



Health Net Health Plan of Oregon, Inc., "Health Net"

Commercial Prior Authorization Requirements List

All services are subject to benefit plan coverage, member eligibility, and medical necessity for any plan benefit to be a covered service, regardless of whether prior authorization is required. When submitting a request, please attach pertinent medical records, treatment plans, and test results to support the medical appropriateness of the request. Health Net reserves the right to review utilization patterns retrospectively and to address adverse trends with providers.

This prior authorization list contains services that require prior authorization and is not intended to be a comprehensive list of covered services. The member's plan contract or Evidence of Coverage (EOC) provides a complete list of covered services. Plan contracts and EOCs are available to members on the member portal at [Health Net Oregon](#) or in hard copy upon request. Providers may obtain a copy of a member's plan contract or EOC by requesting it from the Health Net Provider Services Center at 1-888-802-7001.

New CMS billing codes (CPT & HCPC) may require prior authorization: call 1-888-802-7001.

Unless noted differently, all services listed below require prior authorization from Health Net. Providers can refer to the member's Health Net identification (ID) card to confirm product type.

Orthopedic/Musculoskeletal Services are handled by [TurningPoint](#).

Vision Services are handled by [EyeMed](#)

High Tech Imaging Services are handled by [NIA](#)

Behavioral Health Services are handled by [MHN](#)

Chiropractic Services are handled by [ASHLink](#)

Radiology Services are handled by [NCH](#)

Physician Administered Drugs [Commercial Prior Authorization for Physician Administered Drugs List](#)

SERVICE CODES	SERVICE DESCRIPTION
Balloon Sinuplasty - Codes below are reviewed by Health Net, see Turning Point link for additional codes	
31295	NASAL/SINUS NDSC SURG W/DILATION MAXILLARY SINUS
31297	NASAL/SINUS NDSC SURG W/DILATION SPHENOID SINUS
69705	SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE UNI
69706	SURG NASOPHARYNGOSCOPY DILAT EUSTACHIAN TUBE BI
Bariatric Procedures	
43644	LAP GASTR RSTRCIV PROC; GASTR BYPS & ROUX-EN-Y
43645	LAP GASTR RSTRCIV PROC;GASTR BYPS&SM INTST RECON
43659	UNLISTED LAPAROSCOPY PROCEDURE STOMACH
43770	LAPS GSTR RSTCV PX PLMT BAND
43771	LAPS GSTR RSTCV PX REVJ BAND
43772	LAPS GSTR RSTCV PX RMVL BAND
43773	LAPS GSTR RSTCV PX RMVL&RPLCMT BAND
43774	LAPS GSTR RSTCV PX RMVL BAND&PORT
43775	LAP SLEEVE GASTRECTOMY
43842	GASTRIC RESTRICT WO BYP-MORBID OBES; VERTCL BAND
43843	GAST RESTRICT WO BYP-MORBID OBES; NOT VERT BAND
43845	GASTRIC RESTRICTIVE PROC PARTIAL GASTRECTOMY
43846	GAST RESTRICT W/BYP-MORBID OBES; SHORT ROUX-EN-Y
43847	GAST RESTRIC W/BYP-MORBID OBES; W/SM BOWEL RECON
43848	REVIS GASTRIC RESTRICT PROC (SEPART PROC)
43886	GSTR RSTCV PX OPN REVJ SUBQ PORT COMPONENT ONLY
43887	GSTR RSTCV PX OPN RMVL SUBQ PORT COMPONENT ONLY
43888	GSTR RSTCV OPN RMVL&RPLCMT SUBQ PORT
C9784	GASTRIC RESTR PROC ENDO SLV GP EGD AND IL TUBE INS
C9785	ENDO OUT REDTN GAS POUCH APPL ENDO AND IL TUBE INS
S2083	ADJ GASTRIC BAND DIAM SUBQ PORT INJ/ASPIR SALINE
Behavioral Health and Substance Abuse	
90785	PSYTX COMPLEX INTERACTIVE
90791	PSYCH DIAGNOSTIC EVALUATION
90792	PSYCH DIAG EVAL W/MED SRVCS
90832	PSYTX PT&/FAMILY 30 MINUTES
90833	PSYTX PT&/FAM W/E&M 30 MIN
90834	PSYTX PT&/FAMILY 45 MINUTES
90836	PSYTX PT&/FAM W/E&M 45 MIN
90837	PSYTX PT&/FAMILY 60 MINUTES
90838	PSYTX PT&/FAM W/E&M 60 MIN
90839	PSYTX CRISIS INITIAL 60 MIN
90840	PSYTX CRISIS EA ADDL 30 MIN
90845	PSYCHOANALYSIS
90846	FAMILY PSYCHOTHERAPY (WO PT PRESENT)
90847	FAMILY PSYCHOTHERAPY (CONJOINT) (W/PT PRESENT)
90849	MX-FAMILY GROUP PSYCHOTHERAPY

