Authorization Required	Medical Necessity	History and Physical indicating why extracorporeal selective adsorption being done
36522	Photopheresis, extracorporeal	Prior Authorization Required	Medical Necessity	History and Physical including condition being treated, related diagnostics, and procedure report

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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	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
37501	Unlisted vascular endoscopy procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
37799	Unlisted procedure, vascular surgery	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
38129	Unlisted laparoscopy procedure, spleen	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
38230	Bone marrow harvesting for transplantation	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
38232	Bone marrow harvesting for transplantation; autologous	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
38589	Unlisted laparoscopy procedure, lymphatic system	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
38999	Unlisted procedure, hemic or lymphatic system	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
39499	Unlisted procedure, mediastinum	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
39599	Unlisted procedure, diaphragm	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	Pre-Service Review Required	Medical Necessity	Submit cephalometric, panoramic films and photos, age and history of orthodontic treatment. Fax to Dental Review @ 425-918-5956

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40799	Unlisted procedure, lips	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
40899	Unlisted procedure, vestibule of mouth	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transnasal) for subsequent interstitial radioelement application	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
41599	Unlisted procedure, tongue, floor of mouth	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
41899	Unlisted procedure, dentoalveolar structures	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, history and physical, including sleep study results, results of CPAP trial.
42299	Unlisted procedure, palate, uvula	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
42699	Unlisted procedure, salivary glands or ducts	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
42999	Unlisted procedure, pharynx, adenoids, or tonsils	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
43201	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance	Pre-Service Review Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Prior Authorization Required	Medical Necessity	Submit History and Physical, procedure report. No review needed for member age 18 and under.
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Pre-Service Review Required	Medical Necessity	Submit History and Physical, procedure report. No review needed for member age 18 and under.

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43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s),	Prior Authorization Required	Medical Necessity	Submit History and Physical, procedure report. No review needed for member age 18 and under.
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	Prior Authorization Required	Medical Necessity	Submit History and Physical, procedure report. No review needed for member age 18 and under.
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)	Prior Authorization Required	Medical Necessity	Submit History and Physical, procedure report. No review needed for member age 18 and under.
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	Pre-Service Review Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Pre-Service Review Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
43285	Removal of esophageal sphincter augmentation device	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
43289	Unlisted laparoscopy procedure, esophagus	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
43499	Unlisted procedure, esophagus	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
43644	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and Roux-en-Y gastroenterostomy	Prior Authorization Required	Obesity	Office evaluation including height and weight, Treatment Plan, Proposed Procedure, Operative report if procedure performed
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass small intestine reconstruction to limit absorption	Prior Authorization Required	Obesity	Office evaluation including height and weight, Treatment Plan, Proposed Procedure, Operative report if procedure performed
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
43659	Unlisted laparoscopy procedure, stomach	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.

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43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous port components	Prior Authorization Required	Obesity	Office evaluation including height and weight, Treatment Plan, Proposed Procedure, Operative report if procedure performed
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	Prior Authorization Required	Obesity	Office evaluation including height and weight, Treatment Plan, Proposed Procedure, Operative report if procedure performed
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	Prior Authorization Required	Obesity	Office evaluation including height and weight, Treatment Plan, Proposed Procedure, Operative report if procedure performed
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only	Prior Authorization Required	Obesity	Office evaluation including height and weight, Treatment Plan, Proposed Procedure, Operative report if procedure performed
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port components	Prior Authorization Required	Obesity	Office evaluation including height and weight, Treatment Plan, Proposed Procedure, Operative report if procedure performed
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Prior Authorization Required	Obesity	Submit office evaluation including height and weight, treatment plan, proposed procedure, operative report if procedure performed.
43842	Gastric restrictive procedure, without gastric bypass, for morbid obesity; vertical-banded gastroplasty	Prior Authorization Required	Obesity	Submit office evaluation including height and weight, treatment plan, proposed procedure, operative report if procedure performed.
43843	Gastric restrictive procedure, without gastric bypass, for morbid obesity; other than vertical-banded gastroplasty	Prior Authorization Required	Obesity	Submit office evaluation including height and weight, treatment plan, proposed procedure, operative report if procedure performed.
43845	Gastric restrictive procedure with partial gastrectomy, pylorus-preserving duodenoileostomy and ileoileostomy	Prior Authorization Required	Obesity	Submit office evaluation including height and weight, treatment plan, proposed procedure, operative report if procedure performed.
43846	Gastric restrictive procedure, with gastric bypass for morbid obesity; with short limb (150 cm or less) Roux-en-Y gastroenterostomy	Prior Authorization Required	Obesity	Submit office evaluation including height and weight, treatment plan, proposed procedure, operative report if procedure performed.
43847	Gastric restrictive procedure, with gastric bypass for morbid obesity; with small intestine reconstruction to limit absorption	Prior Authorization Required	Obesity	Submit office evaluation including height and weight, treatment plan, proposed procedure, operative report if procedure performed.
43848	Revision, open, of gastric restrictive procedure for morbid obesity, other than adjustable gastric restrictive device (separate procedure)	Prior Authorization Required	Obesity	Submit office evaluation including height and weight, treatment plan, proposed procedure, operative report if procedure performed.
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Prior Authorization Required	Obesity	Submit office evaluation including height and weight, treatment plan, proposed procedure, operative report if procedure performed.
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	Prior Authorization Required	Obesity	Submit office evaluation including height and weight, treatment plan, proposed procedure, operative report if procedure performed.

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43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	Prior Authorization Required	Obesity	Submit office evaluation including height and weight, treatment plan, proposed procedure, operative report if procedure performed.
43999	Unlisted procedure, stomach	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
44135	Intestinal allotransplantation; from cadaver donor	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
44136	Intestinal allotransplantation; from living donor	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
44238	Unlisted laparoscopy procedure, intestine (except rectum)	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
44799	Unlisted procedure, intestine	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
44899	Unlisted procedure, Meckel's diverticulum and the mesentery	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
44979	Unlisted laparoscopy procedure, appendix	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
45399	Unlisted procedure, colon	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
45499	Unlisted laparoscopy procedure, rectum	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
45999	Unlisted procedure, rectum	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
46999	Unlisted procedure, anus	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
47135	Liver allotransplantation; orthoptic; partial or whole, from cadaver or	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter

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47379	Unlisted laparoscopic procedure, liver	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
47399	Unlisted procedure, liver	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
47579	Unlisted laparoscopy procedure, biliary tract	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
47999	Unlisted procedure, biliary tract	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
48160	Pancreatectomy, total or subtotal, with autologous transplantation of pancreas or pancreatic islet cells	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
48554	Transplantation of pancreatic allograft	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
48999	Unlisted procedure, pancreas	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
49329	Unlisted laparoscopy procedure, abdomen, peritoneum and omentum	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
49659	Unlisted laparoscopy procedure, hernioplasty, herniorrhaphy, herniotomy	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
49999	Unlisted procedure, abdomen, peritoneum and omentum	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	Prior Authorization Required	Medical Necessity	History and physical, documentation of medical necessity, operative report.
50360	Renal allotransplantation; implantation of graft; without recipient	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
50365	Renal allotransplantation, implantation of graft; with recipient nephrectomy	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	Prior Authorization Required	Medical Necessity	History and physical, documentation of medical necessity, operative report.

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50549	Unlisted laparoscopy procedure, renal	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
50592	Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency	Prior Authorization Required	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Prior Authorization Required	Medical Necessity	History and physical, documentation of medical necessity, operative report.
50949	Unlisted laparoscopy procedure, ureter	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
51999	Unlisted laparoscopy procedure bladder	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
53899	Unlisted urinary procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
54125	Amputation of penis; complete	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
54231	Dynamic cavernosometry, including intracavernosal injection of vasoactive drugs (eg, papaverine, phentolamine)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
54240	Penile plethysmography	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
54250	Nocturnal penile tumescence and/or rigidity test	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
54401	Insertion of penile prosthesis; inflatable (self-contained)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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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	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
54415	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
54416	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
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	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
54660	Insertion of testicular prosthesis (separate procedure)	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
54699	Unlisted laparoscopy procedure, testis	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
55180	Scrotoplasty; complicated	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
55400	Vasovasostomy, vasovasorrhaphy	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
55559	Unlisted laparoscopy procedure, spermatic cord	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
55860	Exposure of prostate, any approach, for insertion of radioactive substance	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
55899	Unlisted procedure, male genital system	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radioelement application	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
55970	Intersex surgery; male to female	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
55980	Intersex surgery; female to male	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
56620	Vulvectomy simple; partial	Possible Denial; Medical Records Optional	Cosmetic	Submit History and Physical, documentation of medical necessity, operative report
56625	Vulvectomy simple; complete	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
56800	Plastic repair of introitus	Pre-Service Review Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
56805	Clitoroplasty for intersex state	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
57110	Vaginectomy, complete removal of vaginal wall;	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
57155	Insertion of uterine tandems and/or vaginal ovoid for clinical brachytherapy	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
57291	Construction of artificial vagina; without graft	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
57292	Construction of artificial vagina; with graft	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
57295	Revision (including removal) of prosthetic vaginal graft; vaginal approach	Pre-Service Review Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	Pre-Service Review Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Pre-Service Review Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report

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58346	Insertion of Heyman capsules for clinical brachytherapy	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
58578	Unlisted laparoscopy procedure, uterus	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
58579	Unlisted hysteroscopy procedure, uterus	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
58672	Laparoscopy, surgical; with fimbrioplasty	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
58673	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
58679	Unlisted laparoscopy procedure, oviduct, ovary	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
58750	Tubotubal anastomosis	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
58760	Fimbrioplasty	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
58999	Unlisted procedure, female genital system (nonobstetrical)	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
59897	Unlisted fetal invasive procedure, including ultrasound guidance, when performed	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
59898	Unlisted laparoscopy procedure, maternity care and delivery	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
60659	Unlisted procedure, endocrine system	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
60699	Unlisted procedure, endocrine system	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.

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61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
61850	Twist drill or burr hole(s) for implantation of neurostimulator electrodes, cortical	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
61860	Craniectomy or craniotomy for implantation of neurostimulator electrodes, cerebral, cortical	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
61863	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site without use of intraoperative microelectrode recording; first array	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
61864	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site without use of intraoperative microelectrode recording; each additional array	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
61867	Twist drill, burr hole, craniotomy, or craniectomy with stereotactic implantation of neurostimulator electrode array in subcortical site with use of intraoperative microelectrode recording; first array	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
61885	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
61886	Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to 2 or more electrode arrays	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
62281	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic	Prior Authorization Required	Investigative	Submit history and Physical, operative report, documentation of conservative measures.

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62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method, single or multiple levels, lumbar	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
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	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
63005	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy, 1 or 2 vertebral segments; lumbar, except for spondylolisthesis	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report. No review needed for members under age 18.
63012	Laminectomy with removal of abnormal facets and/or pars inter-articularis with decompression of cauda equina and nerve roots for spondylolisthesis, lumbar (Gill type procedure)	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report. No review needed for members under age 18.
63017	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy, foraminotomy or discectomy (eg, spinal stenosis), more than 2 vertebral segments; lumbar	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report. No review needed for members under age 18.
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative reportage. No review needed for members under age 18.
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report.
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report. No review needed for members under age 18.
63042	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report. No review needed for members under age 18.
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; each additional lumbar interspace	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report. No review needed for members under age 18.

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63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report. No review needed for members under age 18.
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report. No review needed for members under age 18.
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report. No review needed for members under age 18.
63056	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report. No review needed for members under age 18.
63057	Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; each additional segment, thoracic or lumbar (List separately in addition to code for primary procedure)	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report. No review needed for members under age 18.
63185	Laminectomy with rhizotomy; 1 or 2 segments	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report. No review needed for members under age 18.
63190	Laminectomy with rhizotomy; more than 2 segments	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report. No review needed for members under age 18.
63191	Laminectomy with section of spinal accessory nerve	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report. No review needed for members under age 18.
63267	Laminectomy for excision or evacuation of intraspinal lesion other than neoplasm, extradural; lumbar	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report. No review needed for members under age 18.

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63272	Laminectomy for excision of intraspinal lesion other than neoplasm, intradural; lumbar	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, prior back surgeries, including minimally invasive, conservative management, MRI/CT, operative report. No review needed for members under age 18.
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
63650	Percutaneous implantation of neurostimulator electrode array, epidural	Prior Authorization Required	Medical necessity including site of service	Submit recent history and physical, plan of care, and documentation of medical necessity including for site of service.
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural	Prior Authorization Required	Medical necessity including site of service	Submit recent history and physical, plan of care, and documentation of medical necessity including for site of service.
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed	Prior Authorization Required	Medical necessity including site of service	Submit recent history and physical, plan of care, and documentation of medical necessity including for site of service.
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling	Prior Authorization Required	Medical necessity including site of service	Submit recent history and physical, plan of care, and documentation of medical necessity including for site of service.
64553	Percutaneous implantation of neurostimulator electrodes; cranial nerve	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
64555	Percutaneous implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
64561	Percutaneous implantation of neurostimulator electrodes sacral nerve (transforaminal placement)	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Prior Authorization Required	Medical Necessity	History and physical, documentation of medical necessity, operative report.
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Prior Authorization Required	Medical Necessity	History and physical, documentation of medical necessity, operative report.
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
64581	Incision of implantation of neurostimulator electrodes sacral nerve (transforaminal placement)	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
64585	Revision or removal of peripheral neurostimulator electrode array	Pre-Service Review Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupling	Pre-Service Review Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.

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64595	Revision or removal of peripheral or gastric neurostimulator pulse generator or receiver	Pre-Service Review Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
64600	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	Prior Authorization Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
64632	Destruction by neurolytic agent; plantar common digital nerve	Pre-Service Review Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	Prior Authorization Required	Medical Necessity	History and Physical, operative report, documentation of conservative measures
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	Prior Authorization Required	Medical Necessity	History and Physical, operative report, documentation of conservative measures
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint	Prior Authorization Required	Medical Necessity	History and Physical, operative report, documentation of conservative measures
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)	Prior Authorization Required	Medical Necessity	History and Physical, operative report, documentation of conservative measures
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Prior Authorization Required	Medical Necessity	History and Physical, operative report, documentation of conservative measures
64999	Unlisted procedure, nervous system	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
65770	Keratoprosthesis	Prior Authorization Required	Medical Necessity	History and physical, prosthesis type, operative report
66999	Unlisted procedure of the eye	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of source (includes removal of source)	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
67299	Unlisted procedure, posterior segment	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
67399	Unlisted procedure, ocular muscle	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.

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67599	Unlisted procedure, orbit	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, History and Physical including functional impairment, and operative report including photos
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, History and Physical including functional impairment, and operative report including photos
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, History and Physical including functional impairment, and operative report including photos
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, History and Physical including functional impairment, and operative report including photos
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, History and Physical including functional impairment, and operative report including photos
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, History and Physical including functional impairment, and operative report including photos
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, History and Physical including functional impairment, and operative report including photos
67909	Reduction of overcorrection of ptosis	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, History and Physical including functional impairment, and operative report including photos
67950	Canthoplasty (reconstruction of canthus)	Prior Authorization Required	Cosmetic - Reconstructive	Submit history and physical, documentation of medical necessity.
67999	Unlisted procedure, eyelids	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
68399	Unlisted procedure, conjunctiva	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
68899	Unlisted procedure, lacrimal system	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
69090	Ear piercing	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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69300	Otoplasty, protruding ear, with or without size reduction	Possible Denial; Medical Records Optional	Cosmetic	Pre Operative Evaluation, History and Physical including functional impairment, and Operative report
69399	Unlisted procedure, external ear	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
69710	Implantation or replacement of electromagnetic bone conduction hearing device in temporal bone	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
69711	Removal or repair of electromagnetic bone conduction hearing device in temporal bone	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment.
69714	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
69715	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
69717	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
69718	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
69799	Unlisted procedure, middle ear	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
69930	Cochlear device implantation, with or without mastoidectomy	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
69949	Unlisted procedure, inner ear	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
69979	Unlisted procedure, temporal bone, middle fossa approach	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
70332	Temporomandibular joint arthrography, radiological supervision and interpretation	Pre-Service Review Required	Medical Necessity	History and physical, documentation of medical necessity, procedure report

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70336	Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70450	Computed tomography, head or brain; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70460	Computed tomography, head or brain; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70470	Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70480	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70481	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70482	Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70486	Computed tomography, maxillofacial area; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70487	Computed tomography, maxillofacial area; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70488	Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70490	Computed tomography, soft tissue neck; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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70491	Computed tomography, soft tissue neck; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70492	Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70544	Magnetic resonance angiography, head; without contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70545	MRA head; with contrast	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70546	Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70547	Magnetic resonance angiography, neck; without contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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70548	Magnetic resonance angiography, neck; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70551	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70552	Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70553	Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
71250	Computed tomography, thorax; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
71260	Computed tomography, thorax; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
71270	Computed tomography, thorax; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
71555	MRA chest; with or w/o contrast	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72125	Computed tomography, cervical spine; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72126	Computed tomography, cervical spine; with contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72128	Computed tomography, thoracic spine; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72129	Computed tomography, thoracic spine; with contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72131	Computed tomography, lumbar spine; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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72132	Computed tomography, lumbar spine; with contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72192	Computed tomography, pelvis; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72193	Computed tomography, pelvis; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72194	Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73200	Computed tomography, upper extremity; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73201	Computed tomography, upper extremity; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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73202	Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73700	Computed tomography, lower extremity; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73701	Computed tomography, lower extremity; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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73702	Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
74150	Computed tomography, abdomen; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
74160	Computed tomography, abdomen; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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74170	Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
74174	Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
74176	Computed tomography, abdomen and pelvis; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardiac function, RV structure and function)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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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)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
75894	Transcatheter embolization	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatment regimens.
76120	Cineradiography/videoradiography, except where specifically included	Pre-Service Review Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
76125	Cineradiography/videoradiography to complement routine examination (List separately in addition to code for primary procedure)	Pre-Service Review Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
76390	Magnetic resonance spectroscopy	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
76391	Magnetic resonance (eg, vibration) elastography	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
76496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission Medical necessity review will be performed. Submit documentation to describe the services. Include Office Notes from ordering physician related to a billed services and radiology report.
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
76499	Unlisted diagnostic radiographic procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission Medical necessity review will be performed. Submit documentation to describe the services. Include Office Notes from ordering physician related to a billed services and radiology report.
76873	Ultrasound, transrectal; prostate volume study for brachytherapy treatment planning (separate procedure)	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
76965	Ultrasonic guidance for interstitial radioelement application	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
77014	Computed tomography guidance for placement of radiation therapy fields	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (cad real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (cad real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77295	3-dimensional radiotherapy plan, including dose-volume histograms	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. Review required only if diagnosis is Bone Mets, Female Breast Cancer, Male Breast Cancer, or Non-Small Cell Lung Cancer.
77299	Unlisted procedure, therapeutic radiology clinical treatment planning	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.

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77301	Intensity modulated radiotherapy plan including dose-volume histograms for target and critical structure partial tolerance specifications	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77370	Special medical radiation physics consultation	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cerebral lesion(s) consisting of 1 session; multisource Cobalt 60 based or more lesions, including image guidance, entire course not to exceed 5 fractions	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77399	Unlisted procedure, medical radiation physics, dosimetry and treatment devices, and special services	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
77402	Radiation treatment delivery,=>1 MeV; simple	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. Review required only if diagnosis is Bone Mets, Female Breast Cancer, Male Breast Cancer, or Non-Small Cell Lung Cancer.
77407	Radiation treatment delivery, =>1 MeV; intermediate	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report. Review required only if diagnosis is Bone Mets, Female Breast Cancer, Male Breast Cancer, or Non-Small Cell Lung Cancer.
77412	Radiation treatment delivery, =>1 MeV; complex	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report. Review required only if diagnosis is Bone Mets, Female Breast Cancer, Male Breast Cancer, or Non-Small Cell Lung Cancer.
77424	Intraoperative radiation treatment delivery, x-ray, single treatment session	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77425	Intraoperative radiation treatment delivery, electrons, single treatment session	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
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	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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77469	Intraoperative radiation treatment management	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77499	Unlisted procedure, therapeutic radiology treatment management	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
77520	Proton treatment delivery; simple, without compensation	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77522	Proton treatment delivery; simple, with compensation	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77523	Proton treatment delivery; intermediate	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77525	Proton treatment delivery; complex	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77761	Intracavitary radiation source application; simple	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77762	Intracavitary radiation source application; intermediate	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77763	Intracavitary radiation source application; complex	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77790	Supervision, handling, loading of radiation source	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
77799	Unlisted procedure, clinical brachytherapy	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
78099	Unlisted endocrine procedure, diagnostic nuclear medicine	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
78199	Unlisted hematopoietic, reticuloendothelial and lymphatic procedure, diagnostic nuclear medicine	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
78299	Unlisted gastrointestinal procedure, diagnostic nuclear medicine	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
78399	Unlisted musculoskeletal procedure, diagnostic nuclear medicine	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.