SERVICE CODES	SERVICE DESCRIPTION
90853	GROUP PSYCHOTHERAPY (NOT MX-FAMILY GROUP)
90865	NARCOSYNTHESIS FOR PSYCH DX & THERAP PURPOSES
90867	TCRANIAL MAGN STIM TX PLAN
90868	TCRANIAL MAGN STIM TX DELI
90869	TCRAN MAGN STIM REDETERMINE
90870	ELEC-CONVULS THERAP; SNGL SEIZURE
90875	PSYCHOPHYSIOLOGICAL THERAPY
90876	PSYCHOPHYSIOLOGICAL THERAPY
90880	HYPNOTHERAPY
90882	ENVIRONM INTERVEN-MED MGMT PURP-W/AGENCIES/INSTI
90885	PSYCH EVAL HOSP RECRD/REPRT/TEST-MED DX PURPOSES
90887	INTERPT/EXPLAN RESULTS EXAM/PROC/DATA TO FAMILY
90889	PREPARATION OF REPORT
96040	MED GENETICS & COUNSELING SVCS, EA 30 MIN FACE2FACE WITH PATIENT/FAMILY
99408	AUDIT/DAST 15-30 MIN
99409	AUDIT/DAST OVER 30 MIN
E1905	Virtual reality cognitive behavioral therapy device (CBT), including preprogrammed therapy software
G0323	Care management services for behavioral health conditions, at least 20 minutes of clinical psychologist or clinical social worker time, per calendar month. (These services include the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales; behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes; facilitating and coordinating treatment such as psychotherapy, coordination with and/or referral to physicians and practitioners who are authorized by Medicare to prescribe medications and furnish E/M services, counseling and/or psychiatric consultation; and continuity of care with a designated member of the care team)
G0396	ALCOHOL/SUBS INTERV 15-30MN
G0397	ALCOHOL/SUBS INTERV >30 MIN
G0409	CORF RELATED SERV 15 MINS EA
G0410	GRP PSYCH PARTIAL HOSP 45-50
G0411	INTER ACTIVE GRP PSYCH PARTI
G0502	INIT PSYCH CARE MANAG 70MIN
G0503	SUBSEQ PSYCH CARE MAN60MI
G0504	INIT/SUB PSYCH CARE ADD 30 M
G0507	CARE MANAGE SERV MINIMUM 20
G2213	INIT MEDICATION TX OPIOID USE D/O ED SETTING
G2214	INIT/SUB PSY CCM 1ST 30 M IN MO OF BH CARE ACTY
H0001	ALCOHOL AND/OR DRUG ASSESSMENT
H0002	BHVAL HLTH SCR DETRM ADMIS TX PROGM
H0004	BEHAVIORAL HEALTH CNSL&TX-15 MIN
H0005	AL &/OR DRG SRV;GRP CNSLG-CLINICIAN
H0006	AL &/OR DRG SRV;CASE MGMT
H0007	AL &/OR DRG SRV;CRISIS INT-OUTPT
H0008	AL &/OR DRG SRV;SUB-ACUTE DETOX-IP
H0009	AL &/OR DRG SRV;ACUTE DETOX-IP
H0010	AL &/OR DRG SRV;SUB-ACUTE DETOX-IP
H0011	AL &/OR DRG SRV;ACUTE DETOX-RAP/IP
H0012	AL &/OR DRG SRV;SUB-ACUTE DETX-OP
H0013	AL &/OR DRG SERV;ACUTE DETOX-OP

SERVICE CODES	SERVICE DESCRIPTION
H0014	ALCOHOL &/OR DRUG SRV;AMB DETOX
H0015	IOP AL &/OR DRG SRV->=3HRS DA/3DAWK
H0016	AL &/OR DRG SRV;MED/SOMATIC
H0017	BHVAL HEALTH; RES W/O ROOM&BD-DIEM
H0018	BHVAL HLTH; SHRT-TERM RES PER DIEM
H0019	BHVAL HLTH; LNG-TERM RES PER DIEM
H0031	MENTAL HEALTH ASSESS NON-PHYSICIAN
H0032	MENTL HLTH SRVC PLAN DVLP NON-PHYS
H0035	MENTAL HEALTH PART HOSP TX < 24 HR
H0046	MENTAL HEALTH SERVICES NOS
H0047	ALCOHOL &OR OTH DRUG ABS SRVC NOS
H0050	ALCOHOL AND/OR DRUG SERVICES, BRIEF INTERVENTION, PER 15 MINUTES
H2001	REHABILITATION PROGRAM PER 1/2 DAY
H2011	CRISIS INTERVENTION SERVICE, PER 15 MINUTES
H2012	BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR
H2013	PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM
H2035	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER HOUR
H2036	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM
S0201	PART HOSPITALZTION SRVC <24 HR-DIEM
S5100	DAY CARE SERVICES ADULT; PER 15 MIN
S5101	DAY CARE SRVC ADULT; PER HALF DAY
S9475	AMB SET SUB ABUSE TX/DETOX/PER DIEM
S9480	INTENSIVE OUTPT PSYCH SERV PER DIEM
S9482	FAMILY STABILIZATION SERVICES PER 15 MINUTES
S9484	CRISIS INTERVEN MENTL HLTH SRVC-HR
S9485	CRISIS INTERV MENTAL HEALTH/DIEM
T1006	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING
T1007	ALCOHOL AND/OR SUB ABUSE SVCS, TREATMENT PLAN DEVELOPMENT
T1012	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, SKILLS DEVELOPMENT
Blepharoplasty	
15820	BLEPHAROPLASTY LOWER EYELID
15821	BLEPHAROPLASTY LOW; W/EXTEN HERNIAT FAT PAD
15822	BLEPHAROPLASTY UPPER EYELID
15823	BLEPHAROPLASTY UPPER; W/EXCESS SKIN WT DOWN LID
67900	REPR BROW PTOSIS
67901	REPR BLEPHAROPTOSIS; W/SUTUE/OTHER MAT
67902	REPR BLEPHAROPTOSIS; W/FASCIAL SLING
67903	REPR BLEPHAROPTOSIS; LEVATOR RESECT-INT APPROACH
67904	REPR BLEPHAROPTOSIS; LEVATOR RESECT-EXT APPROACH
67906	REPR BLEPHAROPTOSIS; SUPER RECTUS TECH-FASCIAL
67908	REPR BLEPHAROPTOSIS; CONJUNC-TARSO-MULLER'S
67909	REDUCTION OVERCORRECTION PTOSIS
67911	CORRECT LID RETRACTION