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78429	Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78430	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78431	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78432	Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78433	Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
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	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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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	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78466	Myocardial imaging, infarct avid, planar; qualitative or quantitative	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78468	Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78472	Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78473	Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78481	Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78483	Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/ or pharmacologic), wall motion study plus ejection fraction, with or without quantification	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
78599	Unlisted respiratory procedure, diagnostic nuclear medicine	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78699	Unlisted nervous system procedure, diagnostic nuclear medicine	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78813	Positron emission tomography (PET) imaging; whole body	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. No review needed when billed with code A9588.
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. No review needed when billed with code A9588.
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
79403	Radiopharmaceutical therapy, radiolabeled monoclonal antibody by intravenous infusion	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
79445	Radiopharmaceutical therapy, by intra-arterial particulate administration	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, treatment plan, procedure report
79999	Radiopharmaceutical therapy, unlisted procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
80145	Adalimumab	Pre-Service Review Required	Investigative	Submit History and Physical, documentation of medical necessity.
80230	Infliximab	Pre-Service Review Required	Investigative	Submit History and Physical, documentation of medical necessity.
80280	Vedolizumab	Pre-Service Review Required	Investigative	Submit History and Physical, documentation of medical necessity.
80299	Quantitation of therapeutic drug, not elsewhere specified	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
81099	Unlisted urinalysis procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81200	ASPA (aspartoacylase) (eg, Canavan disease) gene analysis, common variants (eg, E285A, Y231X)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81205	BCKDHB (branched-chain keto acid dehydrogenase E1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, R183P, G278S, E422X)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81206	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81207	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81208	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81209	BLM (Bloom syndrome, RecQ helicase-like) (eg, Bloom syndrome) gene analysis, 2281del6ins7 variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81210	BRAF (v-raf murine sarcoma viral oncogene homolog B1) (eg, colon cancer), gene analysis, V600E variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delag, 5385insc, 6174delt variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81221	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81222	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81223	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81224	CFTR (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-T analysis (eg, male infertility)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81225	CYP2C19 (cytochrome P450, family 2, subfamily C, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81227	CYP2C9 (cytochrome P450, family 2, subfamily C, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) variants for chromosomal abnormalities	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81238	F9 (coagulation factor IX) (eg, hemophilia B), full gene sequence	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81240	F2 (prothrombin, coagulation factor II) (eg, hereditary hypercoagulability) gene analysis, 20210G>A variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81241	F5 (coagulation factor V) (eg, hereditary hypercoagulability) gene analysis, Leiden variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81242	FANCC (Fanconi anemia, complementation group C) (eg, Fanconi anemia, type C) gene analysis, common variant (eg, IVS4+4A>T)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81243	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81244	FMR1 (fragile X mental retardation 1) (eg, fragile X mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81245	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (ITD) variants (ie, exons 14, 15)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81250	G6PC (glucose-6-phosphatase, catalytic subunit) (eg, Glycogen storage disease, type 1a, von Gierke disease) gene analysis, common variants (eg, R83C, Q347X)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81251	GBA (glucosidase, beta, acid) (eg, Gaucher disease) gene analysis, common variants (eg, N370S, 84GG, L444P, IVS2+1G>A)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81253	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S1854)])	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81255	HEXA (hexosaminidase A [alpha polypeptide]) (e.g., Tay-Sachs disease) gene analysis, common variants (e.g., 1278insTATC, 1421+1G>C, G269S)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81256	HFE (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, C282Y, H63D)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (e.g., alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis, for common deletions or variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81260	IKBKAP (inhibitor of kappa light polypeptide gene enhancer in B-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg, 2507+6T>C, R696P)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81261	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81262	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, B-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, Southern blot)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81263	IGH@ (Immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, B-cell), variable region somatic mutation analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81264	IGK@ (Immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, B-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81265	Comparative analysis using Short Tandem Repeat (STR) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germlin	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81266	Comparative analysis using Short Tandem Repeat (STR) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81270	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.Val617Phe (V617F) variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequence analysis (eg, exons 8, 11, 13, 17, 18)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81275	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81287	MGMT (o-6-methylguanine-dna methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81290	MCOLN1 (mucolipin 1) (eg, Mucolipidosis, type IV) gene analysis, common variants (eg, IVS3-2A>G, del6.4kb)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81291	MTHFR (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677T, 1298C)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81292	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81293	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81294	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81295	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81296	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81297	MSH2 (mutS homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81298	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81299	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81300	MSH6 (mutS homolog 6 [E. coli]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) of markers for mismatch repair deficiency (eg, BAT25, BAT26), includes comparison of neoplastic and normal tissue, if performed	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81302	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; full sequence analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81303	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; known familial variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81304	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome) gene analysis; duplication/deletion variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81307	PALB2 (partner and localizer of BRCA2) (EG, breast and pancreatic cancer) gene analysis; full gene sequence	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.

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81308	PALB2 (partner and localizer of BRCA2) (EG, breast and pancreatic cancer) gene analysis; known familial variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
81310	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81315	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81316	PML/RARalpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81317	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; full sequence analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81318	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; known familial variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81319	PMS2 (postmeiotic segregation increased 2 [S. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; duplication/deletion variants	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81330	SMPD1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, Niemann-Pick disease, Type A) gene analysis, common variants (eg, R496L, L302P, fsP330)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81331	SNRPN/UBE3A (small nuclear ribonucleoprotein polypeptide N and ubiquitin protein ligase E3A) (eg, Prader-Willi syndrome and/or Angelman syndrome), methylation analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81340	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81341	TRB@ (T cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, Southern blot)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81342	TRG@ (T cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81355	VKORC1 (vitamin K epoxide reductase complex, subunit 1) (e.g., warfarin metabolism), gene analysis, common variants (e.g., -1639/3673)*	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81400	Molecular pathology procedure, Level 1(eg, identification of single germline variant [eg, SNP] by techniques such as restriction enzyme digestion or melt curve analysis)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81401	Molecular pathology procedure, Level 2 (eg, 2-10 SNPs, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81402	Molecular pathology procedure, Level 3 (eg, >10 SNPs, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and T-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [LOH], uniparental disomy [UPD])	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81403	Molecular pathology procedure, Level 4 (eg, analysis of single exon by DNA sequence analysis, analysis of >10 amplicons using multiplex PCR in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81404	Molecular pathology procedure, Level 5 (eg, analysis of 2-5 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by Southern blot analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81405	Molecular pathology procedure, Level 6 (eg, analysis of 6-10 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81406	Molecular pathology procedure, Level 7 (eg, analysis of 11-25 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic array analysis for neoplasia)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81407	Molecular pathology procedure, Level 8 (eg, analysis of 26-50 exons by DNA sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including FBN1, TGFBR1, TGFBR2, COL3A1, MYH11, ACTA2, SLC2A10, SMAD3, and MYLK	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for TGFBR1, TGFBR2, MYH11, and COL3A1	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease), genomic sequence analysis panel, must include sequencing of at least 9 genes, including ASPA, BLM, CFTR, FANCC, GBA, HEXA, IKBKAP, MCOLN1, and SMPD1	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81413	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel, must include sequencing of at least 10 genes, including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81414	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analysis panel, must include analysis of at least 2 genes, including KCNH2 and KCNQ1	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syndrome)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome), circulating cell-free fetal DNA in maternal blood	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to code for primary procedure)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/syndrome)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23, CLRN1, GJB2, GPR98, MTRNR1, MYO7A, MYO15A, PCDH15, OTOF, SLC26A4, TMC1, TMPRSS3, USH1C, USH1G, USH2A, and WFS1	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 deletions in GJB2 and GJB6 genes	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must include sequencing of at least 14 genes, including ATM, BRCA1, BRCA2, BRIP1, CDH1, MLH1, MSH2, MSH6, NBN, PALB2, PTEN, RAD51C, STK11, and TP53	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81433	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); duplication/deletion analysis panel, must include analyses for BRCA1, BRCA2, MLH1, MSH2, and STK11	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 15 genes, including ABCA4, CNGA1, CRB1, EYS, PDE6A, PDE6B, PRPF31, PRPH2, RDH12, RHO, RP1, RP2, RPE65, RPGR, and USH2A	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81435	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include analysis of at least 7 genes, including APC, CHEK2, MLH1, MSH2, MSH6, MUTYH, and PMS2	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81436	Hereditary colon cancer syndromes (eg, Lynch syndrome, familial adenomatosis polyposis); duplication/deletion gene analysis panel, must include analysis of at least 8 genes, including APC, MLH1, MSH2, MSH6, PMS2, EPCAM, CHEK2, and MUTYH	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81437	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); genomic sequence analysis panel, must include sequencing of at least 6 genes, including MAX, SDHB, SDHC, SDHD, TMEM127, and VHL	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81438	Hereditary neuroendocrine tumor disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma); duplication/deletion analysis panel, must include analyses for SDHB, SDHC, SDHD, and VHL	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81439	Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 genes, including DSG2, MYBPC3, MYH7, PKP2, and TTN	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, COQ2, COX10, DGUOK, MPV17, OPA1, PDSS2, POLG, POLG2, RRM2B, SCO1, SCO2, SLC25A4, SUCLA2, SUCLG1, TAZ, TK2, and TYMP	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, must include sequencing of at least 12 genes, including BRAF, CBL, HRAS, KRAS, MAP2K1, MAP2K2, NRAS, PTPN11, RAF1, RIT1, SHOC2, and SOS1	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81445	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, NRAS, MET, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, DNA analysis, and RNA analysis when performed, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KRAS, KIT, MLL, NRAS, NPM1, NOTCH1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81455	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm, DNA and RNA analysis when performed, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NPM1, NRAS, MET, NOTCH1, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [MERFF], neuropathy, ataxia, and retinitis pigmentosa [NARP], Leber hereditary optic neuropathy [LHON]), genomic sequence, must include sequence analysis of entire mitochondrial genome with heteroplasmy detection	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX, ATRX, CDKL5, FGD1, FMR1, HUWE1, IL1RAPL, KDM5C, L1CAM, MECP2, MED12, MID1, OCRL, RPS6KA3, and SLC16A2	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81479	Unlisted molecular pathology procedure	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81500	Oncology (ovarian), biochemical assays of two proteins (CA-125 and HE4), utilizing serum, with menopausal status, algorithm reported as a risk score	Possible Denial; Medical Records Optional	Investigative	Documentation optional.

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81503	Oncology (ovarian), biochemical assays of five proteins (CA-125, apolipoprotein A1, beta-2 microglobulin, transferrin and pre-albumin), utilizing serum, algorithm reported as a risk score	Pre-Service Review Required	Investigative	Submit History and Physical, family history, clinical documentation supporting testing
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity scores	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence risk score	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk of distant metastasis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81522	Oncology (breast), MRNA, gene expression profiling by RT-PCR OF 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
81525	Oncology (colon), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a recurrence score	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first single drug or drug combination	Pre-Service Review Required	Investigative	Submit History and Physical, family history, clinical documentation supporting testing

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81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; each additional single drug or drug combination (List separately in addition to code for primary procedure)	Pre-Service Review Required	Investigative	Submit History and Physical, family history, clinical documentation supporting testing
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall survival	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (Total PSA, Free PSA, Intact PSA, and human kallikrein-2 [hK2]), utilizing plasma or serum, prognostic algorithm reported as a probability score	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and subtype, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a probability of a predicted main cancer type and subtype	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81545	Oncology (thyroid), gene expression analysis of 142 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a likelihood of prostate cancer detection on repeat biopsy	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81552	Oncology (uveal melanoma), MRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.

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81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
81599	Unlisted multianalyte assay with algorithmic analysis	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html.
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed	Retrospective Review	Medical Necessity	Reviewed retrospectively only. Submit history and physical, documentation of medical necessity.
82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed	Retrospective Review	Medical Necessity	Reviewed retrospectively only. Submit history and physical, documentation of medical necessity.
83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)	Pre-Service Review Required	Medical Necessity	Submit History and Physical, documentation of medical necessity
84999	Unlisted chemistry procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission Medical necessity review will be performed. When billed with other GT (molecular) codes, submit online review with AIM at www.providerportal.com. When billed alone or with non-genetic (non-molecular) codes, submit documentation to describe the test, records from related office visit, history and physical.
85999	Unlisted hematology and coagulation procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
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])	Retrospective Review	Medical Necessity	Reviewed retrospectively only. Submit history and physical, documentation of medical necessity.
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	Retrospective Review	Medical Necessity	Reviewed retrospectively only. Submit history and physical, documentation of medical necessity.
86486	Unlisted antigen, skin test, each	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	Retrospective Review	Medical Necessity	Reviewed retrospectively only. Submit history and physical, documentation of medical necessity.
86849	Unlisted immunology procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.

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86910	Blood typing, for paternity testing, per individual; ABO, Rh and MN	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
86911	Blood typing, for paternity testing, per individual; each additional antigen system	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
86999	Unlisted transfusion medicine procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission Medical necessity review will be performed. Submit documentation to describe the services. Include Office Notes from ordering physician related to this study, test or service.
87899	Infectious agent antigen detection by immunoassay with direct optical observation; not otherwise specified	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
87999	Unlisted microbiology procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
88000	Necropsy (autopsy), gross examination only; without CNS	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
88005	Necropsy (autopsy), gross examination only; with brain	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
88007	Necropsy (autopsy), gross examination only; with brain and spinal cord	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
88012	Necropsy (autopsy), gross examination only; infant with brain	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
88014	Necropsy (autopsy), gross examination only; stillborn or newborn with brain	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
88016	Necropsy (autopsy), gross examination only; macerated stillborn	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
88020	Necropsy (autopsy), gross and microscopic; without CNS	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
88025	Necropsy (autopsy), gross and microscopic; with brain	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
88027	Necropsy (autopsy), gross and microscopic; infant with brain	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
88028	Necropsy (autopsy), gross and microscopic; infant with brain	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
88029	Necropsy (autopsy), gross and microscopic; stillborn or newborn with brain	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
88036	Necropsy (autopsy), limited, gross and/or microscopic; regional	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
88037	Necropsy (autopsy), limited, gross and/or microscopic; single organ	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
88040	Necropsy (autopsy); forensic examination	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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88045	Necropsy (autopsy); coroner's call	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
88099	Unlisted necropsy (autopsy) procedure	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
88199	Unlisted cytopathology procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
88299	Unlisted cytogenetic study	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
88399	Unlisted surgical pathology procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
88749	Unlisted in vivo lab service	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
89240	Unlisted miscellaneous pathology test	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
89398	Unlisted reproductive medicine laboratory procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
90283	Immune globulin (IgIV), human, for intravenous use	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit history and physical and recent lab work.
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit history and physical and recent lab work.
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	Prior Authorization Required	Medical Necessity	Age or gestational age, history of respiratory problems, current medical treatment, if any risk factors
90399	Unlisted immune globulin	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.

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90749	Unlisted vaccine/toxoid	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
90867	Therapeutic repetitive transcranial magnetic stimulation treatment; planning	Prior Authorization Required	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan and results.
90868	Therapeutic repetitive transcranial magnetic stimulation treatment; delivery and management, per session	Prior Authorization Required	Medical Necessity	History and physical, chart notes from ordering physician, treatment plan and results.
90869	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent motor threshold re-determination with delivery and management	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
90882	Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
90889	Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for other individuals, agencies, or insurance carriers	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
90899	Unlisted psychiatric service or procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
90999	Unlisted dialysis procedure, inpatient or outpatient	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
91299	Unlisted diagnostic gastroenterology procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
92250	Fundus photography with interpretation and report	Retrospective Review	Medical Necessity	Reviewed retrospectively only. Submit history and physical, documentation of medical necessity.
92499	Unlisted eye procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
92562	Loudness balance test, alternate binaural or monaural	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
92596	Ear protector attenuation measurements	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	Prior Authorization Required	Medical Necessity	History and physical, office notes from ordering physician for visits related to the billed service and results of testing performed.

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92700	Unlisted otorhinolaryngological service or procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
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	Possible Denial; Medical Records Optional	Investigative	Reviewed retrospectively only. Documentation optional.
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	Possible Denial; Medical Records Optional	Investigative	Reviewed retrospectively only. Documentation optional.
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	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
93303	Transthoracic echocardiography for congenital cardiac anomalies; complete	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
93304	Transthoracic echocardiography for congenital cardiac anomalies; follow-up or limited study	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
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	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including probe placement, image acquisition, interpretation and report	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement of transesophageal probe only	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acquisition, interpretation and report only	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
93315	Transesophageal echocardiography for congenital cardiac anomalies; including probe placement, image acquisition, interpretation and report	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
93316	Transesophageal echocardiography for congenital cardiac anomalies; placement of transesophageal probe only	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
93317	Transesophageal echocardiography for congenital cardiac anomalies; image acquisition, interpretation and report only	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
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;	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
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	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, documentation of medical necessity, operative report.

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93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, documentation of medical necessity, operative report.
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	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, documentation of medical necessity, operative report
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	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, documentation of medical necessity, operative report
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	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, documentation of medical necessity, operative report.
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	Prior Authorization Required	Medical necessity including site of service	Submit Site of Service, History and Physical, documentation of medical necessity, operative report.
93580	Percutaneous transcatheter closure of congenital interatrial communication (ie, fonton fenestration, atrial septal defect) with implant	Prior Authorization Required	Medical Necessity	History and Physical, procedure report including name of transcatheter device used
93799	Unlisted cardiovascular service or procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
93998	Unlisted noninvasive vascular diagnostic study	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
94799	Unlisted pulmonary service or procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
95060	Opthalmic mucus membrane tests	Pre-Service Review Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
95199	Unlisted allergy/clinical immunologic service or procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.

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95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com.
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	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com.
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Prior Authorization Required	Sleep Study	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Prior Authorization Required	Sleep Study	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
95805	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com.
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Prior Authorization Required	Sleep Study	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
95807	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist	Prior Authorization Required	Sleep Study	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
95808	Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist	Prior Authorization Required	Sleep Study	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
95810	Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Prior Authorization Required	Sleep Study	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
95811	Polysomnography; 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	Prior Authorization Required	Sleep Study	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
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)	Pre-Service Review Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, procedure report
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)	Pre-Service Review Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, procedure report
95961	Functional cortical and subcortical mapping by stimulation and/or recording of electrodes on brain surface, or of depth electrodes, to provoke seizures or identify vital brain structures; initial hour of attendance by a physician or other qualified health care professional	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
95999	Unlisted neurological or neuromuscular diagnostic procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
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	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
96446	Chemotherapy administration into the peritoneal cavity via indwelling port or catheter	Prior Authorization Required	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
96549	Unlisted chemotherapy procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
96999	Unlisted special dermatological service or procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
97010	Application of a modality to 1 or more areas; hot or cold packs	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.

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97012	Application of a modality to 1 or more areas; traction, mechanical	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com. When services are requested for TMJ see members health plan for benefit coverage.
97016	Application of a modality to 1 or more areas; vasopneumatic devices	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97018	Application of a modality to 1 or more areas; paraffin bath	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97022	Application of a modality to 1 or more areas; whirlpool	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97026	Application of a modality to 1 or more areas; infrared	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97028	Application of a modality to 1 or more areas; ultraviolet	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.

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97032	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97034	Application of a modality to 1 or more areas; contrast baths, each 15 minutes	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97035	Application of a modality to 1 or more areas; ultrasound, each 15 minutes	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97036	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97039	Unlisted modality (specify type and time if constant attendance)	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com. For vision therapy services, please submit directly to Premera for review prior to service.
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	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.