SERVICE CODES	SERVICE DESCRIPTION
67961	EXC & REPR EYELID; UP TO 1/4 LID MARGIN
67966	EXC & REPR EYELID > 1/4 LID MARGIN
67971	RECON EYELID FULL THICK; UP TO 2/3 LID 1 STAGE
67973	RECON EYELID; TOT LID LOWER 1 STAGE/1ST STAGE
67974	RECON EYELID; TOT LID UPPER 1 STAGE/1ST STAGE
67975	RECON EYELID FULL THICK-TRANSF FLAP; 2ND STAGE
Breast Reduction and Augmentation	
19300	MASTECTOMY FOR GYNECOMASTIA
	No authorization required if CPT submitted with a listed diagnosis; C50.111 - C50.929, C79.81, D05.00 - D05.02, D05.10 - D05.12, D05.80 - D05.82, D05.90 - D05.92, Z85.3
19316	MASTOPEXY
	No authorization required if CPT submitted with a listed diagnosis; C50.111 - C50.929, C79.81, D05.00 - D05.02, D05.10 - D05.12, D05.80 - D05.82, D05.90 - D05.92, Z85.3
19318	REDUCTION MAMMAPLASTY
	No authorization required if CPT submitted with a listed diagnosis; C50.111 - C50.929, C79.81, D05.00 - D05.02, D05.10 - D05.12, D05.80 - D05.82, D05.90 - D05.92, Z85.3
19325	MAMMAPLASTY AUGMEN; W/PROSTH IMPLNT
	No authorization required if CPT submitted with a listed diagnosis; C50.111 - C50.929, C79.81, D05.00 - D05.02, D05.10 - D05.12, D05.80 - D05.82, D05.90 - D05.92, Z85.3
19328	REMOV INTACT MAMMARY IMPLNT
	No authorization required if CPT submitted with a listed diagnosis; C50.111 - C50.929, C79.81, D05.00 - D05.02, D05.10 - D05.12, D05.80 - D05.82, D05.90 - D05.92, Z85.3
19330	REMOV MAMMARY IMPLNT MAT
	No authorization required if CPT submitted with a listed diagnosis; C50.111 - C50.929, C79.81, D05.00 - D05.02, D05.10 - D05.12, D05.80 - D05.82, D05.90 - D05.92, Z85.3
19340	IMMED INSRT BREAST PROSTH AFTER MASTOPEX/MASTECT
	No authorization required if CPT submitted with a listed diagnosis; C50.111 - C50.929, C79.81, D05.00 - D05.02, D05.10 - D05.12, D05.80 - D05.82, D05.90 - D05.92, Z85.3
19350	NIPPLE/AREOLA RECON
	No authorization required if CPT submitted with a listed diagnosis; C50.111 - C50.929, C79.81, D05.00 - D05.02, D05.10 - D05.12, D05.80 - D05.82, D05.90 - D05.92, F64.1, Z85.3, Z87.890
19355	CORRECT INVERTED NIPPLES
	No authorization required if CPT submitted with a listed diagnosis; C50.111 - C50.929, C79.81, D05.00 - D05.02, D05.10 - D05.12, D05.80 - D05.82, D05.90 - D05.92, Z85.3
19370	OPEN PERIPROSTHETIC CAPSULOTOMY BREAST
	No authorization required if CPT submitted with a listed diagnosis; C50.111 - C50.929, C79.81, D05.00 - D05.02, D05.10 - D05.12, D05.80 - D05.82, D05.90 - D05.92, Z85.3
19371	PERIPROSTHETIC CAPSULECTOMY BREAST
	No authorization required if CPT submitted with a listed diagnosis; C50.111 - C50.929, C79.81, D05.00 - D05.02, D05.10 - D05.12, D05.80 - D05.82, D05.90 - D05.92, Z85.3
19396	PREP MOULAGE CUSTOM BREAST IMPLNT
	No authorization required if CPT submitted with a listed diagnosis; C50.111 - C50.929, C79.81, D05.00 - D05.02, D05.10 - D05.12, D05.80 - D05.82, D05.90 - D05.92, Z85.3
19499	UNLISTED PROC BREAST
	No authorization required if CPT submitted with a listed diagnosis; C50.111 - C50.929, C79.81, D05.00 - D05.02, D05.10 - D05.12, D05.80 - D05.82, D05.90 - D05.92, Z85.3
Capsule Endoscopy	
91110	GI TRACT CAPSULE ENDOSCOPY
91111	ESOPHAGEAL CAPSULE ENDOSCOPY
91112	GI WIRELESS CAPSULE MEASURE
91113	GI TRACT IMAGING INTRALUMINAL COLON I AND R
Chondrocyte Implants - See link for Turning Point	
Clinical Trials	