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97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97116	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97124	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97139	Unlisted therapeutic procedure (specify)	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97140	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97150	Therapeutic procedure(s), group (2 or more individuals)	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97164	Re-evaluation of physical therapy established plan of care. Typically, 20 minutes are spent face-to-face with the patient and/or family.	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97168	Re-evaluation of occupational therapy established plan of care. Typically, 30 minutes are spent face-to-face with the patient and/or family.	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97169	Athletic training evaluation, low complexity	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
97170	Athletic training evaluation, moderate complexity	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
97171	Athletic training evaluation, high complexity	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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97172	Re-evaluation of athletic training	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com. For vision therapy services, please submit directly to Premera for review prior to service. When services are requested for TMJ see members health plan for benefit coverage.
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact by the provider, each 15 minutes	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97537	Community/work reintegration training, direct one-on-one contact, each 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97545	Work hardening/conditioning; initial 2 hours	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
97546	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
97750	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
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 by provider, with written report, each 15 minutes	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.

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97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(s), lower extremity(s) and/or trunk, each 15 minutes	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97761	Prosthetic training, upper and/or lower extremity(s), each 15 minutes	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
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	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
97799	Unlisted physical medicine/rehabilitation service or procedure	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
99026	Hospital mandated on call service; in-hospital, each hour	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
99027	Hospital mandated on call service; out-of-hospital, each hour	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
99056	Service(s) typically provided in the office, provided out of the office at request of patient, in addition to basic service	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
99070	Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
99075	Medical testimony	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
99080	Special reports such as insurance forms, more than the information conveyed in the usual medical communications or standard reporting form	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session	Prior Authorization Required	Medical Necessity	History and Physical with medical necessity, treatment plan, treatments tried and failed and procedure report
99199	Unlisted special service or report	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.

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99429	Unlisted preventive medicine svc	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
99450	Basic life and/or disability examination that includes: Measurement of height, weight, and blood pressure; Completion of a medical history following a life insurance pro forma; Collection of blood sample and/or urinalysis complying with "chain of custody" protocols; and Completion of necessary documentation/certificates.	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
99455	Work related or medical disability examination by the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report.	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
99499	Unlisted evaluation & management service	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
99600	Unlisted home visit service or procedure	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
A0080	Nonemergency transportation, per mile - vehicle provided by volunteer (individual or organization), with no vested interest	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A0090	Nonemergency transportation, per mile - vehicle provided by individual (family member, self, neighbor) with vested interest	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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A0100	Nonemergency transportation; taxi	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A0110	Nonemergency transportation and bus, intra- or interstate carrier	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A0120	Nonemergency transportation: mini-bus, mountain area transports, or other transportation systems	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A0130	Nonemergency transportation: wheelchair van	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A0140	Nonemergency transportation and air travel (private or commercial) intra- or interstate	Pre-Service Review Required	Medical Necessity	Recent History and Physical if applicable and Letter of Medical Necessity documenting the need for the requested service
A0160	Nonemergency transportation: per mile - caseworker or social worker	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A0170	Transportation ancillary: parking fees, tolls, other	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A0180	Nonemergency transportation: ancillary: lodging, recipient	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A0190	Nonemergency transportation: ancillary: meals, recipient	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A0200	Nonemergency transportation: ancillary: lodging, escort	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A0210	Nonemergency transportation: ancillary: meals, escort	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)	Pre-Service Review Required	Medical Necessity	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport
A0428	Ambulance service, basic life support, nonemergency transport, (BLS)	Pre-Service Review Required	Medical Necessity	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport
A0430	Ambulance service, conventional air services, transport, one way (fixed wing)	Pre-Service Review Required	Medical Necessity	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport
A0431	Ambulance service, conventional air services, transport, one way (rotary wing)	Pre-Service Review Required	Medical Necessity	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport
A0434	Specialty care transport (SCT)	Pre-Service Review Required	Medical Necessity	Recent History and Physical if applicable and letter of Medical Necessity documenting the need for the requested service
A0435	Fixed wing air mileage, per statute mile	Pre-Service Review Required	Medical Necessity	Recent History and Physical if applicable and letter of Medical Necessity documenting the need for the requested service
A0436	Rotary wing air mileage, per statute mile	Pre-Service Review Required	Medical Necessity	Recent History and Physical if applicable and letter of Medical Necessity documenting the need for the requested service
A0888	Noncovered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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A0999	Unlisted ambulance service	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission Medical necessity review will be performed. Submit documentation to describe the services and include the transport record.
A4244	Alcohol or peroxide, per pint	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A4246	Betadine or pHisoHex solution, per pint	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A4247	Betadine or iodine swabs/wipes, per box	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A4267	Contraceptive supply, condom, male, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A4268	Contraceptive supply, condom, female, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A4290	Sacral nerve stimulation test lead, each	Pre-Service Review Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
A4335	Incontinence supply; miscellaneous	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A4520	Incontinence garment, any type, (e.g., brief, diaper), each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A4553	Non-disposable underpads, all sizes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A4554	Disposable underpads, all sizes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A4604	Tubing with integrated heating element for use with positive airway pressure device	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A4663	Blood pressure cuff only	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A4670	Automatic blood pressure monitor	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A4931	Oral thermometer, reusable, any type, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A4932	Rectal thermometer, reusable, any type, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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A6460	Synthetic resorbable wound dressing, sterile, pad size 16 sq in or less, without adhesive border, each dressing	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
A6461	Synthetic resorbable wound dressing, sterile, pad size more than 16 sq in but less than or equal to 48 sq in, without adhesive border, each dressing	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
A6530	Gradient compression stocking, below knee, 18-30 mm Hg, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A6533	Gradient compression stocking, thigh length, 18-30 mm Hg, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A6536	Gradient compression stocking, full-length/chap style, 18-30 mm Hg, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A6539	Gradient compression stocking, waist length, 18-30 mm Hg, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A7027	Combination oral/nasal mask, used with continuous positive airway pressure device, each	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
A7030	Full face mask used with positive airway pressure device, each	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
A7031	Face mask interface, replacement for full face mask, each	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
A7032	Cushion for use on nasal mask interface, replacement only, each	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
A7034	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.

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A7035	Headgear used with positive airway pressure device	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
A7036	Chinstrap used with positive airway pressure device	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
A7037	Tubing used with positive airway pressure device	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
A7038	Filter, disposable, used with positive airway pressure device	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
A7039	Filter, nondisposable, used with positive airway pressure device	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
A7044	Oral interface used with positive airway pressure device, each	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
A7045	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
A7047	Oral interface used with respiratory suction pump, each	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
A9150	Nonprescription drugs	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A9152	Single vitamin/mineral/trace element, oral, per dose, not otherwise specified	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A9153	Multiple vitamins, with or without minerals and trace elements, oral, per dose, not otherwise specified	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A9270	Noncovered item or service	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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A9273	Cold or hot fluid bottle, ice cap or collar, heat and/or cold wrap, any type	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A9275	Home glucose disposable monitor, includes test strips	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A9280	Alert or alarm device, not otherwise classified	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A9281	Reaching/grabbing device, any type, any length, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A9282	Wig, any type, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A9286	Hygienic item or device, disposable or non-disposable, any type, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A9300	Exercise equipment	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
A9507	Indium In-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
A9513	Lutetium lu 177, dotatate, therapeutic, 1 millicurie	Prior Authorization Required	Medical Necessity	History and Physical, plan of care and procedure report
A9542	Indium In-111 ibritumomab tiuxetan, diagnostic, per study dose, up to 5 millicuries	Prior Authorization Required	Medical Necessity	History and Physical, plan of care and procedure report
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Prior Authorization Required	Medical Necessity	History and Physical, plan of care and procedure report
A9584	Iodine I-123 ioflupane, diagnostic, per study dose, up to 5 millicuries	Prior Authorization Required	Medical Necessity	Submit History and Physical, medical necessity documentation.
A9590	Iodine i-131, Iobenguane, 1 millicurie	Prior Authorization Required	Medical Necessity	History and Physical, plan of care and procedure report
A9900	Miscellaneous DME supply, accessory, and/or service component of another HCPCS code	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
A9901	DME delivery, set up, and/or dispensing service component of another HCPCS code	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
B4100	Food thickener, administered orally, per oz	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.
B4102	Enteral formula, for adults, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.
B4103	Enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g., clear liquids), 500 ml = 1 unit	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.

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B4104	Additive for enteral formula (e.g., fiber)	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
B4149	Enteral formula, manufactured blenderized natural foods with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.
B4150	Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.
B4152	Enteral formula, nutritionally complete, calorically dense (equal to or greater than 1.5 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.
B4153	Enteral formula, nutritionally complete, hydrolyzed proteins (amino acids and peptide chain), includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.
B4154	Enteral formula, nutritionally complete, for special metabolic needs, excludes inherited disease of metabolism, includes altered composition of proteins, fats, carbohydrates, vitamins and/or minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.
B4155	Enteral formula, nutritionally incomplete/modular nutrients, includes specific nutrients, carbohydrates (e.g., glucose polymers), proteins/amino acids (e.g., glutamine, arginine), fat (e.g., medium chain triglycerides) or combination, administered through an enteral feeding tube, 100 calories = 1 unit	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.
B4157	Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.

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B4158	Enteral formula, for pediatrics, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.
B4159	Enteral formula, for pediatrics, nutritionally complete soy based with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber and/or iron, administered through an enteral feeding tube, 100 calories = 1 unit	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.
B4160	Enteral formula, for pediatrics, nutritionally complete calorically dense (equal to or greater than 0.7 kcal/ml) with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.
B4161	Enteral formula, for pediatrics, hydrolyzed/amino acids and peptide chain proteins, includes fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.
B4162	Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.
D0240	Intraoral - occlusal radiographic image	Predetermination Recommended	Dental Necessity	Narrative describing the dental necessity for an intraoral - occlusal film
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	Predetermination Recommended	Dental Necessity	Narrative or description of the type of extraoral x-ray performed.
D0310	Sialography	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative describing the need for a sialography.
D0320	Temporomandibular joint arthrogram, including injection	Predetermination Recommended	Medical Necessity	Diagnosis or narrative describing the need for a temporomandibular joint arthrogram, including injection.
D0321	Other temporomandibular joint radiographic images, by report	Predetermination Recommended	Medical Necessity	Diagnosis or narrative describing the need for Other temporomandibular joint radiographic images.
D0322	Tomographic survey	Predetermination Recommended	Medical Necessity	Diagnosis and/or narrative of condition describing the need for a tomographic survey.
D0370	Maxillofacial ultrasound capture and interpretation	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0371	Sialoendoscopy capture and interpretation	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative describing the need for a sialoendoscopy.
D0386	Maxillofacial ultrasound image capture	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)

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D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Predetermination Recommended	Dental Necessity	Narrative and rationale for the proposed treatment.
D0394	Digital subtraction of two or more images or image volumes of the same modality	Predetermination Recommended	Dental Necessity	Narrative and/or chart notes.
D0415	Collection of microorganisms for culture and sensitivity	Predetermination Recommended	Dental Necessity	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0416	viral culture	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	Predetermination Recommended	Dental Necessity	Diagnosis or narrative of condition (pathology or operative report if applicable).
D0418	Analysis of saliva sample	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0419	ASSESSMENT OF SALIVARY FLOW BY MEASUREMENT	Non-covered Service	Benefit Exception	Inclusive service, not separately reimbursable.
D0470	Diagnostic casts	Predetermination Recommended	Dental Necessity	Diagnosis or narrative describing the need for the diagnositic cast.
D0472	Accession of tissue, gross examination, preparation and transmission of written report	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0475	Decalcification procedure	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0476	special stains for microorganisms	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0477	special stains, not for microorganisms	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0478	Immunohistochemical stains	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0479	Tissue in-situ hybridization, including interpretation	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0481	Electron microscopy	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0482	Direct immunofluorescence	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0483	Indirect immunofluorescence	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0484	Consultation on slides prepared elsewhere	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)

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D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D0502	Other oral pathology procedures, by report	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D2510	Inlay - metallic - one surface	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2520	Inlay - metallic - two surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2530	Inlay - metallic - three surface	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2542	onlay - metallic - two surface	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2543	onlay - metallic - three surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2544	onlay - metallic - four or more surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2610	Inlay - porcelain/ceramic - one surface	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).

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D2620	Inlay - porcelain/ceramic - two surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2630	Inlay - porcelain/ceramic - three surface	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2642	onlay - porcelain/ceramic - two surface	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2643	onlay - porcelain/ceramic - three surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2644	onlay - porcelain/ceramic - four or more surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2650	Inlay - resin-based composite - one surface	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2651	Inlay - resin-based composite - two surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2652	Inlay - resin-based composite - three surface	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2662	Onlay, resin-based composite, two surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).

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D2663	Onlay, resin-based composite, three surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2664	Onlay, resin-based composite, four or more surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, tooth surface, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2710	Crown - resin-based composite (indirect)	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2712	Crown - 3/4 resin-based composite (indirect)	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2720	Crown, Resin with High Noble Metal	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2721	Crown, Resin, Predominantly Base Metal	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2722	Crown, Resin with Noble Metal	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2740	Porcelain/Ceramic Substrate	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2750	Porcelain Fused to High Noble Metal	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2751	Porcelain Fused to Predominantly Base Metal	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2752	Porcelain Fused to Noble Metal	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).

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D2753	CROWN PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2780	Crown, 3/4 Cast High Noble Metal	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2781	Crown, 3/4 Cast Predominantly Base Metal	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2782	Crown, 3/4 Cast Noble Metal	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2783	Crown 3/4 Porcelain/Ceramic. This procedure does not include facial veneers.	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2790	Crown, Full Cast High Noble Metal	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2791	Crown, Full Cast Predoninantly Base Metal	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2792	Crown, Full Cast Nobel Metal	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2794	Crown - titanium	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).
D2950	Core buildup, including pins	Predetermination Recommended	Dental Necessity	Preoperative x-rays, narrative describing existing restorations and areas of decay or defect. Indicate if there was any prior inlay, onlay, crown, or veneer - if so, need date of prior placement.
D2952	Post and core in addition to crown, indirectly fabricated	Predetermination Recommended	Dental Necessity	Preoperative x-rays, narrative describing existing restorations and areas of decay or defect. Indicate if there was any prior inlay, onlay, crown, or veneer - if so, need date of prior placement.

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D2954	Prefabricated post and core in addition to crown	Predetermination Recommended	Dental Necessity	Preoperative x-rays, narrative describing existing restorations and areas of decay or defect. Indicate if there was any prior inlay, onlay, crown, or veneer - if so, need date of prior placement.
D2960	Labial Veneer (RESIN LAMINATE), Chairside	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was a prior veneer (if so, need date of prior placement).
D2961	Labial veneer (resin laminate) - laboratory	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was a prior veneer (if so, need date of prior placement).
D2962	Labial veneer (porcelain laminate) - laboratory	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was a prior veneer (if so, need date of prior placement).
D2971	Additional procedures to construct new crown under existing partial denture framework	Predetermination Recommended	Dental Necessity	Narrative and/or chart notes.
D2980	Crown repair necessitated by restorative material failure	Predetermination Recommended	Dental Necessity	Chart notes or narrative (including when crown was cemented) specifically describing the procedure or procedures done to repair the crown.
D2981	Inlay repair necessitated by restorative material failure	Predetermination Recommended	Dental Necessity	Chart notes or narrative (including when inlay was cemented) specifically describing the procedure or procedures done to repair the inlay.
D2982	Onlay repair necessitated by restorative material failure	Predetermination Recommended	Dental Necessity	Chart notes or narrative (including when onlay was cemented) specifically describing the procedure or procedures done to repair the onlay.
D2983	Veneer repair necessitated by restorative material failure	Predetermination Recommended	Dental Necessity	Chart notes or narrative (including when veneer was cemented) specifically describing the procedure or procedures done to repair the veneer.
D2999	Unspecified restorative procedure, by report	Predetermination Recommended	Dental Necessity	Chart notes and/or narrative describing procedure performed.
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	Predetermination Recommended	Dental Necessity	Xrays; Narrative
D3320	Endodontic therapy, bicuspid tooth (excluding final restoration)	Predetermination Recommended	Dental Necessity	Xrays; Narrative
D3330	Endodontic therapy, molar (excluding final restoration)	Predetermination Recommended	Dental Necessity	Xrays; Narrative
D3331	Treatment of root canal obstruction; non-surgical access	Predetermination Recommended	Dental Necessity	Narrative and/or chart notes
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth	Predetermination Recommended	Dental Necessity	Narrative and/or chart notes
D3333	Internal root repair of perforation defects	Predetermination Recommended	Dental Necessity	Narrative and/or chart notes
D3346	Retreatment of previous root canal therapy - anterior	Predetermination Recommended	Dental Necessity	Date of initial root canal. If retreatment done less than 12 months from the initial root canal, need chart notes, x-rays and a narrative for review.

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D3347	Retreatment of previous root canal therapy - bicuspid	Predetermination Recommended	Dental Necessity	Date of initial root canal. If retreatment done less than 12 months from the initial root canal, need chart notes, x-rays and a narrative for review.
D3348	Retreatment of previous root canal therapy - molar	Predetermination Recommended	Dental Necessity	Date of initial root canal. If retreatment done less than 12 months from the initial root canal, need chart notes, x-rays and a narrative for review.
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	Predetermination Recommended	Dental Necessity	Narrative
D3352	Apexification/recalcification - interim medication replacement	Predetermination Recommended	Dental Necessity	Narrative
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)	Predetermination Recommended	Dental Necessity	Narrative
D3355	Pulpal regeneration - initial visit	Predetermination Recommended	Dental Necessity	Narrative and/or chart notes
D3356	Pulpal regeneration - interim medication replacement	Predetermination Recommended	Dental Necessity	Narrative and/or chart notes
D3357	Pulpal regeneration - completion of treatment	Predetermination Recommended	Dental Necessity	Narrative and/or chart notes
D3410	Apicoectomy - anterior	Predetermination Recommended	Dental Necessity	Narrative
D3421	Apicoectomy - bicuspid (first root)	Predetermination Recommended	Dental Necessity	Narrative
D3425	Apicoectomy - molar (first root)	Predetermination Recommended	Dental Necessity	Narrative
D3426	Apicoectomy (each additional root)	Predetermination Recommended	Dental Necessity	Narrative
D3427	Periradicular surgery without apicoectomy	Predetermination Recommended	Dental Necessity	X-ray(s), narrative and rationale for the proposed surgery.
D3430	Retrograde filling - per root	Predetermination Recommended	Dental Necessity	Narrative
D3431	biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Predetermination Recommended	Dental Necessity	Narrative
D3460	endodontic endosseous implant	Predetermination Recommended	Dental Necessity	Narrative
D3470	intentional re-implantation (including necessary splinting)	Predetermination Recommended	Dental Necessity	X-rays and chart notes.
D3910	surgical procedure for isolation of tooth with rubber dam	Predetermination Recommended	Dental Necessity	Narrative and pre-operative x-ray (that shows lack of tooth structure that would justify surgical procedure to allow rubber dam)
D3920	hemisection (including any root removal), not including root canal therapy	Predetermination Recommended	Dental Necessity	Narrative
D3950	canal preparation and fitting of preformed dowel or post	Predetermination Recommended	Dental Necessity	X-ray and chart notes required if billed in conjunction with D2952, D2953, D2954 or D2957 on the same tooth, by the same provider, on the same day.
D3999	unspecified endodontic procedure, by report	Predetermination Recommended	Dental Necessity	Chart notes and/or narrative describing procedure performed.
D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant	Predetermination Recommended	Dental Necessity	Periodontal charting, Narrative, and photo (if available
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant	Predetermination Recommended	Dental Necessity	Periodontal charting Preoperative x-ray - only if billed in conjunction with impacted wisdom teeth.