SERVICE CODES	SERVICE DESCRIPTION
G0293	NONCOVR SURG SEDAT ANES-MCR QUAL
G0294	NONCOVR PROC NO ANES/LOC-MCR QUAL
S9988	SERV PROVIDED AS PART OF PHASE 1 CLINICAL TRIAL
S9990	SERV PROVID/PHASE II CLIN TRIAL
S9991	SERV PROVID/PHASE III CLIN TRIAL
S9992	TRANS/TRIAL LOC/PARTIC/CARE GIVER
S9994	LODG/CLIN TRIAL PARTIC/1CAREGIVER
S9996	MEALS CLIN TRIAL PARTIC/CAREGIVER
Cochlear Implants - Codes below are reviewed by Health Net, see Turning Point link for additional codes	
69714	OSSEO IMPLNT-TEMP BONE; WO MASTOID 23.68
L8619	COCHLEAR IMPL,EXTERNAL SPEECH PROC/CONTROL INTEG STM, REPL
L8627	COCHLEAR IMPL, EXTERNAL SPEECH PROC, COMPONENT, REPL
L8628	COCHLEAR IMPL, EXTERNAL CONTROLLER COMP, REPL
L8629	TRANSMT COIL/CABLE, INTEGRATED, FOR COCHLEAR IMPL DEV, REPL
Dermatology - Chemical Exfoliation	
17360	CHEM EXFOLIATION ACNE
17380	ELECTROLYSIS EPILATION EA 1/2 HR
Dermatology - Dermabrasion/Chemical Peel	
15780	DERMABRASION; TOT FACE
15781	DERMABRASION; SEGMT FACE
15782	DERMABRASION; REGIONAL NOT FACE
15783	DERMABRASION; SUPERF ANY SITE
15786	ABRASION; SNGL LES
15787	ABRASION; EA ADD 4 LES/LESS
15788	CHEM PEEL FACIAL; EPIDERMAL
15789	CHEM PEEL FACIAL; DERMAL
15792	CHEM PEEL; NONFACIAL; EPIDERMAL
15793	CHEM PEEL; NONFACIAL; DERMAL
Dermatology - Laser Treatment	
17106	DESTRCT CUT VASCULAR PROLIFERAT LES; < 10 SQ CM
17107	DESTRCT CUT VASCULAR PROLIF LES; 10.0-50.0 SQ CM
17108	DESTRCT CUT VASCULAR PROLIF LES; > 50.0 SQ CM
Dermatology - Skin Injections and Implants	
0232T	NIX PLATELET PLASMA
11900	INJ INTRALES; UP TO & INCL 7 LES
11901	INJ INTRALES; MORE THAN 7 LES
11920	TATTOOING INCL MICROPIGMENTATION; 6.0 SQ CM/LESS
11921	TATTOOING INCL MICROPIGMENTATION; 6.1-20.0 SQ CM
11922	CORRECT SKIN COLOR DEFECTS
11950	SUBQ INJ FILLING MAT; 1 CC/LESS
11951	SUBQ INJ FILLING MAT; 1.1 TO 5.0 CC
11952	SUBQ INJ FILLING MAT; 5.1 TO 10.0 CC
11954	SUBQ INJ FILLING MAT; OVER 10.0 CC