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D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Predetermination Recommended	Dental Necessity	Periapical x-ray Periodontal charting Photo (if available)
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant	Predetermination Recommended	Dental Necessity	Periodontal charting and periapical x-rays
D4231	Anatomical crown exposure - one to three teeth per quadrant	Predetermination Recommended	Dental Necessity	Periodontal charting and periapical x-rays
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant	Predetermination Recommended	Dental Necessity	Periodontal charting, Narrative, and photo (if available
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	Predetermination Recommended	Dental Necessity	Periodontal charting, Narrative, and photo (if available
D4245	Apically positioned flap	Predetermination Recommended	Dental Necessity	Periodontal charting, Narrative, and photo (if available
D4249	Clinical crown lengthening - hard tissue	Predetermination Recommended	Dental Necessity	Periapical x-ray Periodontal charting Photo (if available)
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant	Predetermination Recommended	Dental Necessity	Periodontal charting, Narrative, and photo (if available)
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	Predetermination Recommended	Dental Necessity	Periodontal charting, Narrative, and photo (if available)
D4263	Bone replacement graft - retained natural tooth -first site in quadrant	Predetermination Recommended	Dental Necessity	Periapical x-ray, periodontal charting and/or narrative including pocket depth and osseous defects
D4264	Bone replacement graft - retained natural tooth -each additional site in quadrant	Predetermination Recommended	Dental Necessity	Periapical x-ray, periodontal charting and/or narrative including pocket depth and osseous defects
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Predetermination Recommended	Dental Necessity	Name and type of biologic material used.
D4266	Guided tissue regeneration - resorbable barrier, per site	Predetermination Recommended	Dental Necessity	Periapical x-ray, periodontal charting and/or narrative including pocket depth and osseous defects
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal)	Predetermination Recommended	Dental Necessity	Periapical x-ray, periodontal charting and/or narrative including pocket depth and osseous defects
D4268	Surgical revision procedure, per tooth	Predetermination Recommended	Dental Necessity	Perio charting, PA x-rays, and a narrative detailing the previously provided surgical procedure and the need for additional procedure(s).
D4270	Pedicle soft tissue graft procedure	Predetermination Recommended	Dental Necessity	Periodontal charting and/or; Narrative and/or; Photograph
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant or edentulous tooth position	Predetermination Recommended	Dental Necessity	Periodontal charting and/or; Narrative and/or; Photograph

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D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Predetermination Recommended	Dental Necessity	Narrative and rational for service. Chart notes or op report detailing procedure preformed.
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Predetermination Recommended	Dental Necessity	Periodontal charting and/or; Narrative and/or; Photograph
D4276	Combined connective tissue and double pedicle graft, per tooth	Predetermination Recommended	Dental Necessity	Periodontal charting and/or; Narrative and/or; Photograph
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	Predetermination Recommended	Dental Necessity	Periodontal charting and/or; Narrative and/or; Photograph
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site	Predetermination Recommended	Dental Necessity	Periodontal charting and/or; Narrative and/or; Photograph
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	Predetermination Recommended	Dental Necessity	Periodontal charting and/or; Narrative and/or; Photograph
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	Predetermination Recommended	Dental Necessity	Periodontal charting and/or; Narrative and/or; Photograph
D4320	Provisional splinting - intracoronal	Predetermination Recommended	Dental Necessity	Periodontal charting, x-ray, and chart notes or narrative
D4321	Provisional splinting - extracoronal	Predetermination Recommended	Dental Necessity	Periodontal charting, x-ray, and chart notes or narrative
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Predetermination Recommended	Dental Necessity	Periodontal charting Name of material used (Arestin, Atridox, or PerioChip, etc.) Tooth numbers
D4999	Unspecified periodontal procedure, by report	Predetermination Recommended	Dental Necessity	Chart notes, narrative, periodontal charting, pre-operative x-ray, or photo may be required.
D5850	Tissue conditioning, maxillary	Predetermination Recommended	Dental Necessity	Narrative
D5851	Tissue conditioning, mandibular	Predetermination Recommended	Dental Necessity	Narrative
D5899	Unspecified removable prosthodontic procedure, by report	Predetermination Recommended	Dental Necessity	Chart notes and a narrative
D5911	Facial moulage (sectional)	Predetermination Recommended	Medical or Dental Service	Narrative
D5912	Facial moulage (complete)	Predetermination Recommended	Medical or Dental Service	Narrative
D5913	Nasal prosthesis	Predetermination Recommended	Medical or Dental Service	Narrative
D5914	Auricular prosthesis	Predetermination Recommended	Medical or Dental Service	Narrative
D5915	Orbital prosthesis	Predetermination Recommended	Medical or Dental Service	Narrative
D5916	Ocular prosthesis	Predetermination Recommended	Medical or Dental Service	Narrative
D5919	Facial prosthesis	Predetermination Recommended	Medical or Dental Service	Narrative
D5922	Nasal septal prosthesis	Predetermination Recommended	Medical or Dental Service	Narrative
D5923	Ocular prosthesis, interim	Predetermination Recommended	Medical or Dental Service	Narrative
D5924	Cranial prosthesis	Predetermination Recommended	Medical or Dental Service	Narrative

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D5925	Facial augmentation implant prosthesis	Predetermination Recommended	Medical or Dental Service	Narrative
D5926	Nasal prosthesis, replacement	Predetermination Recommended	Medical or Dental Service	Narrative
D5927	Auricular prosthesis, replacement	Predetermination Recommended	Medical or Dental Service	Narrative
D5928	Orbital prosthesis, replacement	Predetermination Recommended	Medical or Dental Service	Narrative
D5929	facial prosthesis, replacement	Predetermination Recommended	Medical or Dental Service	Narrative
D5931	Obturator prosthesis, surgical	Predetermination Recommended	Medical or Dental Service	Narrative
D5932	Obturator prosthesis, definitive	Predetermination Recommended	Medical or Dental Service	Narrative
D5933	Obturator prosthesis, modification	Predetermination Recommended	Medical or Dental Service	Narrative
D5934	Mandibular resection prosthesis with guide flange	Predetermination Recommended	Medical or Dental Service	Narrative
D5935	Mandibular resection prosthesis without guide flange	Predetermination Recommended	Medical or Dental Service	Narrative
D5936	Obturator prosthesis, interim	Predetermination Recommended	Medical or Dental Service	Narrative
D5937	Trismus appliance (not for TMD treatment)	Predetermination Recommended	Medical or Dental Service	Narrative
D5951	Feeding aid	Predetermination Recommended	Medical or Dental Service	Narrative
D5952	Speech aid prosthesis, pediatric	Predetermination Recommended	Medical or Dental Service	Narrative
D5953	Speech aid prosthesis, adult	Predetermination Recommended	Medical or Dental Service	Narrative
D5954	Palatal augmentation prosthesis	Predetermination Recommended	Medical or Dental Service	Narrative
D5955	Palatal lift prosthesis, definitive	Predetermination Recommended	Medical or Dental Service	Narrative
D5958	Palatal lift prosthesis, interim	Predetermination Recommended	Medical or Dental Service	Narrative
D5959	Palatal lift prosthesis, modification	Predetermination Recommended	Medical or Dental Service	Narrative
D5960	Speech aid prosthesis, modification	Predetermination Recommended	Medical or Dental Service	Narrative
D5983	Radiation carrier	Predetermination Recommended	Medical or Dental Service	Narrative
D5984	Radiation shield	Predetermination Recommended	Medical or Dental Service	Narrative
D5985	Radiation cone locator	Predetermination Recommended	Medical or Dental Service	Narrative
D5986	Fluoride gel carrier	Predetermination Recommended	Medical or Dental Service	Narrative or chart notes if related to cancer or other medical necessary treatment.
D5987	Commissure splint	Predetermination Recommended	Medical or Dental Service	Narrative
D5988	Surgical splint	Predetermination Recommended	Medical or Dental Service	Narrative and chart notes/office records
D5991	Vesiculobullous disease medicament carrier	Predetermination Recommended	Medical or Dental Service	Narrative
D5992	Adjust maxillofacial prosthetic appliance, by report	Predetermination Recommended	Medical or Dental Service	Narrative and rationale for the proposed treatment
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra- or intra-oral) other than required adjustments, by report	Predetermination Recommended	Dental Necessity	Narrative
D5994	Periodontal medicament carrier with peripheral seal - laboratory processed	Predetermination Recommended	Dental Necessity	Periodontal charting, narrative, and/or photographs showing recession and status of attached gingiva to demonstrate the necessity of this service.
D5999	Unspecified maxillofacial prosthesis, by report	Predetermination Recommended	Dental Necessity	Chart notes and a narrative
D6010	Surgical placement of implant body: endosteal implant	Predetermination Recommended	Dental Necessity	Preoperative full mouth x-rays, All missing teeth, Periodontal charting, Chart notes, Prognosis of implant, Full treatment plan for patient
D6013	Surgical placement of mini implant	Predetermination Recommended	Dental Necessity	Periodontal charting, 5 year prognosis, Preoperative x-rays, All missing teeth
D6040	Surgical placement: eposteal implant	Predetermination Recommended	Dental Necessity	Preoperative x-rays, perio charting, chart notes, prognosis of implant, full treatment plan for patient
D6050	Surgical placement: transosteal implant	Predetermination Recommended	Dental Necessity	Preoperative x-rays, perio charting, chart notes, prognosis of implant, full treatment plan for patient

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D6055	Connecting bar - implant supported or abutment supported	Predetermination Recommended	Dental Necessity	Narrative
D6058	Abutment supported porcelain/ceramic crown	Predetermination Recommended	Dental Necessity	X-ray(s), narrative, all missing teeth, and indicate if initial placement or provide the date of the prior placement.
D6059	Abutment supported porcelain fused to metal crown (high noble metal)	Predetermination Recommended	Dental Necessity	X-ray(s), narrative, all missing teeth, and indicate if initial placement or provide the date of the prior placement.
D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)	Predetermination Recommended	Dental Necessity	X-ray(s), narrative, all missing teeth, and indicate if initial placement or provide the date of the prior placement.
D6061	Abutment supported porcelain fused to metal crown (noble metal)	Predetermination Recommended	Dental Necessity	X-ray(s), narrative, all missing teeth, and indicate if initial placement or provide the date of the prior placement.
D6062	Abutment supported cast metal crown (high noble metal)	Predetermination Recommended	Dental Necessity	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials and dentures.
D6063	Abutment supported cast metal crown (predominantly base metal)	Predetermination Recommended	Dental Necessity	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials and dentures.
D6064	Abutment supported cast metal crown (noble metal)	Predetermination Recommended	Dental Necessity	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials and dentures.
D6065	Implant supported porcelain/ceramic crown	Predetermination Recommended	Dental Necessity	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials and dentures.
D6066	Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal)	Predetermination Recommended	Dental Necessity	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials and dentures.
D6067	Implant supported metal crown (titanium, titanium alloy, high noble metal)	Predetermination Recommended	Dental Necessity	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials and dentures.
D6081	Scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	Predetermination Recommended	Dental Necessity	Periodontal charting and/or; Narrative and/or; Photograph
D6082	IMPLANT SUPPORTED CROWN PORCELAIN FUSED TO PREDOMINANTLY BASE ALLOYS	Predetermination Recommended	Dental Necessity	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials and dentures.
D6083	IMPLANT SUPPORTED CROWN PORCELAIN FUSED TO NOBLE ALLOYS	Predetermination Recommended	Dental Necessity	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials and dentures.
D6084	IMPLANT SUPPORTED CROWN PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	Predetermination Recommended	Dental Necessity	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials and dentures.
D6085	Provisional implant crown	Predetermination Recommended	Dental Necessity	Narrative

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D6086	IMPLANT SUPPORTED CROWN PREDOMINANTLY BASE ALLOYS	Predetermination Recommended	Dental Necessity	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials and dentures.
D6087	IMPLANT SUPPORTED CROWN NOBLE ALLOYS	Predetermination Recommended	Dental Necessity	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials and dentures.
D6088	IMPLANT SUPPORTED CROWN TITANIUM AND TITANIUM ALLOYS	Predetermination Recommended	Dental Necessity	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials and dentures.
D6090	Repair implant supported prosthesis, by report	Predetermination Recommended	Dental Necessity	Chart notes or narrative specifically describing the repair or replacement of any part of the implant supported prosthesis.
D6091	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis, per attachment	Predetermination Recommended	Dental Necessity	N/A
D6094	Abutment supported crown (titanium)	Predetermination Recommended	Dental Necessity	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials and dentures.
D6095	Repair implant abutment, by report	Predetermination Recommended	Dental Necessity	Narrative
D6096	REMOVE BROKEN IMPLANT RETAINING SCREW	Predetermination Recommended	Dental Necessity	Narrative
D6097	ABUTMENT SUPPORTED CROWN PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	Predetermination Recommended	Dental Necessity	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials and dentures.
D6100	Implant removal, by report	Predetermination Recommended	Dental Necessity	Narrative (A panoramic x-ray or periapical x-ray may be required if dental consultant review is required)
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	Predetermination Recommended	Dental Necessity	Narrative and/or chart notes describing the necessity for this service
D6102	Debridement and osseous contouring of a peri-implant defect or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces, including flap entry and closure	Predetermination Recommended	Dental Necessity	Narrative and/or chart notes describing the necessity for this service
D6103	Bone graft for repair of peri-implant defect - does not include flap entry and closure	Predetermination Recommended	Dental Necessity	Periapical x-rays and periodontal charting
D6104	Bone graft at time of implant placement	Predetermination Recommended	Dental Necessity	Periapical x-ray and detailed narrative including diagnosis if applicable.
D6119	Implant/abutment supported interim fixed denture for edentulous arch - maxillary	Predetermination Recommended	Dental Necessity	Narrative
D6123	IMPLANT SUPPORTED RETAINER FOR METAL FPD TITANIUM AND TITANIUM ALLOYS	Predetermination Recommended	Dental Necessity	Narrative
D6190	Radiographic/surgical implant index, by report	Predetermination Recommended	Dental Necessity	Narrative
D6194	Abutment supported retainer crown for FPD (titanium)	Predetermination Recommended	Dental Necessity	Narrative
D6199	Unspecified implant procedure, by report	Predetermination Recommended	Dental Necessity	Chart notes and a narrative

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D6205	Pontic - indirect resin based composite	Predetermination Recommended	Dental Necessity	Narrative
D6210	Pontic - cast high noble metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6211	Pontic - cast predominantly base metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6212	Pontic - cast noble metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6214	Pontic - titanium	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6240	Pontic - porcelain fused to high noble metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6241	Pontic - porcelain fused to predominantly base metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6242	Pontic - porcelain fused to noble metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6243	PONTIC PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	Predetermination Recommended	Dental Necessity	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials and dentures.
D6245	Pontic - porcelain/ceramic	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates

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D6250	Pontic - resin with high noble metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6251	Pontic - resin with predominantly base metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6252	Pontic - resin with noble metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6545	Retainer - cast metal for resin bonded fixed prosthesis	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6600	Retainer inlay - porcelain/ceramic, two surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)
D6602	Retainer inlay - cast high noble metal, two surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)
D6603	Retainer inlay - cast high noble metal, three or more surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)

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D6604	Retainer inlay - cast predominantly base metal, two surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)
D6606	Retainer inlay - cast noble metal, two surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)
D6607	Retainer inlay - cast noble metal, three or more surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)
D6608	Retainer onlay - porcelain/ceramic, two surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)
D6610	Retainer onlay - cast high noble metal, two surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)
D6611	Retainer onlay - cast high noble metal, three or more surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)
D6612	Retainer onlay - cast predominantly base metal, two surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)

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D6613	Retainer onlay - cast predominantly base metal, three or more surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)
D6614	Retainer onlay - cast noble metal, two surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)
D6615	Retainer onlay - cast noble metal, three or more surfaces	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)
D6634	Retainer onlay - titanium	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, surfaces, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement)
D6720	Retainer crown - resin with high noble metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6721	Retainer crown - resin with predominantly base metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6722	Retainer crown - resin with noble metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6740	Retainer crown - porcelain/ceramic	Predetermination Recommended	Dental Necessity	Preoperative x-rays, a narrative describing existing restorations and areas of decay/defects, prep and seat dates, and indicate if there was any prior inlay or onlay (if so, need date of prior placement).

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D6750	Retainer crown - porcelain fused to high noble metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6751	Retainer crown - porcelain fused to predominantly base metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6752	Retainer crown - porcelain fused to noble metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6753	RETAINER CROWN PORCELAIN FUSED TO TITANIUM AND TITANIUM ALLOYS	Predetermination Recommended	Dental Necessity	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials and dentures.
D6780	Retainer crown - 3/4 cast high noble metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6781	Retainer crown - 3/4 cast predominantly base metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6782	Retainer crown - 3/4 cast noble metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6783	Retainer crown - 3/4 porcelain/ceramic	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6784	RETAINER CROWN 3/4 TITANIUM AND TITANIUM ALLOYS	Predetermination Recommended	Medical Necessity	X-rays, chart notes, periodontal status, list of all missing teeth, list of all existing bridgework, partials and dentures.
D6790	Retainer crown - full cast high noble metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates

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D6791	Retainer crown - full cast predominantly base metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6792	Retainer crown - full cast noble metal	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6794	Retainer crown - titanium	Predetermination Recommended	Dental Necessity	X-rays, list of all missing teeth in both arches, list of all existing bridgework and/or dentures in both arches, indicate if there was any prior bridge or denture that this new bridge is replacing (if so, need date of prior placement), prep and seat dates
D6980	Fixed partial denture repair necessitated by restorative material failure	Predetermination Recommended	Dental Necessity	Chart notes or narrative (including when crown was cemented).
D6985	Pediatric partial denture, fixed	Predetermination Recommended	Dental Necessity	Narrative
D6999	Unspecified fixed prosthodontic procedure, by report	Predetermination Recommended	Dental Necessity	Chart notes and a narrative
D7251	Coronectomy - intentional partial tooth removal	Predetermination Recommended	Dental Necessity	Narrative
D7260	Oroantral fistula closure	Predetermination Recommended	Dental Necessity	Narrative or surgical operative report
D7261	Primary closure of a sinus perforation	Predetermination Recommended	Dental Necessity	Preoperative periapical x-ray or panoramic x-ray and chart notes, narrative, or surgical operative report
D7270	Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth	Predetermination Recommended	Dental Necessity	If dental accident related for review: Dateof accident Description of accident (include if workmen's comp or third party liability involved) X-rays Photos (if available) Chart notes/office records
D7272	Tooth transplantation (includes re-implantation from one site to another and splinting and/or stabilization)	Predetermination Recommended	Dental Necessity	Detailed narrative and/or chart notes
D7283	Placement of device to facilitate eruption of impacted tooth	Predetermination Recommended	Dental Necessity	Narrative
D7285	Incisional biopsy of oral tissue - hard (bone, tooth)	Predetermination Recommended	Dental Necessity	Diagnosis or narrative of condition (pathology or operative report if applicable)
D7286	Incisional biopsy of oral tissue - soft	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D7287	Exfoliative cytological sample collection	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D7288	Brush biopsy - transepithelial sample collection	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	Predetermination Recommended	Dental Necessity	Narrative
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap; includes device removal	Predetermination Recommended	Dental Necessity	Narrative

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D7293	Placement of temporary anchorage device requiring flap; includes device removal	Predetermination Recommended	Dental Necessity	Narrative
D7294	Placement of temporary anchorage device without flap; includes device removal	Predetermination Recommended	Dental Necessity	Narrative
D7295	Harvest of bone for use in autogenous grafting procedure	Predetermination Recommended	Dental Necessity	Narrative and/or chart notes
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	Predetermination Recommended	Dental Necessity	X-rays and operative report
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	Predetermination Recommended	Dental Necessity	X-rays and operative report
D7410	Excision of benign lesion up to 1.25 cm	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D7411	Excision of benign lesion greater than 1.25 cm	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D7412	Excision of benign lesion, complicated	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D7413	Excision of malignant lesion up to 1.25 cm	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D7414	Excision of malignant lesion greater than 1.25 cm	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D7415	Excision of malignant lesion, complicated	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D7460	Removal of benign nonodontogenic cyst or tumor - lesion diameter up to 1.25 cm	Predetermination Recommended	Medical or Dental Service	Pathology report
D7461	Removal of benign nonodontogenic cyst or tumor - lesion diameter greater than 1.25 cm	Predetermination Recommended	Medical or Dental Service	Pathology report
D7465	Destruction of lesion(s) by physical or chemical method, by report	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition (pathology or operative report if applicable)
D7471	Removal of lateral exostosis (maxilla or mandible)	Predetermination Recommended	Dental Necessity	Diagnosis or narrative of condition (pathology or operative report if applicable)
D7472	Removal of torus palatinus	Predetermination Recommended	Medical or Dental Service	Panoramic film or photograph only required if there are multiple oral surgery procedures billed on the same claim such as removal of torus, removal of lateral exostosis, surgical reduction of osseous tuberosity, etc.
D7473	Removal of torus mandibularis	Predetermination Recommended	Medical or Dental Service	Panoramic film or photograph only required if there are multiple oral surgery procedures billed on the same claim such as removal of torus, removal of lateral exostosis, surgical reduction of osseous tuberosity, etc.
D7490	Radical resection of maxilla or mandible	Predetermination Recommended	Medical or Dental Service	Diagnosis and pre-operative x-ray
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue	Predetermination Recommended	Medical or Dental Service	Narrative