SERVICE CODES	SERVICE DESCRIPTION
11960	INSRT EXPANDER NOT BREAST INCL SUBSQ T EXPANSION
11970	REPLAC TISS EXPANDER W/PERM PROSTH
11971	REMOV TISS EXPANDER WO INSRT PROSTH
11980	SUBCUTANEOUS HORMONE PELLET IMPLANTATION
Diagnostic Procedures - Advanced Imaging - See Link for NIA	
Diagnostic Procedures - Advanced Imaging - MRI/MRA - Codes below are reviewed by Health Net, see NIA link for additional codes	
55880	TRANSRECTAL ABLTJ MAL PRST8 TISSUE HIFU W/US
C9150	XENON XE-129 HP GAS DIAGNOSTIC PER STUDY DOSE
	PA required for NON-PAR Provider
C9762	CMRI MORPHOL AND FUNC QUAN SEG DYSFUNC STRAIN IMAG
C9763	CMRI MORPHOL AND FUNC QUAN SEG DYSFUNC STRESS IMAG
C9787	GASTRIC EPS MAPPING WITH SIM PT SX PROFILING
Diagnostic Procedures - Cardiac Imaging - See Link for NIA	
Diagnostic Procedures - Cardiac Imaging - MPI - Codes below are reviewed by Health Net, see NIA link for additional codes	
0640T	NCNTC NR IFR SPECTRSC FLAP/WND IMG ACQUISJ I AND R
0641T	NCNTC NR IFR SPECTRSC FLAP/WND IMG ACQUISJ ONLY
0642T	NCNTC NR IFR SPECTRSC FLAP/WND I AND R ONLY
0658T	ELECTRICAL IMPEDENCE SPECTROSCOPY 1+SKIN LESIONS
78451	HT MUSCLE IMAGE SPECT, SING
78452	HT MUSCLE IMAGE SPECT, MULT
78453	HT MUSCLE IMAGE,PLANAR,SING
78454	HT MUSC IMAGE, PLANAR, MULT
78466	MYOCARDIAL IMAG INFARCT AVID PLANAR; QUAL/QUAN
78468	MYOCARDIAL IMAG PLANAR; W/EJECT FRACT-1ST PASS
78469	MYOCARDIAL IMAG PLANAR; TOMOGRPH SPECT W/WO QUAN
78472	CARDIAC BLD POOL IMAG GATED EQUILIB; SNGL STUDY
78473	CARDIAC BLD POOL IMAG GATED EQUILIB; MX STUDIES
78481	CARDIAC BLD POOL IMAG 1ST PASS; SNGL STUDY
78483	CARDIAC BLD POOL IMAG 1ST PASS; MX STUDIES
Diagnostic Procedures - Cardiac Imaging - MUGA	
78494	CARD BLD POOL IMAG-GATED SPECT-REST-MOTION STUDY
78499	UNLISTED CARDIOVASCULAR PROC DX NUCLEAR MEDS
Diagnostic Procedures - Cardiac Imaging - TEE - Codes below are reviewed by Health Net, see NIA link for additional codes	
93319	3D ECHO IMG AND PST-PXESSING TEE/TTE CGEN CAR ANOMAL
C9786	ECHOCARDIOGRAPHY IMAGE POST PROC FOR CAD OF HF
DME - BIPAP	
99183	HYPERBARIC OXYGEN THERAPY
99184	HYPOTHERMIA ILL NEONATE
99503	HOME VISIT FOR RESPIRATORY THERAPY CARE
99504	HOME VISIT MECH VENTILATION CARE
E0465	HOME VENT ANY TYPE USED INVASV INTF
E0466	HOME VENT TYPE USED NON-INVASV INTF
E0467	HOME VENTILATOR MULTI-FUNCTION RESPIRATORY DEVC

SERVICE CODES	SERVICE DESCRIPTION
E0470	RSPRTRY DVCE/BI-LVL PRESS CPLTY/WOUT BCKP RATE FTRE/W NNINVSV INTRFC
E0471	RSPRTRY DVCE/BI-LVL PRESS CPLTY/W BCKP RATE FTRE/W NNINVSV INTRFC
E0472	RSPRTRY DVCE/BI-LVL PRESS CPLTY/W BCKP RATE FTRE/W INVSV INTRFC
DME - Bone Growth Stimulators	
20974	ELEC STIM TO AID BONE HEALING; NONINVASIVE
20975	ELEC STIM TO AID BONE HEALING; INVASIVE
20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING
E0747	O'GENIC STIM ELEC NONINVAS OTH THAN SPINE APPLIC
E0748	OSTEOGENIC STIM-ELEC-NON INVAS-SPINE APPLICTNS
E0749	OSTEOGENESIS STIM ELEC (SURGICALLY IMPLANTED)
E0760	OSTEOGENESIS STIM-LOW INTENSITY US NON-INVASIVE
DME - Custom-made items & Misc. - Codes below are reviewed by Health Net, see Turning Point link for additional codes	
A9291	Prescription digital behavioral therapy, FDA-cleared, per course of treatment
36260	INSRT IMPLNT INTRA-ART INFUSION PUMP
36563	INSRT TUNNL CNTRL CVAD W/SUBQ PUMP
36583	REPL TUNNLD CNTRL CVAD W/SUBQ PUMP
61215	INSRT SUBQ RESERVOIR/PUMP-CONNECT TO VENT CATH
B4085	GASTROSTOMY TUBE, SLCN W/SLIDING RING, EA
E0486	ORAL DEVICE/APPLIANCE TO REDUCE UP/AIRWAY COLLAPSIBILITY ADJUSTABLE OR
E0677	Nonpneumatic sequential compression garment, trunk
E0711	Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion
E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS
E2102	Adjunctive continuous glucose monitor or receiver
E2617	CSTM FAB WC BACK CUSHN ANY SZ ANY MOUNT HARDWARE
K0900	CUSTOMIZED DME OTH THAN WHEELCHAIR
K0903	MULT DEN INSERT DIR CARV/CAM
K1006	SUCTION PUMP HOME MODEL ELEC USE EXT URINE MS
K1007	BIL HKAFO DEVC PWR INCL PELV COMP UP KNEE JOINTS
K1009	SPEECH VOLUME MODULATION SYS INCL ALL COMP AND ACC
K1010	INDWELL IU DRNG DEVC VLV PT INSR REPLC ONLY EA
K1011	ACTIVATION DEVC IU DRNG DEVC VLV REPLAC ONLY EA
K1012	CHARGER AND BASE STATION IU ACTV DEVC REPLAC ONLY
K1023	DISTL TRANSCT ELC NRV STM STIM PERIPH NRV UP ARM
K1024	NONPNEUMATIC COMPR CNTRL W/SEQ CALIBR GRDNT PRS
K1025	NONPNEUMATIC SEQUENTIAL COMPRES GARMENT FULL ARM
K1027	ORAL DEV/APPL RED U AW COL WO F MCH HNG CSTM FAB
K1028	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application
K1031	Nonpneumatic compression controller without calibrated gradient pressure
K1032	Nonpneumatic sequential compression garment, full leg
K1033	Nonpneumatic sequential compression garment, half leg
L8609	ARTIFICIAL CORNEA
Q0506	LITH-ION BATT ELEC/PNEUM VAD
Q4251	VIM PER SQ CM