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D7540	Removal of reaction producing foreign bodies, musculoskeletal system	Predetermination Recommended	Medical or Dental Service	Narrative
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	Predetermination Recommended	Dental Necessity	Narrative
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	Predetermination Recommended	Medical or Dental Service	Narrative
D7610	Maxilla - open reduction (teeth immobilized, if present)	Predetermination Recommended	Medical or Dental Service	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third party information, Condition of teeth prior to the accident
D7620	Maxilla - closed reduction (teeth immobilized, if present)	Predetermination Recommended	Medical or Dental Service	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third party information, Condition of teeth prior to the accident
D7630	Mandible - open reduction (teeth immobilized, if present)	Predetermination Recommended	Medical or Dental Service	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third party information, Condition of teeth prior to the accident
D7640	Mandible - closed reduction (teeth immobilized, if present)	Predetermination Recommended	Medical or Dental Service	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third party information, Condition of teeth prior to the accident
D7650	Malar and/or zygomatic arch - open reduction	Predetermination Recommended	Medical or Dental Service	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third party information, Condition of teeth prior to the accident
D7660	Malar and/or zygomatic arch - closed reduction	Predetermination Recommended	Medical or Dental Service	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third party information, Condition of teeth prior to the accident
D7670	Alveolus - closed reduction, may include stabilization of teeth	Predetermination Recommended	Medical or Dental Service	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third party information, Condition of teeth prior to the accident
D7671	Alveolus - open reduction, may include stabilization of teeth	Predetermination Recommended	Medical or Dental Service	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third party information, Condition of teeth prior to the accident
D7680	Facial bones - complicated reduction with fixation and multiple surgical approaches	Predetermination Recommended	Medical or Dental Service	Pre-post op x-rays of teeth involved in the accident, Office records/chart notes, Any third party information, Condition of teeth prior to the accident
D7710	Maxilla - open reduction	Predetermination Recommended	Medical Necessity	Narrative
D7720	Maxilla - closed reduction	Predetermination Recommended	Medical Necessity	Narrative
D7730	Mandible - open reduction	Predetermination Recommended	Medical Necessity	Narrative
D7740	Mandible - closed reduction	Predetermination Recommended	Medical Necessity	Narrative

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D7750	Malar and/or zygomatic arch - open reduction	Predetermination Recommended	Medical Necessity	Narrative
D7760	Malar and/or zygomatic arch - closed reduction	Predetermination Recommended	Medical Necessity	Narrative
D7770	Alveolus - open reduction stabilization of teeth	Predetermination Recommended	Medical Necessity	Narrative
D7771	Alveolus, closed reduction stabilization of teeth	Predetermination Recommended	Medical Necessity	Narrative
D7780	Facial bones - complicated reduction with fixation and multiple approaches	Predetermination Recommended	Medical Necessity	Narrative
D7810	Open reduction of dislocation	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7820	Closed reduction of dislocation	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7850	Surgical discectomy, with/without implant	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7852	Disc repair	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7854	Synovectomy	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7856	Myotomy	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7858	Joint reconstruction	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7860	Arthrotomy	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7865	Arthroplasty	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7870	Arthrocentesis	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7871	Non-arthroscopic lysis and lavage	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7872	Arthroscopy - diagnosis, with or without biopsy	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7873	Arthroscopy: lavage and lysis of adhesions	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7874	Arthroscopy: disc repositioning and stabilization	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7875	Arthroscopy: synovectomy	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7876	Arthroscopy: discectomy	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7877	arthroscopy: debridement	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7880	Occlusal Orthotic Device, by report	Predetermination Recommended	Medical Necessity	Name and type of appliance including materials used in lab processing (Needed to determine if hard or soft appliance and full arch/coverage or partial-arch appliance). Diagnosis, including a narrative of the patients signs or symptoms Treatment plan
D7881	Occlusal orthotic device adjustment	Predetermination Recommended	Medical Necessity	Name and type of appliance including materials used in lab processing (Needed to determine if hard or soft appliance and full arch/coverage or partial-arch appliance). Diagnosis, including a narrative of the patients signs or symptoms Treatment plan
D7899	Unspecified TMD therapy, by report	Predetermination Recommended	Medical Necessity	CPT code, description of service, and diagnosis
D7910	Suture of recent small wounds up to 5 cm	Predetermination Recommended	Medical or Dental Service	Narrative If related to a dental accident: Pre-post op x-rays of teeth involved in the accident Office records/chart notes Any third party information Condition of teeth prior to the accident
D7911	Complicated suture - up to 5 cm	Predetermination Recommended	Medical or Dental Service	Narrative
D7912	Complicated suture - greater than 5 cm	Predetermination Recommended	Medical or Dental Service	Narrative
D7920	Skin graft (identify defect covered, location and type of graft)	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition and/or pathology or operative report if applicable
D7921	Collection and application of autologous blood concentrate product	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition and/or pathology or operative report if applicable

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D7922	PLACEMENT OF INTRA-SOCKET BIOLOGICAL DRESSING TO AID IN HEMOSTASIS OR CLOT STABILIZATION, PER SITE	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
D7940	Osteoplasty - for orthognathic deformities	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition and/or pathology or operative report if applicable
D7941	Osteotomy - mandibular rami	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition and/or pathology or operative report if applicable
D7943	Osteotomy - mandibular rami with bone graft; includes obtaining the graft	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition and/or pathology or operative report if applicable
D7944	Osteotomy - segmented or subapical	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition and/or pathology or operative report if applicable
D7945	Osteotomy - body of mandible	Predetermination Recommended	Medical or Dental Service	Diagnosis or narrative of condition and/or pathology or operative report if applicable
D7946	LeFort I (maxilla - total)	Predetermination Recommended	Medical Necessity	Diagnosis or narrative of condition and/or pathology or operative report if applicable
D7947	LeFort I (maxilla - segmented)	Predetermination Recommended	Medical Necessity	Diagnosis or narrative of condition and/or pathology or operative report if applicable
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	Predetermination Recommended	Medical Necessity	Diagnosis or narrative of condition and/or pathology or operative report if applicable
D7949	LeFort II or LeFort III - with bone graft	Predetermination Recommended	Medical Necessity	Diagnosis or narrative of condition and/or pathology or operative report if applicable
D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	Predetermination Recommended	Dental Necessity	X-rays, narrative and/or chart notes
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	Predetermination Recommended	Medical or Dental Service	X-ray(s), narrative and rationale for surgery. A complete treatment plan is recommended
D7952	Sinus augmentation via a vertical approach	Predetermination Recommended	Medical or Dental Service	X-ray(s), narrative and rationale for surgery. A complete treatment plan is recommended
D7953	Bone replacement graft for ridge preservation - per site	Predetermination Recommended	Dental Necessity	Periapical x-ray and detailed narrative including diagnosis if applicable.
D7955	Repair of maxillofacial soft and/or hard tissue defect	Predetermination Recommended	Medical Necessity	X-rays and chart notes and/or narrative detailing defect
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure	Predetermination Recommended	Medical or Dental Service	Diagnosis, chart notes, and/or narrative
D7970	Excision of hyperplastic tissue - per arch	Predetermination Recommended	Dental Necessity	Detailed narrative and/or chart notes
D7971	Excision of pericoronal gingiva	Predetermination Recommended	Dental Necessity	Perio charting, detailed narrative and/or chart notes
D7972	Surgical reduction of fibrous tuberosity	Predetermination Recommended	Medical or Dental Service	Narrative
D7981	Excision of salivary gland, by report	Predetermination Recommended	Medical or Dental Service	Narrative
D7982	Sialodochoplasty	Predetermination Recommended	Medical or Dental Service	Narrative
D7983	Closure of salivary fistula	Predetermination Recommended	Medical or Dental Service	Narrative
D7990	Emergency tracheotomy	Predetermination Recommended	Medical Necessity	Narrative
D7991	Coronoidectomy	Predetermination Recommended	Medical or Dental Service	Narrative
D7995	Synthetic graft - mandible or facial bones, by report	Predetermination Recommended	Dental Necessity	X-rays and chart notes

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D7996	Implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Predetermination Recommended	Dental Necessity	X-rays and chart notes
D7997	Appliance removal (not by dentist who placed appliance), includes removal of archbar	Predetermination Recommended	Medical or Dental Service	Detailed narrative and/or chart notes
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	Predetermination Recommended	Dental Necessity	Narrative and chart notes. Pre-operative x-rays may be required
D7999	Unspecified oral surgery procedure, by report	Predetermination Recommended	Dental Necessity	Chart notes and a narrative
D9120	Fixed partial denture sectioning	Predetermination Recommended	Dental Necessity	Narrative and/or chart notes describing the necessity for this service
D9210	Local anesthesia not in conjunction with operative or surgical procedures	Predetermination Recommended	Dental Necessity	Chart notes and/or narrative will be required to review to allow
D9211	Regional block anesthesia	Predetermination Recommended	Dental Necessity	Narrative
D9212	Trigeminal division block anesthesia	Predetermination Recommended	Dental Necessity	Narrative
D9215	Local anesthesia in conjunction with operative or surgical procedures	Predetermination Recommended	Dental Necessity	Narrative
D9222	Deep sedation/general anesthesia-First 15 minutes	Predetermination Recommended	Medical Necessity	Narrative, Chart Notes, Diagnosis supporting Medical Necessity
D9223	Deep sedation/general anesthesia-Each subsequent 15 minute increment	Predetermination Recommended	Medical Necessity	Narrative, Chart Notes, Diagnosis supporting Medical Necessity
D9248	Non-intravenous conscious sedation	Predetermination Recommended	Dental Necessity	Narrative
D9930	Treatment of complications (post-surgical) - unusual circumstances, by report	Predetermination Recommended	Dental Necessity	Chart notes and a narrative
D9951	Occlusal adjustment - limited	Predetermination Recommended	Dental Necessity	Tooth number(s)
D9952	Occlusal adjustment - complete	Predetermination Recommended	Dental Necessity	Narrative stating treatment rationale, full mouth radiograpic series if bony defects present, periodontal charting showing the mobilities and occlusal findings (if applicable)
D9997	DENTAL CASE MANAGEMENT PATIENTS WITH SPECIAL HEALTH CARE NEEDS	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
D9999	Unspecified adjunctive procedure, by report	Predetermination Recommended	Dental Necessity	Chart notes and/or narrative describing procedure performed.
E0170	Commode chair with integrated seat lift mechanism, electric, any type	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0171	Commode chair with integrated seat lift mechanism, nonelectric, any type	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0172	Seat lift mechanism placed over or on top of toilet, any type	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0175	Footrest, for use with commode chair, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0190	Positioning cushion/pillow/wedge, any shape or size, includes all components and accessories	Non-covered Service	Benefit Exception	Submit records only when a contract exception exists. May be considered medically necessary for infants with GERD, please refer to medical policy 1.01.530.

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E0193	Powered air flotation bed (low air loss therapy)	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0194	Air fluidized bed	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0218	Fluid circulating cold pad with pump, any type	Pre-Service Review Required	Medical Necessity	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition. Include invoice of cost for item.
E0236	Pump for water circulating pad	Pre-Service Review Required	Medical Necessity	Letter of Medical Necessity including length of time equipment needed,functional status if applicable and description of medical condition. Include invoice of cost for item.
E0241	Bathtub wall rail, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0242	Bathtub rail, floor base	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0243	Toilet rail, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0246	Transfer tub rail attachment	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0250	Hospital bed, fixed height, with any type side rails, with mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0251	Hospital bed, fixed height, with any type side rails, without mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0255	Hospital bed, variable height, hi-lo, with any type side rails, with mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0256	Hospital bed, variable height, hi-lo, with any type side rails, without mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.

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E0260	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, with mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment. No review needed for first 3 months of rental. Rental period is 10 months, then transitions to purchase.
E0261	Hospital bed, semi-electric (head and foot adjustment), with any type side rails, without mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment.
E0273	Bed board	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0274	Over-bed table	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0277	Powered pressure-reducing air mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0290	Hospital bed, fixed height, without side rails, with mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0291	Hospital bed, fixed height, without side rails, without mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0292	Hospital bed, variable height, hi-lo, without side rails, with mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0293	Hospital bed, variable height, hi-lo, without side rails, without mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0294	Hospital bed, semi-electric (head and foot adjustment), without side rails, with mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment.
E0295	Hospital bed, semi-electric (head and foot adjustment), without side rails, without mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment.

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E0301	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, without mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, without mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0303	Hospital bed, heavy-duty, extra wide, with weight capacity greater than 350 pounds, but less than or equal to 600 pounds, with any type side rails, with mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0304	Hospital bed, extra heavy-duty, extra wide, with weight capacity greater than 600 pounds, with any type side rails, with mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0315	Bed accessory: board, table, or support device, any type	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment.
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches above the spring, includes mattress	Prior Authorization Required	Medical Necessity	Letter of medical necessity including mobility status and anticipated length of time patient will require the equipment.
E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0372	Powered air overlay for mattress, standard mattress length and width	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0373	Nonpowered advanced pressure reducing mattress	Prior Authorization Required	Medical Necessity	History & Physical, including size, depth, location of decubiti

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E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental replacement, submit claim with supporting documentation.
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental replacement, submit claim with supporting documentation.
E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
E0484	Oscillatory positive expiratory pressure device, nonelectric, any type, each	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, prefabricated, includes fitting and adjustment	Prior Authorization Required	Sleep Devices and Equipment	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment	Prior Authorization Required	Sleep Devices and Equipment	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
E0561	Humidifier, nonheated, used with positive airway pressure device	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
E0562	Humidifier, heated, used with positive airway pressure device	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental period, no review required.
E0574	Ultrasonic/electronic aerosol generator with small volume nebulizer	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0575	Nebulizer, ultrasonic, large volume	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0601	Continuous positive airway pressure (CPAP) device	Compliance	Sleep Devices and Equipment	Compliance information is required for sleep equipment supplies. Submit online review with AIM at www.providerportal.com during rental period. Post rental replacement, submit claim with supporting documentation.
E0602	Breast pump, manual, any type	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0605	Vaporizer, room type	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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E0617	External defibrillator with integrated electrocardiogram analysis	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0621	Sling or seat, patient lift, canvas or nylon	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0625	Patient lift, bathroom or toilet, not otherwise classified	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0627	Seat lift mechanism incorporated into a combination lift-chair mechanism	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0629	Separate seat lift mechanism for use with patient-owned furniture, nonelectric	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0630	Patient lift; hydraulic or mechanical, includes any seat, sling, strap(s), or pad(s)	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0635	Patient lift, electric, with seat or sling	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0636	Multipositional patient support system, with integrated lift, patient accessible contr	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0637	Combination sit and stand system, any size, with seat lift feature, with or without wheels	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0638	Standing frame system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0639	Patient lift, moveable from room to room with disassembly and reassembly, includes all components/accessories	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0640	Patient lift, fixed system, includes all components/accessories	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0641	Standing frame system, multi-position (e.g., three-way stander,), any size including pediatric, with or without wheels	Prior Authorization Required	Medical Necessity	Letter of medical necessity, including condition being treated.

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E0650	Pneumatic compressor, nonsegmental home model	Pre-Service Review Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0651	Pneumatic compressor, segmental home model without calibrated gradient pressure	Pre-Service Review Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0652	Pneumatic compressor, segmental home model with calibrated gradient pressure	Prior Authorization Required	Medical Necessity	Letter of medical necessity, including condition being treated.
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of special bed; including mobility status
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Prior Authorization Required	Medical Necessity	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, description of medical condition requiring use of this equipment including mobility status.
E0673	Segmental gradient pressure pneumatic appliance, half leg	Prior Authorization Required	Medical Necessity	Letter of medical necessity, including condition being treated.
E0676	Intermittent limb compression device (includes all accessories), not otherwise specified	Pre-Service Review Required	Medical Necessity	History and Physical including comorbidities, previously tried clinical interventions and operative report if any available
E0700	Safety equipment (e.g., belt, harness, or vest)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0710	Restraints, any type (body, chest, wrist, or ankle)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E0745	Neuromuscular stimulator, electronic shock unit	Prior Authorization Required	Medical Necessity	History and Physical including comorbidities, previously tried clinical interventions and operative report if any available
E0747	Osteogenesis stimulator, electrical, noninvasive, other than spinal applications	Prior Authorization Required	Medical Necessity	History and Physical indicating location of fracture and any member comorbidities. If request is for non union fracture, include date of fracture, serial radiographs detailing any history of healing, fracture gap, documentation of adequacy of immobilization

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E0748	Osteogenic stimulator, electrical, non-invasive, spinal applications	Prior Authorization Required	Medical Necessity	History and Physical indicating location of fracture and any member comorbidities. If request is for non union fracture, include date of fracture, serial radiographs detailing any history of healing, fracture gap, documentation of adequacy of immobilization
E0749	Osteogenesis stimulator, electrical, surgically implanted	Prior Authorization Required	Medical Necessity	History and Physical indicating location of fracture and any member comorbidities. If request is for non union fracture, include date of fracture, serial radiographs detailing any history of healing, fracture gap, documentation of adequacy of immobilization
E0760	Osteogenesis stimulator, low intensity ultrasound, non-invasive	Prior Authorization Required	Medical Necessity	History and Physical indicating location of fracture and any member comorbidities. If request is for non union fracture, include date of fracture, serial radiographs detailing any history of healing, fracture gap, documentation of adequacy of immobilization
E0761	Nonthermal pulsed high frequency radiowaves, high peak power electromagnetic energy treatment device	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	Prior Authorization Required	Investigative	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
E0764	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for walking by spinal cord injured, entire system, after completion of training program	Pre-Service Review Required	Investigative	Submit History and Physical, documentation of medical necessity.
E0765	FDA approved nerve stimulator, with replaceable batteries, for treatment of nausea and vomiting	Prior Authorization Required	Medical Necessity	History and Physical including comorbidities, previously tried clinical interventions and operative report if any available
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity
E0769	Electrical stimulation or electromagnetic wound treatment device, not otherwise classified	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve, and/or muscle groups, any type, complete system, not otherwise specified	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
E0936	Continuous passive motion exercise device for use other than knee	Generally Not Covered	Not Medically Necessary	Documentation optional.
E0941	Gravity assisted traction device, any type	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized wheelchair, joystick control	Prior Authorization Required	Medical Necessity	Diagnosis, Abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength and Documented inability to propel a manual chair
E0986	Manual wheelchair accessory, push activated power assist, each	Prior Authorization Required	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory
E1015	Shock absorber for manual wheelchair, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E1016	Shock absorber for power wheelchair, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E1017	Heavy-duty shock absorber for heavy-duty or extra heavy-duty manual wheelchair, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E1018	Heavy-duty shock absorber for heavy-duty or extra heavy-duty power wheelchair, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E1035	Multi positional patient transfer system, with integrated seat, operated by caregiver	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capacity greater than 300 lbs	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
E1161	Manual adult size wheelchair, includes tilt in space	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.

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E1231	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
E1232	Wheelchair; Pediatric size, tilt-in-space, folding, adjustable, with seating system	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
E1233	Pediatric size, tilt-in-space, rigid, adjustable, without seating system	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
E1234	Pediatric size, tilt-in-space, folding adjustable with seating system	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
E1235	Pediatric size, folding, adjustable, with seating system	Prior Authorization Required	Specialized DME	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.

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E1236	Wheelchair, pediatric size, folding, adjustable, with seating system	Prior Authorization Required	Specialized DME	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1237	Pediatric size, rigid, adjustable, without seating system	Prior Authorization Required	Specialized DME	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, Past experience if any using similar equipment, Evaluation of upper extremity strength. Include invoice of cost for item.
E1238	Pediatric size, folding, adjustable, without seating system	Prior Authorization Required	Specialized DME	Letter of medical necessity containing the following information: Anticipated length of time patient will require the equipment, Description of medical condition requiring use of this equipment including mobility status, Surgical procedure description and Date if any performed.Include invoice of cost for item.
E1300	Whirlpool, portable (overtub type)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E1310	Whirlpool, nonportable (built-in type)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E1399	Durable medical equipment, miscellaneous	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission Medical necessity review will be performed. Submit documentation to describe the services. Include a copy of the manufacturer cost invoice. From the ordering MD, request a letter of medical necessity for the item provided.
E1570	Adjustable chair, for ESRD patients	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E1902	Communication board, nonelectronic augmentative or alternative communication device	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E2301	Power wheelchair accessory, power standing system	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E2360	Power wheelchair accessory, 22 NF nonsealed lead acid battery, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E2362	Power wheelchair accessory, group 24 nonsealed lead acid battery, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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E2364	Power wheelchair accessory, U-1 nonsealed lead acid battery, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type, sealed or nonsealed, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
E2609	Custom fabricated wheelchair seat cushion, any size	Prior Authorization Required	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory. Include invoice of cost for item.
E2617	Custom fabricated wheelchair back cushion, any size, includes any type mounting hardware	Prior Authorization Required	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory
G0068	Professional services for the administration of anti-infective, pain management, chelation, pulmonary hypertension, and/or inotropic infusion drug(s) for each infusion drug administration calendar day in the individual's home, each 15 minutes	Pre-Service Review Required	Medical Necessity	History and physical, documentation of medical necessity, treatment plan
G0176	Activity therapy, such as music, dance, art or play therapies not for recreation, related to the care and treatment of patient's disabling mental health problems, per session (45 minutes or more)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic Stage III and Stage IV pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
G0282	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care	Retrospective Review	Outpatient Rehabilitation	For Alaska plans: After initial visit, submit online review at www.evicore.com. For Washington plans: After the first 6 treatment visits in an episode of care, submit online review at www.evicore.com.
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
G0295	Electromagnetic therapy, to one or more areas, for wound care other than described in G0329 or for other uses	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
G0297	Low dose CT scan (LDCT) for lung cancer screening	Prior Authorization Required	Advanced Imaging	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
G0329	Electromagnetic therapy, to one or more areas for chronic stage III or IV pressure ulcers, arterial ulcers, diabetic ulcers and venous ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
G0339	Image guided robotic linear accelerator-based stereotactic radiosurgery, complete course of therapy in one session, or first session of fractionated treatment	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
G0340	Image guided robotic linear accelerator-based stereotactic radiosurgery, delivery including collimator changes and custom plugging, fractionated treatment, all lesions, per session, second through fifth sessions, maximum 5 sessions per course of treatment	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
G0341	Percutaneous islet cell transplant, includes portal vein catheterization and infusion	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
G0342	Laparoscopy for islet cell transplant, includes portal vein catheterization and infusion	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
G0343	Laparotomy for islet cell transplant, includes portal vein catheterization and infusion	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart reate,airflow,respiratory effort and oxygen saturation	Prior Authorization Required	Sleep Study	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ECG/heart rate and 1oxygen saturation	Prior Authorization Required	Sleep Study	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	Prior Authorization Required	Sleep Study	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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G0428	Collagen meniscus implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	Pre-Service Review Required	Investigative	Pre Operative Evaluation, History and Physical with description of defect including whether it is full thickness, size, if there has been prior arthroscopic/surgical repair, and Operative report
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)	Pre-Service Review Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, procedure report
G0458	Low dose rate (LDR) prostate brachytherapy services, composite rate	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
G6001	Ultrasonic guidance for placement of radiation therapy fields	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report. Review required only if diagnosis is Bone Mets, Female Breast Cancer, Male Breast Cancer, or Non-Small Cell Lung Cancer.

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G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report. Review required only if diagnosis is Bone Mets, Female Breast Cancer, Male Breast Cancer, or Non-Small Cell Lung Cancer.
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report. Review required only if diagnosis is Bone Mets, Female Breast Cancer, Male Breast Cancer, or Non-Small Cell Lung Cancer.
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report. Review required only if diagnosis is Bone Mets, Female Breast Cancer, Male Breast Cancer, or Non-Small Cell Lung Cancer.
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report. Review required only if diagnosis is Bone Mets, Female Breast Cancer, Male Breast Cancer, or Non-Small Cell Lung Cancer.
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report. Review required only if diagnosis is Bone Mets, Female Breast Cancer, Male Breast Cancer, or Non-Small Cell Lung Cancer.
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report. Review required only if diagnosis is Bone Mets, Female Breast Cancer, Male Breast Cancer, or Non-Small Cell Lung Cancer.

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G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report. Review required only if diagnosis is Bone Mets, Female Breast Cancer, Male Breast Cancer, or Non-Small Cell Lung Cancer.
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report. Review required only if diagnosis is Bone Mets, Female Breast Cancer, Male Breast Cancer, or Non-Small Cell Lung Cancer.
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report. Review required only if diagnosis is Bone Mets, Female Breast Cancer, Male Breast Cancer, or Non-Small Cell Lung Cancer.
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report. Review required only if diagnosis is Bone Mets, Female Breast Cancer, Male Breast Cancer, or Non-Small Cell Lung Cancer.
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report. Review required only if diagnosis is Bone Mets, Female Breast Cancer, Male Breast Cancer, or Non-Small Cell Lung Cancer.
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.

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G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
G9012	Other specified case management service not elsewhere classified	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
H0002	Behavioral health screening to determine eligibility for admission to treatment program	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0006	Alcohol and/or drug services; case management	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0021	Alcohol and/or drug training service (for staff and personnel not employed by providers)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0022	Alcohol and/or drug intervention service (planned facilitation)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0024	Behavioral health prevention information dissemination service (one-way direct or nondirect contact with service audiences to affect knowledge and attitude)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0025	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0026	Alcohol and/or drug prevention process service, community-based (delivery of services to develop skills of impactors)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0027	Alcohol and/or drug prevention environmental service (broad range of external activities geared toward modifying systems in order to mainstream prevention through policy and law)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0028	Alcohol and/or drug prevention problem identification and referral service (e.g., student assistance and employee assistance programs), does not include assessment	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0029	Alcohol and/or drug prevention alternatives service (services for populations that exclude alcohol and other drug use e.g., alcohol free social events)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0030	Behavioral health hotline service	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0034	Medication training and support, per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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H0037	Community psychiatric supportive treatment program, per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0038	Self-help/peer services, per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0039	Assertive community treatment, face-to-face, per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0040	Assertive community treatment program, per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0041	Foster care, child, nontherapeutic, per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0042	Foster care, child, nontherapeutic, per month	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0043	Supported housing, per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0044	Supported housing, per month	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0045	Respite care services, not in the home, per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H0046	Mental health services, not otherwise specified	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
H0047	Alcohol and/or other drug abuse services, not otherwise specified	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
H0048	Alcohol and/or other drug testing: collection and handling only, specimens other than blood	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H1010	Nonmedical family planning education, per session	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H1011	Family assessment by licensed behavioral health professional for state defined purposes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2012	Behavioral Health day treatment per hour	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2015	Comprehensive community support services, per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2016	Comprehensive community support services, per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2017	Psychosocial rehabilitation services, per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2018	Psychosocial rehabilitation services, per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2020	Therapeutic behavioral services per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2021	Community-based wrap-around services, per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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H2022	Community-based wrap-around services, per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2023	Supported employment, per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2024	Supported employment, per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2025	Ongoing support to maintain employment, per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2026	Ongoing support to maintain employment, per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2027	Psychoeducational service, per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2029	Sexual offender treatment services per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2030	Mental health clubhouse services, per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2031	Mental health clubhouse services, per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2032	Activity therapy, per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2034	Alcohol and/or drug abuse halfway house services, per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2035	Alcohol and/or other drug treatment program per hour	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
J0129	Injection, abatacept, 10 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work.
J0135	Injection, adalimumab (Humira) 20 mg	Prior Authorization Required	Medical Necessity	Submit review via Fax to Pharmacy Services @ 888-260-9836 or via ePA. Submit office notes related to condition, medical necessity and documentation of previous therapies/treatments tried, dosage and duration of treatment.
J0180	Injection, agalsidase beta, 1 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit history and physical and recent lab work.
J0202	Injection, Alemtuzumab, 1 MG	Prior Authorization Required	Medical Necessity	History and physical, documentation of medical necessity, treatment plan
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit history and physical and recent lab work.

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J0222	Injection, patisiran, 0.1 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, treatment plan
J0223	Injection, givosiran, 0.5 mg	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
J0485	Injection, Belatacept, 1 MG	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work.
J0490	Injection, belimumab, 10 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work.
J0517	Injection, benralizumab, 1 mg	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatments and proposed treatment plan
J0584	Injection, burosumab-twza 1 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work.
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	Prior Authorization Required	Medical Necessity	Submit History and physical, documentation of medical necessity.
J0596	Injection, C1 esterase inhibitor (recombinant), Ruconest, 10 units	Prior Authorization Required	Medical Necessity	Submit History and physical, documentation of medical necessity.
J0597	Injection, C-1 esterase inhibitor (human), Berinert, 10 units	Prior Authorization Required	Medical Necessity	Submit History and physical, documentation of medical necessity.
J0598	Injection, C-1 esterase inhibitor (human), Cinryze, 10 units	Prior Authorization Required	Medical Necessity	Submit History and physical, documentation of medical necessity.
J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units	Prior Authorization Required	Medical Necessity	Submit History and physical, documentation of medical necessity.
J0717	Injection, certolizumab pegol, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self administered)	Prior Authorization Required	Medical Necessity	History and Physical, clinical notes related to a condition being treated, documentation of previous therapies tried and failed.
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	Prior Authorization Required	Medical Necessity	Submit History and physical, documentation of medical necessity.
J0791	Injection, crizanlizumab-tmca, 5 mg	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
J0800	Injection, corticotropin, up to 40 units	Prior Authorization Required	Medical Necessity	History and Physical including response to prior treatment
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	Prior Authorization Required	Medical Necessity	Submit chart notes from the ordering physician including history and physical with Hgb level and transferrin saturation or ferritin level within 1 month of initiating ESA and monthly. No review needed for members under age 18.

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J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	Prior Authorization Required	Medical Necessity	Submit chart notes from the ordering physician including history and physical with Hgb level and transferrin saturation or ferritin level within 1 month of initiating ESA and monthly. No review needed for members under age 18.
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Prior Authorization Required	Medical Necessity	Submit chart notes from the ordering physician including history and physical with Hgb level and transferrin saturation or ferritin level within 1 month of initiating ESA and monthly. No review needed for members under age 18.
J0887	Injection, epoetin beta, 1 microgram, (for ESRD on dialysis)	Prior Authorization Required	Medical Necessity	Submit chart notes from the ordering physician including history and physical with Hgb level and transferrin saturation or ferritin level within 1 month of initiating ESA and monthly. No review needed for members under age 18.
J0888	Injection, epoetin beta, 1 microgram, (for non-ESRD use)	Prior Authorization Required	Medical Necessity	Submit chart notes from the ordering physician including history and physical with Hgb level and transferrin saturation or ferritin level within 1 month of initiating ESA and monthly. No review needed for members under age 18.
J0896	Injection, luspatercept-aamt, 0.25 mg	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
J0897	Injection, denosumab, 1 mg	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity. Prolia requires Prior Authorization. Xgeva does not require Prior Authorization.
J1290	Injection, ecallantide, 1 mg	Prior Authorization Required	Medical Necessity	Submit History and physical, documentation of medical necessity.
J1300	Injection, eculizumab, 10 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work.
J1301	Injection, edaravone, 1 mg	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatments and proposed treatment plan
J1303	Injection, ravulizumab-cwvz, 10 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work.
J1322	Injection, elosulfase alfa, 1 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit history and physical and recent lab work.

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J1325	Injection, epoprostenol, 0.5 mg	Prior Authorization Required	Medical Necessity	History and physical demonstrating reason for requested medication, lab work if applicable, dosage and duration of treatment, office notes related to condition, medical necessity and documentation of previous therapies/treatments tried
J1428	Injection, eteplirsen, 10 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work.
J1429	Injection, golodirsen, 10 mg	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
J1438	Injection Etanercept (Enbrel) 25 MG	Prior Authorization Required	Medical Necessity	Submit review via Fax to Pharmacy Services @ 888-260-9836 or via ePA. Submit office notes related to condition, medical necessity and documentation of previous therapies/treatments tried, dosage and duration of treatment.
J1442	Injection, filgrastim (G-CSF), excludes biosimilars, 1 microgram	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including prior treatments. No review needed for members under age 18.
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work.
J1555	Injection, immune globulin (Cuvitru), 100 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work.
J1556	Injection, immune globulin (bivigam), 500 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work.
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work.
J1558	Injection, immune globulin (xembify), 100 mg	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
J1559	Injection, immune globulin (Hizentra), 100 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work
J1561	Injection, immune globulin, (Gamunex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work

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J1562	Injection, immune globulin (Vivaglobin), 100 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work
J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work
J1569	Injection, immune globulin, (Gammagard liquid), intravenous, nonlyophilized, (e.g., liquid), 500 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work
J1575	Injection, immune globulin/Hyaluronidase, (HYQVIA), 100 MG immune globulin	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work
J1595	Injection, glatiramer acetate, 20 mg	Prior Authorization Required	Medical Necessity	History and physical, documentation of medical necessity, treatment plan
J1599	Injection, immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	Prior Authorization Required	Medical Necessity	History and Physical and recent lab work
J1602	Injection, golimumab, 1 mg, for intravenous use	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work
J1628	Injection, guselkumab, 1 mg	Prior Authorization Required	Medical Necessity	Submit History and physical, documentation of medical necessity.
J1632	Injection, brexanolone, 1 mg	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
J1743	Injection, idursulfase, 1 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit history and physical and recent lab work.
J1744	Injection, icatibant, 1 mg	Prior Authorization Required	Medical Necessity	Submit History and physical, documentation of medical necessity.

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J1745	Injection infliximab, 10 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work
J1746	Injection, ibalizumab-uiyk, 10 mg	Prior Authorization Required	Medical Necessity	Submit History and physical, documentation of medical necessity.
J1786	Injection, imiglucerase, 10 units	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit history and physical and recent lab work.
J2170	Injection, mecasermin, 1 mg	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatments and proposed treatment plan
J2182	Injection, Mepolizumab, 1 MG	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including prior treatments
J2326	Injection, nusinersen, 0.1 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity
J2350	Injection, ocrelizumab, 1 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit history and physical and recent lab work.
J2357	Injection, omalizumab, 5 mg	Prior Authorization Required	Medical Necessity	History and physical demonstrating reason for requested medication, lab work if applicable, dosage and duration of treatment, office notes related to condition, medical necessity and documentation of previous therapies/treatments tried
J2502	Injection, Pasireotide Long Acting, 1 MG	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including prior treatments. No review needed for members under age 18.
J2505	Injection, pegfilgrastim, 6 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including prior treatments. No review needed for members under age 18.
J2507	Injection, pegloticase, 1 mg	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity including prior treatments. No review needed for members under age 18.
J2786	Injection, reslizumab, 1 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including prior treatments
J2796	Injection, romiplostim, 10 mcg	Prior Authorization Required	Medical Necessity	History and physical, office notes related to a condition being treated.

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J2941	Injection, somatropin, 1 mg	Prior Authorization Required	Medical Necessity	If had previous treatment, indicate which preferred product was used; and use following criteria. For Children: History and physical, office notes related to condition being treated; notes demonstrating height velocity over previous year, and bone age or epiphyses confirmed open. For Adults: History and physical, office notes related to condition being treated; notes demonstrating clinical benefit (e.g., improvement in bone density, or cholesterol studies)
J3032	Injection, eptinezumab-jjmr, 1 mg	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
J3060	Injection, taliglucerase alfa, 10 units	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit history and physical and recent lab work.
J3111	Injection, romosozumab-aqqg, 1 mg	Prior Authorization Required	Medical Necessity	Submit History and physical, documentation of medical necessity.
J3241	Injection, teprotumumab-trbw, 10 mg	Prior Authorization Required	Medical Necessity	History and physical demonstrating reason for requested medication, lab work if applicable, dosage and duration of treatment, office notes related to condition, medical necessity and documentation of previous therapies/treatments tried
J3245	Injection, tildrakizumab, 1 mg	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatments and proposed treatment plan
J3262	Injection, tocilizumab, 1 mg (Actemra)	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit history and physical and recent lab work.
J3285	Injection, treprostinil, 1 mg	Prior Authorization Required	Medical Necessity	History and physical demonstrating reason for requested medication, lab work if applicable, dosage and duration of treatment, office notes related to condition, medical necessity and documentation of previous therapies/treatments tried
J3357	Injection, ustekinumab, 1 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity.
J3358	Ustekinumab, for intravenous injection, 1 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity
J3380	Injection, Vedolizumab, 1 MG	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work

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J3385	Injection, velaglucerase alfa, 100 units	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit history and physical and recent lab work.
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatments and proposed treatment plan
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
J3490	Unclassified drugs	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission Medical necessity review will be performed. Submit documentation to describe the medication, Include chart notes with drug name, NDC number and quantity.
J3590	Unclassified biologics	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission Medical necessity review will be performed. Submit documentation to describe the medication, Include chart notes with drug name and NDC number. History and physical demonstrating reason for requested medication, lab work if applicable, dosage and duration of treatment, office notes related to condition, medical necessity and documentation of previous therapies/ treatments tried.
J7170	Injection, emicizumab-kxwh, 0.5 mg	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatments and proposed treatment plan
J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg	Generally Not Covered	Not Medically Necessary	Not medically necessary for knee injections; Investigative for all other joints. See Medical Policy 2.01.31
J7320	Hyaluronan or derivative, Genvisc 850, for intra-articular injection, 1 MG	Generally Not Covered	Not Medically Necessary	Not medically necessary for knee injections; Investigative for all other joints. See Medical Policy 2.01.31
J7321	Hyaluronan or derivative, Hyalgan or Supartz, for intra-articular injection, per dose	Generally Not Covered	Not Medically Necessary	Not medically necessary for knee injections; Investigative for all other joints. See Medical Policy 2.01.31
J7322	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 MG	Generally Not Covered	Not Medically Necessary	Not medically necessary for knee injections; Investigative for all other joints. See Medical Policy 2.01.31
J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose	Generally Not Covered	Not Medically Necessary	Not medically necessary for knee injections; Investigative for all other joints. See Medical Policy 2.01.31
J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose	Generally Not Covered	Not Medically Necessary	Not medically necessary for knee injections; Investigative for all other joints. See Medical Policy 2.01.31
J7325	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular injection, 1 mg	Generally Not Covered	Not Medically Necessary	Not medically necessary for knee injections; Investigative for all other joints. See Medical Policy 2.01.31

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J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose	Generally Not Covered	Not Medically Necessary	Not medically necessary for knee injections; Investigative for all other joints. See Medical Policy 2.01.31
J7327	Hyaluronan or derivative, Monovisc, for intra-articular injection, per dose	Generally Not Covered	Not Medically Necessary	Not medically necessary for knee injections; Investigative for all other joints. See Medical Policy 2.01.31
J7328	Hyaluronan or derivative, Gel-Syn, for intra-articular injection, 0.1 MG	Generally Not Covered	Not Medically Necessary	Not medically necessary for knee injections; Investigative for all other joints. See Medical Policy 2.01.31
J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg	Generally Not Covered	Not Medically Necessary	Not medically necessary for knee injections; Investigative for all other joints. See Medical Policy 2.01.31
J7330	Autologous cultured chondrocytes, implant	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work.
J7331	Hyaluronan or derivative, SYNOJOYNT, for intra-articular injection, 1 mg	Generally Not Covered	Not Medically Necessary	Not medically necessary for knee injections; Investigative for all other joints. See Medical Policy 2.01.31
J7332	Hyaluronan or derivative, Triluron, for intra-articular injection, 1 mg	Generally Not Covered	Not Medically Necessary	Not medically necessary for knee injections; Investigative for all other joints. See Medical Policy 2.01.31
J7401	Mometasone furoate sinus implant, 10 mcg	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
J7599	Immunosuppressive drug, not otherwise classified	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
J7686	Treprostinil, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, 1.74 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity
J7999	Compounded Drug, Not Otherwise Classified	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission Medical necessity review will be performed. Submit documentation to describe the medication, Include chart notes with drug name, NDC number and quantity.
J8499	Prescription drug, oral, non-chemotherapeutic, NOS (Includes: Revlimid)	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission Medical necessity review will be performed. Submit documentation to describe the medication, Include chart notes with drug name, NDC number and quantity.
J8597	Unlisted antiemetic drug oral nos	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
J9022	Injection, atezolizumab, 10 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, treatment plan