SERVICE CODES	SERVICE DESCRIPTION
Q4252	VENDAJE PER SQ CM
Q4253	ZENITH AMNIOTIC MEMBRANE PER SQ CM
Q4272	ESANO A PER SQ CM
Q4273	ESANO AAA PER SQ CM
Q4274	ESANO AC PER SQ CM
Q4275	ESANO ACA PER SQ CM
Q4276	ORION PER SQ CM
Q4277	WOUNDPLUS MEMBRANE OR E-GRAFT PER SQ CM
Q4278	EPIEFFECT PER SQ CM
Q4280	XCELL AMNIO MATRIX PER SQ CM
Q4281	BARRERA SL OR BARRERA DL PER SQ CM
Q4282	CYGNUS DUAL PER SQ CM
Q4283	BIOVANCE TRI-LAYER OR BIOVANCE 3L PER SQ CM
Q4284	DERMABIND SL PER SQ CM
Q9994	ENZYME CARTRIDGE ENTERAL NUT
S1002	CUSTOMIZED ITEM (LIST IN ADDITION TO CODE FOR BASIC ITEM)
S1091	STENT NONCORONARY TEMPORARY WITH DELIVERY SYSTEM
S8420	GRADIENT PRESSURE AID (SLEEVE AND GLOVE COMBINATION), CUSTOM MADE
S8422	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, MEDIUM WEIGHT
S8423	GRADIENT PRESSURE AID (SLEEVE), CUSTOM MADE, HEAVY WEIGHT
S8425	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, MEDIUM WEIGHT
S8426	GRADIENT PRESSURE AID (GLOVE), CUSTOM MADE, HEAVY WEIGHT
DME - Hospital Bed/Mattresses	
E0193	POWERED AIR FLOTATION BED (LOW AIR LOW THERAPY)
E0194	AIR FLUIDIZED BED
E0250	HOSP BED FIX HEIGHT W/ANY SIDE RAILS/MATTRESS
E0251	HOSP BED FIX HEIGHT W/ANY RAILS WO MATTRESS
E0255	HOSP BED VARIABLE HI-LO W/ANY RAILS W/MATTRESS
E0256	HOSP BED VARIABLE HI-LO W/ANY RAILS WO MATTRESS
E0260	HOSP BED SEMI-ELEC W/ANY RAILS W/MATTRESS
E0261	HOSP BED SEMI-ELEC W/ANY RAILS WO MATTRESS
E0265	HOSP BED TOTAL ELEC W/ANY RAILS W/MATTRESS
E0266	HOSP BED TOTAL ELEC W/ANY RAILS WO MATTRESS
E0270	HOSP BED INSTITUTION OSCILLATE/CIRCULATE/STRYKER
E0272	MATTRESS FOAM RUBBER
E0277	POWERED PRESS-REDUCING AIR MATRS
E0290	HOSP BED FIX HEIGHT WO RAILS W/MATTRESS
E0291	HOSP BED FIX HEIGHT WO RAILS WO MATTRESS
E0292	HOSP BED VARIABLE HI-LO WO RAILS W/MATTRESS
E0293	HOSP BED VARIABLE HI-LO WO RAILS WO MATTRESS
E0294	HOSP BED SEMI-ELECTRIC WO RAILS W/MATTRESS
E0295	HOSP BED SEMI-ELECTRIC WO RAILS WO MATTRESS
E0296	HOSP BED TOTAL-ELECTRIC WO RAILS W/MATTRESS

SERVICE CODES	SERVICE DESCRIPTION
E0297	HOSP BED TOTAL-ELECTRIC WO RAILS WO MATTRESS
E0300	ENCLOSED PED CRIB HOSP GRADE
E0301	HOSP BED/HVY DTY/X-TRA WIDE/WGHT CP>350 PDS/LESS OR = 600 /W/OUT MATT
E0302	HOSP BED/HVY DTY/X-TRA WIDE/WGHT CP> 600 /W/OUT MATT
E0303	HOSP BED/HVY DTY/X-TRA WIDE/WGHT CP>350 PDS/LESS OR = 600 /W MATT
E0304	HOSP BED/HVY DTY/X-TRA WIDE/WGHT CP> 600 /W MATT
E0328	PED HOSPITAL BED MANUAL
E0329	PED HOSPITAL BED SEMI/ELECT
DME - Power Wheelchairs	
E1220	WHEELCHAIR SPECIAL SIZE/CONSTRUCT & JUSTIFY
E1239	POWER WHEELCHAIR PEDIATRIC SIZE NOS
K0010	STANDARD-WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR
K0011	STANDARD-WEIGHT FRAME POWER WHEELCHAIR W/CONTRL
K0012	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR
K0013	CUSTOM MOTORIZED/POWER WHEELCHAIR BASE
K0014	OTHER MOTORIZED/POWER WHEELCHAIR BASE
K0813	POWER WHEELCHAIR, GRP 1 STD, PORTABLE, SLING/SOLID SEAT &
K0814	POWER WHEELCH, GRP 1 STD, PORTABLE CAPTAIN'S CHAIR, PAT WT
K0815	POWER WHEELCHIR, GRP 1 STD, SLING/SOLID SEAT BACK, PAT WT CAP
K0816	POWER WHEELCH, GRP 1 STD, CAPTAIN'S CH, PAT WT CAPACITY UP TO INCL
K0820	POWER WHEELCH, GRP 2 STD, PORTABLE, SLING/SOLID SEAT/BACK, PAT
K0821	POWER WHEELCH, GRP 2 STD, PORTABLE CAPTAIN'S CH, PAT WT CAP UP TO
K0822	POWER WHEELCH, GRP 2 STD, SLING/SOLID SEAT/BACK, PAT WT CAP UP TO
K0823	POWER WHEELCH, GRP 2 STD, CAPTAIN'S CH, PAT WT CAP UP TO INCLUDING
K0824	POWER WHEELCH, GRP 2 H DUTY, SLING/SOL SEAT/BACK, PAT WT CAP 301-450
K0825	POWER WHEELCH, GRP 2 H DUTY, CAPTAIN'S CH, PAT WT CAPACITY 301-450
K0826	POWER WH CH, GRP 2 VERY H DUTY, SLING/SOL SEAT/BACK, WT CAP 451-600
K0827	POWER WH CH, GRP 2 VERY H DUTY, CAPTAIN'S CH, PAT WT CAP 451- 600 LBS
K0828	POWER WH CH, GRP 2 EXTRA H DUTY, SLING/SOLID SEAT/BACK, WT CAP 601
K0829	POWER WHEELCH, GRP 2 EXTRA H DUTY, CAPTAIN'S CH, WT CAP 601 LBS+
K0830	POWER WH CH, GRP 2 STD,SEAT ELEV,SLING/SOL ST/BACK, PAT WT CAP UP TO 300
K0831	POWER WH CH, GRP 2 STD, SEAT ELEV, CAPTAIN'S CH, WT CAP UP TO INCL
K0835	POWER WH CH, GRP 2 STD, SINGLE POWER OPT, SLING/SOLID ST/BACK,
K0836	POWER WH CH, GRP 2 STD, SINGLE POWER OPT, CAPTAIN'S CH, WT CAP
K0837	POWER WH CH, GRP 2 H DUTY, SING POW OPT, SLING/SOL ST/BACK, WT
K0838	POWER WH CH, GRP 2 H DUTY, SING POW OPT, CAPTAIN'S CH, WT CAP
K0839	POWER WH CH, GRP 2 H DUTY, SING POW OPT, SLING/SOL ST/BACK, WT
K0840	POWER WH CH,GRP 2 EXT H DUTY,SING POW OPT,SLING/SOLID ST/BACK,
K0841	POWER WH CH,GRP 2 STD,MULT POW OPT, SLING/SOL ST/BACK, PAT WT
K0842	POWER WH CH, GRP 2 STD, MULT POW OPT, CAPTAIN'S CH, PAT WT CAP
K0843	POWER WH CH, GRP 2 H DUTY, MULT POW OPT, SLING/SOL,ST/BACK,
K0848	POWER WH CH, GRP 3 STD, SLING/SOL ST/BACK, WT CAP UP TO & INCLUDING
K0849	POWER WH CH, GRP 3 STD, CAPATIN'S CH, PAT WT CAP UP TO & INCLUDING