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J9023	Injection, avelumab, 10 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, treatment plan
J9032	Injection, Belinostat, 10 MG	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatments and proposed treatment plan
J9035	Injection, bevacizumab, 10 mg	Prior Authorization Required	Medical Necessity	History and Physical including prior treatments and proposed treatment plan. Please do not send infusion records. No review needed for Eye related injections.
J9042	Injection, brentuximab vedotin, 1 mg	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatments and proposed treatment plan
J9055	Injection, cetuximab, 10 mg	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatments and proposed treatment plan
J9057	Injection, copanlisib, 1 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, treatment plan
J9118	Injection, calaspargase pegol-mknl, 10 units	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, treatment plan
J9119	Injection, cemiplimab-rwlc, 1 mg	Prior Authorization Required	Medical Necessity	Submit History and physical, documentation of medical necessity.
J9145	Injection, daratumumab, 10 mg	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
J9173	Injection, durvalumab, 10 mg	Prior Authorization Required	Medical Necessity	Submit History and physical, documentation of medical necessity.
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, treatment plan
J9204	Injection, mogamulizumab-kpkc, 1 mg	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatments and proposed treatment plan
J9214	Injection, interferon, alfa-2b, recombinant, 1 million units	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, treatment plan.
J9227	Injection, isatuximab-irfc, 10 mg	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
J9228	Injection, ipilimumab, 1 mg	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatments and proposed treatment plan
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, treatment plan
J9271	Injection, pembrolizumab, 1 mg	Prior Authorization Required	Medical Necessity	History and physical, documentation of medical necessity, treatment plan
J9285	Injection, olaratumab, 10 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, treatment plan
J9299	Injection, Nivolumab, 1 MG	Prior Authorization Required	Medical Necessity	History and Physical, clinical notes from ordering provider, treatment plan.
J9301	Injection, obinutuzumab, 10 mg	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatments and proposed treatment plan

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J9302	Injection, ofatumumab, 10 mg (Arzerra)	Prior Authorization Required	Medical Necessity	History and physical demonstrating reason for requested medication, dosage and duration of treatment, office notes related to condition
J9303	Injection, panitumumab, 10 mg	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatments and proposed treatment plan
J9305	Injection, pemetrexed, 10 mg	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity, treatment plan.
J9306	Injection, pertuzumab, 1 mg	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatments and proposed treatment plan
J9307	Injection, pralatrexate, 1 mg	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity, treatment plan.
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, treatment plan.
J9311	Injection, rituximab 10 mg and hyaluronidase	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work
J9312	Injection, rituximab, 10 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Prior Authorization Required	Medical Necessity	History and physical, documentation of medical necessity, treatment plan
J9315	Injection, romidepsin, 1 mg (Istodax)	Prior Authorization Required	Medical Necessity	History and Physical, documentation of medical necessity, treatment plan
J9325	Injection, Talimogene Laherparepvec, per 1 Million Plaque Forming Units	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatments and proposed treatment plan
J9330	Injection, temsirolimus, 1 mg (Torisel)	Prior Authorization Required	Medical Necessity	Submit office notes related to condition, medical necessity and documentation of previous therapies/treatments tried,dosage and duration of treatment
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatments and proposed treatment plan
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Prior Authorization Required	Medical Necessity	History and physical demonstrating reason for requested medication, and lab work demonstrating HER-2/neu over expression. Please do not include infusion records.
J9356	Injection, bendamustine hydrochloride, (Belrapzo/bendamustine), 1 mg	Prior Authorization Required	Medical Necessity	History and physical demonstrating reason for requested medication, and lab work demonstrating HER-2/neu over expression. Please do not include infusion records.
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
J9400	Injection, ziv-aflibercept, 1 mg	Prior Authorization Required	Medical Necessity	History and Physical, documentation of medical necessity, treatment plan

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J9999	Not otherwise classified, antineoplastic drugs	Pre-Service Review Required	Medical Necessity	History and physical, clinical notes related to a condition being treated, medical necessity documentation including drug name, NDC number and quantity.
K0005	Ultralight weight wheelchair	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0008	Custom manual wheelchair base	Prior Authorization Required	Specialized DME	History and Physical to Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition). Past experience if any using similar equipment,
K0013	Custom motorized/power wheelchair base	Prior Authorization Required	Specialized DME	History and Physical, Include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition). Past experience if any using similar equipment.
K0108	Wheelchair component or accessory, not otherwise specified	Prior Authorization Required	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory
K0455	Infusion pump used for uninterrupted parenteral administration of medication, (e.g., epoprostenol or treprostinol)	Pre-Service Review Required	Medical Necessity	History and physical indicating why treatment is being done
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Prior Authorization Required	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0607	Replacement battery for automated external defibrillator, each	Pre-Service Review Required	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0608	Replacement garment for use with automated external defibrillator, each	Pre-Service Review Required	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0609	Replacement electrodes for use with automated external defibrillator, each	Pre-Service Review Required	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from SADMERC	Prior Authorization Required	Medical Necessity	Letter of medical Necessity supporting need for the wheelchair accessory

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K0800	Power operated vehicle, group 1 standard, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0801	Power operated vehicle, group 1 heavy-duty, patient weight capacity 301 to 450 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0802	Power operated vehicle, group 1 very heavy-duty, patient weight capacity 451 to 600 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0806	Power operated vehicle, group 2 standard, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0807	Power operated vehicle, group 2 heavy-duty, patient weight capacity 301 to 450 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.

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K0808	Power operated vehicle, group 2 very heavy-duty, patient weight capacity 451 to 600 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0812	Power operated vehicle, not otherwise classified	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0814	Power wheelchair, group 1 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.

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K0816	Power wheelchair, group 1 standard, captain's chair, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0821	Power wheelchair, group 2 standard, portable, captain's chair, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0823	Power wheelchair, group 2 standard, captain's chair, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.

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K0824	Power wheelchair, group 2 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0825	Power wheelchair, group 2 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0827	Power wheelchair, group 2 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0828	Power wheelchair, group 2 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.

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K0829	Power wheelchair, group 2 extra heavy-duty, captain's chair, patient weight 601 pounds or more	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0836	Power wheelchair, group 2 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0837	Power wheelchair, group 2 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0838	Power wheelchair, group 2 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.

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K0839	Power wheelchair, group 2 very heavy-duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0840	Power wheelchair, group 2 extra heavy-duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0842	Power wheelchair, group 2 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0843	Power wheelchair, group 2 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.

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K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0849	Power wheelchair, group 3 standard, captain's chair, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0850	Power wheelchair, group 3 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0851	Power wheelchair, group 3 heavy-duty, captain's chair, patient weight capacity 301 to 450 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0852	Power wheelchair, group 3 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.

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K0853	Power wheelchair, group 3 very heavy-duty, captain's chair, patient weight capacity 451 to 600 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0854	Power wheelchair, group 3 extra heavy-duty, sling/solid seat/back, patient weight capacity 601 pounds or more	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0855	Power wheelchair, group 3 extra heavy duty, captain's chair, patient weight capacity 601 pounds or more	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0857	Power wheelchair, group 3 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.

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K0858	Power wheelchair, group 3 heavy-duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0859	Power wheelchair, group 3 heavy-duty, single power option, captain's chair, patient weight capacity 301 to 450 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0860	Power wheelchair, group 3 very heavy-duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0862	Power wheelchair, group 3 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.

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K0863	Power wheelchair, group 3 very heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0864	Power wheelchair, group 3 extra heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0868	Power wheelchair, group 4 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0869	Power wheelchair, group 4 standard, captain's chair, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0870	Power wheelchair, group 4 heavy-duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.

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K0871	Power wheelchair, group 4 very heavy-duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0877	Power wheelchair, group 4 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0878	Power wheelchair, group 4 standard, single power option, captain's chair, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0879	Power wheelchair, group 4 heavy-duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0880	Power wheelchair, group 4 very heavy-duty, single power option, sling/solid seat/back, patient weight 451 to 600 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.

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K0884	Power wheelchair, group 4 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0885	Power wheelchair, group 4 standard, multiple power option, captain's chair, patient weight capacity up to and including 300 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0886	Power wheelchair, group 4 heavy-duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0890	Power wheelchair, group 5 pediatric, single power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K0891	Power wheelchair, group 5 pediatric, multiple power option, sling/solid seat/back, patient weight capacity up to and including 125 pounds	Prior Authorization Required	Medical Necessity	Submit history and physical to include the following: diagnosis; abilities and limitations as they relate to the equipment (e.g., degree of independence/ dependence, frequency and nature of the activities the patient performs, duration of medical condition, past experience if any using similar equipment, evaluation of upper extremity strength.
K1002	Cranial electrotherapy stimulation (CES) system, includes all supplies and accessories, any type	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
K1003	Whirlpool tub, walk-in, portable	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
L1834	Knee orthotic (KO), without knee joint, rigid, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1840	Derotation, medial-lateral, anterior cruciate ligament, custom-fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1844	Knee orthotic (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1846	Knee orthotic, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1860	Knee orthosis, modification of supracondylar prosthetic socket, custom fabricated (SK)	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1907	Ankle orthosis (AO), supramalleolar with straps, with or without interface/pads, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1940	Ankle-foot orthosis (AFO), plastic or other material, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1945	Ankle-foot orthotic (AFO), plastic, rigid anterior tibial section (floor reaction), custom fabricated	Prior Authorization Required	Medical Necessity	Letter of Medical Necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1950	Ankle-foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine type), plastic, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1960	Ankle-foot orthosis (AFO), posterior solid ankle, plastic, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1970	Ankle-foot orthosis (AFO), plastic with ankle joint, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1980	Ankle-foot orthosis (AFO), single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar 'BK' orthosis), custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L1990	Ankle-foot orthosis (AFO), double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar 'BK' orthosis), custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.

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L2000	Knee-ankle-foot orthosis (KAFO), single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2005	Knee-ankle-foot orthosis (KAFO), any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2006	Knee-ankle-foot (KAF) device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
L2010	Knee-ankle-foot orthosis (KAFO), single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar 'AK' orthosis), without knee joint, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2020	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar 'AK' orthosis), custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2030	Knee-ankle-foot orthosis (KAFO), double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar 'AK' orthosis), without knee joint, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2034	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, medial-lateral rotation control, with or without free motion ankle, custom fabric	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2036	Knee-ankle-foot orthosis (KAFO), full plastic, double upright, with or without free motion knee, with or without free motion ankle, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2037	Knee-ankle-foot orthosis (KAFO), full plastic, single upright, with or without free motion knee, with or without free motion ankle, custom fabric	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2038	Knee-ankle-foot orthosis (KAFO), full plastic, with or without free motion knee, multi-axis ankle, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2106	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2108	Ankle-foot orthosis (AFO), fracture orthosis, tibial fracture cast orthosis, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.

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L2126	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2128	Knee-ankle-foot orthosis (KAFO), fracture orthosis, femoral fracture cast orthosis, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L2755	Addition to lower extremity orthotic, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment, for custom fabricated orthotic only	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L4631	Ankle-foot orthosis (AFO), walking boot type, varus/valgus correction, rocker bottom, anterior tibial shell, soft interface, custom arch support, plastic or other material, includes straps and closures, custom fabricated	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	Prior Authorization Required	Investigative	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device, excludes terminal device(s)	Prior Authorization Required	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	Prior Authorization Required	Medical Necessity	History and Physical, physiatrist documentation of physical capacity
L6880	Electric hand, switch or myolelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	Prior Authorization Required	Medical Necessity	History and Physical, physiatrist documentation of physical capacity
L6895	Addition to upper extremity prosthesis, glove for terminal device, any material, custom fabricated	Contract Determines Benefit Eligibility	Medical Necessity	History and Physical, physiatrist documentation of physical capacity

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L6925	Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Prior Authorization Required	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L6935	Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Prior Authorization Required	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L6945	Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Prior Authorization Required	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L6955	Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Prior Authorization Required	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L6965	Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Prior Authorization Required	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L6975	Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, 2 batteries and one charger, myoelectronic control of terminal device	Prior Authorization Required	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7007	Electric hand, switch or myoelectric controlled, adult	Prior Authorization Required	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7008	Electric hand, switch or myoelectric, controlled, pediatric	Prior Authorization Required	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7009	Electric hook, switch or myoelectric controlled, adult	Prior Authorization Required	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7045	Electric hook, switch or myoelectric controlled, pediatric	Prior Authorization Required	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7181	Electronic elbow, microprocessor simultaneous control of elbow and terminal device	Prior Authorization Required	Medical Necessity	Letter of Medical Necessity from Physiatrist or Occupational Therapist, including functional status and assessment of rehab potential
L7190	Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled	Prior Authorization Required	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.

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L7191	Electronic elbow, child, Variety Village or equal, myoelectronically controlled	Prior Authorization Required	Medical Necessity	History and physical, letter of medical necessity and functional status eval from physiatrist or physical therapist.
L7259	Electronic wrist rotator, any type	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity
L7900	Male vacuum erection system	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
L8300	Truss, single with standard pad	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
L8310	Truss, double with standard pads	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
L8320	Truss, addition to standard pad, water pad	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
L8330	Truss, addition to standard pad, scrotal pad	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
L8600	Implantable breast prosthesis, silicone or equal	Pre-Service Review Required	Medical Necessity	Pre Operative Evaluation, History and Physical, and Operative report.
L8609	Artificial cornea	Prior Authorization Required	Medical Necessity	History and physical, prosthesis type
L8614	Cochlear device, includes all internal and external components	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
L8619	Cochlear implant external speech processor, replacement	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
L8625	External recharging system for battery for use with cochlear implant or auditory osseointegrated device, replacement only, each	Prior Authorization Required	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
L8641	Metatarsal joint implant	Prior Authorization Required	Investigative	Submit History and Physical, documentation of medical necessity.
L8642	Hallux implant	Prior Authorization Required	Investigative	Submit History and Physical, documentation of medical necessity.
L8679	Implantable neurostimulator, pulse generator, any type	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L8680	Implantable neurostimulator electrode, each	Prior Authorization Required	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L8682	Implantable neurostimulator radiofrequency receiver	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.

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L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L8686	Implantable neurostimulator pulse generator, single array, nonrechargeable, includes extension	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L8688	Implantable neurostimulator pulse generator, dual array, nonrechargeable, includes extension	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L8689	External recharging system for battery (internal) for use with implantable neurostimulator, replacement only	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity including length of time equipment needed, functional status if applicable and description of medical condition.
L8690	Auditory osseointegrated device, includes all internal and external components	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
L8691	Auditory osseointegrated device, external sound processor, replacement	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
L8693	Auditory osseointegrated device abutment, any length, replacement only	Prior Authorization Required	Medical Necessity	Pre Operative Evaluation, Operative Report, Previous use of hearing aids, Level of hearing Impairment
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	Prior Authorization Required	Medical Necessity	Submit pre-operative evaluation, operative report, previous use of hearing aids, level of hearing Impairment
L8699	Prosthetic implant, not otherwise specified	Retrospective Review	Medical Necessity	Submit the description of an item provided, cost invoice and a letter of medical necessity from the ordering physician. No invoice needed if pricing is not required.
L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
M0076	Prolotherapy	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
M0300	IV chelation therapy (chemical endarterectomy)	Possible Denial; Medical Records Optional	Investigative	Documentation optional.

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P2031	Hair analysis (excluding arsenic	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
P9020	Platelet rich plasma, each unit	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q0181	Unspecified oral dosage form, FDA-approved prescription antiemetic, for use as a complete therapeutic substitute for an IV antiemetic at the time of chemotherapy treatment, not to exceed a 48-hour dosage regimen	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
Q2026	Injection, Radiesse, 0.1ML	Possible Denial; Medical Records Optional	Cosmetic	Clinical notes from doctor's office related to this condition and treatment
Q2028	Injection, sculptra, 0.5 mg	Possible Denial; Medical Records Optional	Cosmetic	Clinical notes from doctor's office related to this condition and treatment
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity
Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, operative report
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	Prior Authorization Required	Medical Necessity	History and physical, clinical notes related to a condition being treated, treatment plan
Q3001	Radioelements for brachytherapy, any type, each	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
Q4074	Iloprost, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 20 mcg	Prior Authorization Required	Medical Necessity	History and physical, office notes related to a condition being treated.
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	Prior Authorization Required	Medical Necessity	Submit chart notes from the ordering physician including history and physical with Hgb level and transferrin saturation or ferritin level within 1 month of initiating ESA and monthly. No review needed for members under age 18.
Q4100	Skin substitute, not otherwise specified	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission Medical necessity review will be performed. Submit documentation to describe the services. Include history and physical, procedure report and rationale for use of this product.
Q4103	Oasis burn matrix, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4110	PriMatrix, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.

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Q4111	GammaGraft, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4112	Cymetra, injectable, 1 cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4113	GRAFTJACKET XPRESS, injectable, 1cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4114	Integra flowable wound matrix, injectable, 1 cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4115	AlloSkin, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4117	HYALOMATRIX, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4118	MatriStem micromatrix, 1 mg	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4121	TheraSkin, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4123	AlloSkin RT, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4125	Arthroflex, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4126	MemoDerm, DermaSpan, TranZgraft or IntegoPly, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4127	Talymed, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4130	Strattice TM, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4132	Grafix Core, per sq cm	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity
Q4133	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity
Q4134	HMatrix, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4135	Mediskin, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4136	E-Z Derm, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4137	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4138	BioDFence DryFlex, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4139	Amniomatrix or biodmatrix, injectable, 1 cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4140	BioDFence, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.

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Q4141	AlloSkin AC, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4142	XCM biologic tissue matrix, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4143	Repriza, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4145	EpiFix, injectable, 1 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity
Q4146	Tensix, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4147	Architect, Architect PX, or Architect FX, extracellular matrix, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4148	Neox 1k, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4149	Excellagen, 0.1 cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4150	AlloWrap DS or dry, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4151	AmnioBand or Guardian, per sq cm	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity
Q4152	DermaPure, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4153	Dermavest and Plurivest, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4154	Biovance, per sq cm	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity
Q4155	Neox Flo or Clarix Flo 1 mg	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4156	Neox 100, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4157	Revitalon, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4158	Kerecis Omega3, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4159	Affinity, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4160	Nushield, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4161	Bio-ConneKt wound matrix, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4162	AmnioPro Flow, BioSkin Flow, BioRenew Flow, WoundEx Flow, Amniogen-A, Amniogen-C, 0.5 cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4163	AmnioPro, BioSkin, BioRenew, WoundEx, Amniogen-45, Amniogen-200, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4164	Helicoll, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.

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Q4165	Keramatrix or Kerasorb, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4166	Cytal, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4167	Truskin, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4168	AmnioBand, 1 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity
Q4169	Artacent wound, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4170	Cygnus, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4171	Interfyl, 1 mg	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4173	PalinGen or PalinGen XPlus, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4175	Miroderm, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4176	Neopatch or Therion, per square centimeter	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4177	FlowerAmnioFlo, 0.1 cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4178	FlowerAmnioPatch, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4179	FlowerDerm, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4180	Revita, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4181	Amnio Wound, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4182	Transcyte, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4183	Surgigraft, per square centimeter	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4184	Cellesta or Cellesta Duo, per square centimeter	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4186	Epifix, per square centimeter	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity
Q4187	Epicord, per sq cm	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity
Q4188	Amnioarmor, per square centimeter	Possible Denial; Medical Records Optional	Investigative	Documentation optional.

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Q4189	Artacent ac, 1 mg	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4190	Artacent AC, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4191	Restorigin, per square centimeter	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4192	Restorigin, 1 cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4193	Coll-e-derm, per square centimeter	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4194	Novachor, per square centimeter	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4195	Puraply, per square centimeter	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4196	Puraply am, per square centimeter	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4197	Puraply xt, per square centimeter	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4198	Genesis amniotic membrane, per square centimeter	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4200	Skin te, per square centimeter	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4201	Matrion, per square centimeter	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4202	Keroxx (2.5g/cc), 1cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4203	Derma-gide, per square centimeter	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4204	Xwrap, per square centimeter	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4205	Membrane Graft or Membrane Wrap, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4206	Fluid Flow or Fluid GF, 1 cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4208	Novafix, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4209	SurGraft, per sq c	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4210	Axolotl Graft or Axolotl DualGraft, per sq	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4211	Amnion Bio or AxoBioMembrane, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4212	AlloGen, per cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4213	Ascent, 0.5 mg	Possible Denial; Medical Records Optional	Investigative	Documentation optional.

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Q4214	Cellesta Cord, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4215	Axolotl Ambient or Axolotl Cryo, 0.1 mg	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4216	Artacent Cord, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4217	WoundFix, BioWound, WoundFix Plus, BioWound Plus, WoundFix Xplus or BioWound Xplus, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4218	SurgiCORD, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4219	SurgiGRAFT-DUAL, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4220	BellaCell HD or Surederm, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4221	Amnio Wrap2, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4222	ProgenaMatrix, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4226	MyOwn Skin, includes harvesting and preparation procedures, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4227	AmnioCoreTM, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4228	BioNextPATCH, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4229	Cogenex Amniotic Membrane, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4230	Cogenex Flowable Amnion, per 0.5 cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4231	Corplex P, per cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4232	Corplex, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4233	SurFactor or NuDyn, per 0.5 cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4234	XCellerate, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4235	AMNIOREPAIR or AltiPly, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4236	carePATCH, per sq	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4237	Cryo-Cord, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4238	Derm-Maxx, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.

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Q4240	CoreCyte, for topical use only, per 0.5 cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4241	PolyCyte, for topical use only, per 0.5 cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4242	AmnioCyte Plus, per 0.5 cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4244	Procenta, per 200 mg	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4245	AmnioText, per cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4246	CoreText or ProText, per cc	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4247	Amniotext patch, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
Q4249	AMNIPLY, for topical use only, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional. ###Possible denial. MP 7.01.583.
Q4250	AmnioAmp-MP, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional. ###Possible denial. MP 7.01.583.
Q4254	NovaFix DL, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional. ###Possible denial. MP 7.01.583.
Q4255	REGUaRD, for topical use only, per sq cm	Possible Denial; Medical Records Optional	Investigative	Documentation optional. ###Possible denial. MP 7.01.583.
Q5009	Hospice or home health care provided in place not otherwise specified (nos)	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including prior treatments. No review needed for members under age 18.
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work
Q5105	Injection, Epoetin Alfa-EPBX, Biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	Prior Authorization Required	Medical Necessity	Submit chart notes from the ordering physician including history and physical with Hgb level and transferrin saturation or ferritin level within 1 month of initiating ESA and monthly. No review needed for members under age 18.

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Q5106	Injection, Epoetin Alfa-EPBX, Biosimilar, (Retacrit) (for non-ESRD use), 1000 units	Prior Authorization Required	Medical Necessity	Submit chart notes from the ordering physician including history and physical with Hgb level and transferrin saturation or ferritin level within 1 month of initiating ESA and monthly. No review needed for members under age 18.
Q5107	Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, medical necessity documentation.
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including prior treatments. No review needed for members under age 18.
Q5109	Injection, infliximab-qbtx, biosimilar, (ixifi), 10 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work
Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including prior treatments. No review needed for members under age 18.
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Prior Authorization Required	Medical Necessity	History and physical demonstrating reason for requested medication, and lab work demonstrating HER-2/neu over expression. Please do not include infusion records.
Q5113	Injection, trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Prior Authorization Required	Medical Necessity	History and physical demonstrating reason for requested medication, and lab work demonstrating HER-2/neu over expression. Please do not include infusion records.
Q5114	Injection, Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Prior Authorization Required	Medical Necessity	History and physical demonstrating reason for requested medication, and lab work demonstrating HER-2/neu over expression. Please do not include infusion records.
Q5115	Injection, rituximab-abbs, biosimilar, (Truxima), 10 mg	Prior Authorization Required	Medical necessity including site of service	This drug requires review for site of service administration in addition to review for prior authorization/medical necessity. Submit History and Physical and recent lab work.
Q5116	Injection, trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	Prior Authorization Required	Medical Necessity	History and physical demonstrating reason for requested medication, and lab work demonstrating HER-2/neu over expression. Please do not include infusion records.
Q5117	Injection, trastuzumab-anns, biosimilar, (Kanjinti), 10 mg	Prior Authorization Required	Medical Necessity	History and physical demonstrating reason for requested medication, and lab work demonstrating HER-2/neu over expression. Please do not include infusion records.
Q5118	Injection, bevacizumab-bvcr, biosimilar, (Zirabev), 10 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, medical necessity documentation.
Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity.

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Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity. No review needed for members under age 18.
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	Pre-Service Review Required	Medical Necessity	Submit history and physical, documentation of medical necessity.
S0157	Becaplermin gel 0.01%, 0.5 gm	Pre-Service Review Required	Medical Necessity	History and physical demonstrating reason for requested medication, lab work if applicable, dosage and duration of treatment, office notes related to condition, medical necessity and documentation of previous therapies/treatments tried
S0189	Testosterone pellet, 75 mg	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity.
S0194	Dialysis/stress vitamin supplement, oral, 100 capsules	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S0197	Prenatal vitamins, 30-day supply	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S0209	Wheelchair van, mileage, per mile	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S0215	Nonemergency transportation; mileage, per mile	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S0315	Disease management program; initial assessment and initiation of the program	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S0316	Disease management program, follow-up/reassessment	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S0317	Disease management program; per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S0320	Telephone calls by a registered nurse to a disease management program member for monitoring purposes; per month	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S0510	Nonprescription lens (safety, athletic, or sunglass), per lens	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S0596	Phakic intraocular lens for correction of refractive error	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S0800	Laser in situ keratomileusis (LASIK)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S0810	Photorefractive keratectomy (PRK)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S1001	Deluxe item, patient aware (list in addition to code for basic item)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S1034	Artificial pancreas device system (e.g., low glucose suspend [LGS] feature) including continuous glucose monitor	Prior Authorization Required	Medical Necessity	Submit History and Physical, medical necessity documentation including prior use of insulin pump therapy
S1035	Sensor; invasive (e.g., subcutaneous), disposable, for use with artificial pancreas device system	Prior Authorization Required	Medical Necessity	Submit History and Physical, medical necessity documentation including prior use of insulin pump therapy

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S1036	Transmitter; external, for use with artificial pancreas device system	Prior Authorization Required	Medical Necessity	Submit History and Physical, medical necessity documentation including prior use of insulin pump therapy
S1037	Receiver (monitor); external, for use with artificial pancreas device system	Prior Authorization Required	Medical Necessity	Submit History and Physical, medical necessity documentation including prior use of insulin pump therapy
S1040	Cranial remolding orthotic, pediatric, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s)	Prior Authorization Required	Medical Necessity	Submit letter of medical necessity documenting presence/absence of symptoms or other condition being treated
S2053	Transplantation of small intestine and liver allografts	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
S2054	Transplantation of multivisceral organs	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
S2060	Lobar lung transplantation	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
S2065	Simultaneous pancreas kidney transplantation	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
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	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity, including operative report
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	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity including operative report
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method, using yttrium-90 microspheres	Prior Authorization Required	Medical Necessity	History and Physical, including prior treatment regimens.
S2102	Islet cell tissue transplant from pancreas; allogeneic	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
S2107	Adoptive immunotherapy i.e. development of specific antitumor reactivity (e.g., tumor-infiltrating lymphocyte therapy) per course of treatment	Prior Authorization Required	Medical Necessity	Submit History and Physical, documentation of medical necessity
S2117	Arthroereisis, subtalar	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
S2140	Cord blood harvesting for transplantation, allogeneic	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
S2142	Cord blood-derived stem-cell transplantation, allogeneic	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter

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S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications including pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor (s), procurement, transplantation, and related complications; including: drugs; supplies; hospitalization with outpatient follow-up	Prior Authorization Required	Medical Necessity	Submit Transplant evaluation and facility acceptance letter
S2230	Implantation of magnetic component of semi-implantavle hearing device on ossicles in middle ear	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
S2235	implantation of auditory brain stem implant	Prior Authorization Required	Medical Necessity	Submit history and physical, documentation of medical necessity and procedure report.
S2348	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, using radiofrequency energy, single or multiple levels, lumbar	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
S3005	Performance measurement, evaluation of patient self assessment, depression	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
S3840	DNA analysis for germline mutations of the RET proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
S3841	Genetic testing for retinoblastoma	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
S3842	Genetic testing for von Hippel-Lindeau disease	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
S3844	DNA analysis of the connection 26 gene (GJB2) for susceptibility to congenital, profound deafness DNA analysis deafness	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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S3845	Genetic testing for alpha-thalassemia	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
S3846	Genetic testing for hemoglobin E beta-thalassemia	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
S3849	Genetic testing for Niemann-Pick disease	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
S3850	Genetic testing for sickle cell anemia	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
S3852	DNA analysis for APOE essilon 4 allele for susceptibility to Alzheimer's disease	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
S3853	Genetic testing for myotonic muscular dystrophy	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
S3861	Genetic testing, sodium channel, voltage-gated, type V, alpha subunit (SCN5A) and variants for suspected Brugada Syndrome	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html

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S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mutation in the family	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
S3870	Comparative genomic hybrization (CGH) microarray testing for developmental delay, autism spectrum disorder and/or mental retardation	Prior Authorization Required	Genetic Testing	To view the clinical guidelines, go to http://aimspecialtyhealth.com/CG-GeneticTesting.html; To submit online review, go to http://aimspecialtyhealth.com/goweb.html
S3900	Surface electromyography (EMG)	Pre-Service Review Required	Investigative	Submit history and physical, documentation of medical necessity and procedure report.
S4991	Nicotine patches, nonlegend	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5100	Day care services, adult; per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5101	Day care services, adult; per half day	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5102	Day care services, adult; per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5105	Day care services, center-based; services not included in program fee, per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5108	Home care training to home care client, 15 min	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5109	Home care training to home care client, per session	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5110	Home care training, family; per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5111	Home care training, family; per session	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5115	Home care training, nonfamily; per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5116	Home care training, nonfamily; per session	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5120	Chore services; per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5121	Chore services; per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5125	Attendant care services; per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5126	Attendant care services; per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5130	Homemaker service, NOS; per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5131	Homemaker service, NOS; per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5136	Companion care, adult (e.g., IADL/ADL); per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5140	Foster care, adult; per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5141	Foster care, adult; per month	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5145	Foster care, therapeutic, child; per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5146	Foster care, therapeutic, child; per month	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5150	Unskilled respite care, not hospice; per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5151	Unskilled respite care, not hospice; per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5160	Emergency response system; installation and testing	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5161	Emergency response system; service fee, per month (excludes installation and testing)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5162	Emergency response system; purchase only	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5165	Home modifications; per service	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5170	Home delivered meals, including preparation; per meal	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5175	Laundry service, external, professional; per order	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5181	Unlisted home health respiratory therapy, nos, per diem	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
S5185	Medication reminder service, nonface-to-face; per month	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S5199	Personal care item, NOS, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Prior Authorization Required	Radiation Oncology	Submit online review with AIM at www.providerportal.com. For Prior Authorization: History and Physical, results of previous diagnostics procedure report.
S8130	Interferential current stimulator, 2 channel	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
S8131	Interferential current stimulator, 4 channel	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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S8460	Camisole, postmastectomy	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S8930	Electrical stimulation of auricular acupuncture points; each 15' of personal one-on-one contact with the patient	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
S8940	Equestrian/hippotherapy, per session	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S9090	Vertebral axial decompression, per session	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
S9117	Back school, per visit	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S9123	Nursing care, in the home; by registered nurse, per hour	Prior Authorization Required	Medical Necessity	Notes documenting medical necessity, each date of service, and homebound status. Include plan of care
S9124	Nursing care, in the home; by licensed practical nurse, per hour	Prior Authorization Required	Medical Necessity	Chart notes for each home visit and therapy notes for each discipline providing treatment
S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous or subcutaneous infusion therapy (e.g., epoprostenol); per diem	Pre-Service Review Required	Medical Necessity	Submit physician signed orders, pre-treatment plan evaluation including history, physical and treatment plan
S9355	Home infusion therapy, chelation therapy (drugs and nursing visits coded separately), per diem	Pre-Service Review Required	Medical Necessity	Submit physician signed orders, pre-treatment plan evaluation including history, physical and treatment plan
S9433	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	Prior Authorization Required	Medical Necessity	History and Physical, documentation of medical necessity.
S9434	Modified solid food supplements for inborn errors of metabolism	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.
S9435	Medical foods for inborn errors of metabolism	Retrospective Review	Medical Necessity (only when delivered orally)	Only covered when delivered by feeding tube or (if oral) for diagnosis that are considered medically necessary.
S9445	Patient education, not otherwise classified, nonphysician provider, individual, per session	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
S9446	Patient education, not otherwise classified, nonphysician provider, group, per session	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.

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S9542	Home injectable therapy, not otherwise classified, (drugs and nursing visits coded separately), per diem	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
S9558	Home injectable therapy; growth hormone, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment, per diem	Pre-Service Review Required	Medical Necessity	Chart notes for each home visit and therapy notes for each discipline providing treatment
S9810	Home therapy; professional pharmacy services for provision of infusion, specialty drug administration, and/or disease state management, not otherwise classified, per hour (do not use this code with any per diem code)	Medical necessity review will be performed upon claims submission with supporting documentation.	Medical necessity	Upon claims submission medical necessity review will be performed. Submit documentation to describe the services. Specify procedure performed and treatment plan.
S9900	Services by authorized Christian Science practitioner for the process of healing, per diem; not to be used for rest or study; excludes in-patient services	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	Prior Authorization Required	Medical Necessity	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	Prior Authorization Required	Medical Necessity	Submit progress notes for last 24 hours prior to transport, physician order including medical records supporting rationale for transport
S9970	Health club membership, annual	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S9976	Lodging, per diem, not otherwise classified	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S9977	Meals, per diem, not otherwise specified	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S9986	Not medically necessary service (patient is aware that service not medically necessary)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S9988	Services provided as part of a phase I clinical trial	Prior Authorization Required	Medical Necessity	Recent History and Physical, plan of care, and documentation of medical necessity
S9990	Services provided as part of a Phase II clinical trial	Prior Authorization Required	Medical Necessity	Submit History and Physical, medical necessity documentation.
S9991	Services provided as part of a phase III clinical trial	Prior Authorization Required	Medical Necessity	Submit History and Physical, medical necessity documentation.
S9992	Transportation costs to and from trial location and local transportation costs (e.g., fares for taxicab or bus) for clinical trial participant and one caregiver/companion	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S9994	Lodging costs (e.g., hotel charges) for clinical trial participant and one caregiver/companion	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
S9996	Meals for clinical trial participant and one caregiver/companion	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1000	Private duty/independent nursing service(s), licensed, up to 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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T1002	RN services, up to 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1003	LPN/LVN services, up to 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1004	Services of a qualified nursing aide, up to 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1005	Respite care services, up to 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1009	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1013	Sign language or oral interpretive services, per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1015	Clinic visit/encounter, all-inclusive	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1016	Case management, each 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1017	Targeted case management, each 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1018	School-based individualized education program (IEP) services, bundled	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1021	Home health aide or certified nurse assistant, per visit	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1022	Contracted home health agency services, all services provided under contract, per day	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1027	Family training and counseling for child development, per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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T1028	Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1029	Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1040	Medicaid certified community behavioral health clinic services, per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1041	Medicaid certified community behavioral health clinic services, per month	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T1999	Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2001	Nonemergency transportation; patient attendant/escort	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2002	Nonemergency transportation; per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2003	Nonemergency transportation; encounter/trip	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2004	Nonemergency transport; commercial carrier, multipass	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2005	Nonemergency transportation; stretcher van	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2007	Transportation waiting time, air ambulance and nonemergency vehicle, one-half (1/2) hour increments	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2012	Habilitation, educational; waiver, per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2013	Habilitation, educational, waiver; per hour	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2014	Habilitation, prevocational, waiver; per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2015	Habilitation, prevocational, waiver; per hour	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2016	Habilitation, residential, waiver; per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2017	Habilitation, residential, waiver; 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2018	Habilitation, supported employment, waiver; per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2019	Habilitation, supported employment, waiver; per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2020	Day habilitation, waiver; per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2021	Day habilitation, waiver; per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2022	Case management, per month	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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T2023	Targeted case management; per month	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2024	Service assessment/plan of care development, waiver	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2025	Waiver services; not otherwise specified (NOS)	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2026	Specialized childcare, waiver; per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2027	Specialized childcare, waiver; per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2028	Specialized supply, not otherwise specified, waiver	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2029	Specialized medical equipment, not otherwise specified, waiver	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2030	Assisted living, waiver; per month	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2031	Assisted living; waiver, per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2032	Residential care, not otherwise specified (NOS), waiver; per month	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2033	Residential care, not otherwise specified (NOS), waiver; per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2034	Crisis intervention, waiver; per diem	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2035	Utility services to support medical equipment and assistive technology/devices, waiver	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2036	Therapeutic camping, overnight, waiver; each session	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2037	Therapeutic camping, day, waiver; each session	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2038	Community transition, waiver; per service	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2039	Vehicle modifications, waiver; per service	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2040	Financial management, self-directed, waiver; per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2041	Supports brokerage, self-directed, waiver; per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2047	Habilitation, prevocational, waiver; per 15 minutes	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2049	Nonemergency transportation; stretcher van, mileage; per mile	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T2101	Human breast milk processing, storage and distribution only	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4521	Adult sized disposable incontinence product, brief/diaper, small, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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T4522	Adult sized disposable incontinence product, brief/diaper, medium, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4523	Adult sized disposable incontinence product, brief/diaper, large, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4524	Adult sized disposable incontinence product, brief/diaper, extra large, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4525	Adult sized disposable incontinence product, protective underwear/pull-on, small size, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4526	Adult sized disposable incontinence product, protective underwear/pull-on, medium size, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4527	Adult sized disposable incontinence product, protective underwear/pull-on, large size, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4528	Adult sized disposable incontinence product, protective underwear/pull-on, extra large size, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4529	Pediatric sized disposable incontinence product, brief/diaper, small/medium size, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4530	Pediatric sized disposable incontinence product, brief/diaper, large size, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4531	Pediatric sized disposable incontinence product, protective underwear/pull-on, small/medium size, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4532	Pediatric sized disposable incontinence product, protective underwear/pull-on, large size, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4533	Youth sized disposable incontinence product, brief/diaper, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4534	Youth sized disposable incontinence product, protective underwear/pull-on, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4535	Disposable liner/shield/guard/pad/undergarment, for incontinence, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4536	Incontinence product, protective underwear/pull-on, reusable, any size, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4537	Incontinence product, protective underpad, reusable, bed size, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4538	Diaper service, reusable diaper, each diaper	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4539	Incontinence product, diaper/brief, reusable, any size, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4540	Incontinence product, protective underpad, reusable, chair size, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4541	Incontinence product, disposable underpad, large, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4542	Incontinence product, disposable underpad, small size, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T4543	Disposable incontinence product, brief/diaper, bariatric, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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T4545	Incontinence product, disposable, penile wrap, each	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T5001	Positioning seat for persons with special orthopedic needs	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
T5999	Supply, not otherwise specified	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
V2615	Telescopic and other compound lens system, including distance vision telescopic, near vision telescopes and compound microscopic lens system	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
V2756	Eye glass case	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
V2787	Astigmatism correcting function of intraocular lens	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
V2788	Presbyopia correcting function of intraocular lens	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
V5095	Semi-implantable middle ear hearing prosthesis	Possible Denial; Medical Records Optional	Investigative	Documentation optional.
V5269	Assistive listening device, alerting, any type	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
V5270	Assistive listening device, television amplifier, any type	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
V5271	Assistive listening device, television caption decoder	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
V5272	Assistive listening device, TDD	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
V5273	Assistive listening device, for use with cochlear implant	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.
V5274	Assistive listening device, not otherwise specified	Non-covered Service	Benefit Exception	Submit records only when member's contract indicates coverage.

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PREMERA | BLUE CROSS

Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471（TTY：711）。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471（TTY:711）まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው: 711).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 800-722-1471 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.