SERVICE CODES	SERVICE DESCRIPTION
K0850	POWER WH CH, GRP 3 H DUTY, SLING/SOLID SEAT/BACK, PAT WT CAP
K0851	POWER WH CH, GRP 3 H DUTY, CAPTAIN'S CH, PAT WT CAP 301 TO 450 LBS
K0852	POWER WH CH, GRP 3 VERY H DUTY, SLING/SOLID SEAT/BACK, WT CAP
K0853	POWER WH CH, GRP 3 VERY H DUTY, CAPTAIN'S CH, PAT WT CAP 451
K0854	POWER WH CH, GRP 3 EXTRA H DUTY, SLING/SOLID SEAT/BACK, WT CAP
K0855	POWER WH CH, GRP 3 EXTRA H DUTY, CAPTAIN'S CH, PAT WT 601 LBS OR MORE
K0856	POWER WH CH, GRP 3 STD, SING POW OPT, SLING/SOL ST/BACK, WT
K0857	POWER WH CH, GRP 3 STD, SING POW OPT, CAPTAIN'S CH, WT CAP UP TO
K0858	POWER WH CH, GRP 3 H DUTY, SING POW OPT, SLING/SOL ST/BACK, WT
K0859	POWER WH CH, GRP 3 H DUTY, SING POW OPT, CAPTAIN'S CH, WT CAP
K0860	PWR WH CH, GRP 3 V H DUTY, SING POW OPT, SLING/SOL ST/BACK, WT
K0861	POWER WH CH, GRP 3 STD, MULT POW OPT, SLING/SOL ST/BACK, WT
K0862	PWR WH CH, GRP 3 H DUTY, MULT POW OPT, SLING/SOL ST/BACK, WT CA
K0863	PWR WH CH, GRP 3 V H DUTY, MULT POW OPT, SLING/SOL ST/BACK, WT
K0864	PWR WH CH, GRP 3 EXT H DUTY, MULT POW OPT, SLING/SOL ST/BACK, WT C
K0868	PWR WH CH, GRP 4 STD, SLING/SOLID ST/BACK, WT CAP UP TO &
K0869	POWER WH CH, GRP 4 STD, CAPTAIN'S CH, PAT WT CAP UP TO &
K0870	POWER WH CH, GRP 4 H DUTY, SLING/SOLID SEAT/BACK, PAT WT CAP
K0871	POWER WH CH, GRP 4 VERY H DUTY, SLING/SOL ST/BACK, WT CAP 451
K0877	POWER WH CH, GRP 4 STD, SING POWER, SLING/SOL ST/BACK, WT CAP
K0878	POWER WH CH, GRP 4 STD, SING POW OPT, CAPTAIN'S CH, WT CAP UP
K0879	POWER WH CH, GRP 4 H DUTY, SLING/SOLID SEAT/BACK, PAT WT CAP
K0880	PWR WH CH, GRP 4 V H DUTY, SING POW OPT, SLING/SOL ST/BACK, WT
K0884	PWR WH CH, GRP 4 STD, MULT POW OPT, SLING/SOL ST/BACK, WT CAP
K0885	PWR WH CH, GRP 4 STD, MULT POW OPT, CAPTAIN'S CH, WT CAP UP TO
K0886	PWR WH CH, GRP 4 H DUTY, MULT POW OPT, SLING/SOL ST/BACK, WT
K0890	PWR WH CH, GRP 5 PED, SING POW OPT, SLING/SOLID ST/BACK, WT CAP
K0891	PWR WH CH, GRP 5 PED, MULT POW OPT, SLING/SOL ST/BACK, WT CAP
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED
DME - Scooters	
E1230	POWER OP VEHICLE (3-4 WHEEL) BRAND/NAME/MODEL #
K0800	POWER OPERATED VEHICLE, GRP 1 STD, PATT WT CAP UP TO &
K0801	POWER OPERATED VEHICLE, GRP 1 H DUTY, PAT WT CAP 301 TO 450
K0802	POWER OPERATED VEHICLE, GRP 1 VERY H DUTY, PAT WT CAP 451 TO
K0806	POWER OPERATED VEHICLE, GRP 2 STD, PAT WT CAP UP TO &
K0807	POWER OPERATED VEHICLE, GRP 2 H DUTY, PAT WT CAPACITY 301 TO
K0808	POWER OPERATED VEHICLE, GRP 2 VERY H DUTY, PAT WT CAP 451 TO
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
K0899	POW MOBIL DEV NO DMEPDAC
Excision, Excessive Skin	
15775	PUNCH GFT HAIR TRANSPL; 1 TO 15 PUNCH GFT
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890 - Z87.890
15830	EXCIS, XS SKIN AND SUBCUT TISSUE ABD, INFRAUMBILICAL PANNICULECTOMY

SERVICE CODES	SERVICE DESCRIPTION
15832	EXC EXCESSIVE SKIN & SUBQ TISS; THIGH
15833	EXC EXCESSIVE SKIN & SUBQ TISS; LEG
15834	EXC EXCESSIVE SKIN & SUBQ TISS; HIP
15835	EXC EXCESSIVE SKIN & SUBQ TISS; BUTTOCK
15836	EXC EXCESSIVE SKIN & SUBQ TISS; ARM
15837	EXC EXCESSIVE SKIN & SUBQ TISS; FOREARM/HAND
15838	EXC EXCESS SKIN SUBQ TISS; SUBMENTAL FAT PAD
15839	EXC EXCESSIVE SKIN & SUBQ TISS; OTHER AREA
15847	EXCIS, XS SKIN AND SUBCUT TISSUE ABDOMINOPLASTY (LIST SEPARATELY)
15876	SUCTION ASSISTED LIPECTOMY; HEAD & NECK
Experimental/Investigational	
0643T	TRANSCATHETER L VENTR RESTORATION DEVICE IMPLTJ
Gender Reassignment Services	
13300	REPR UNUSUAL COMPLIC OVER 7.5 CM ANY AREA
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
14000	ADJACENT TISS TRANSF TRUNK; DEFECT 10 SQ CM/LESS
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
14040	ADJACENT TRANSF CHIN/NECK/AX/FT; 10 SQ CM/LESS
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
14041	ADJACENT TRANSF CHIN/NECK/AX/FT; 10.1-30.0 SQ CM
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
14300	ADJACENT TRANSF MORE THAN 30.0 SQ CM COMPLIC
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
15100	SPLIT GFT TRUNK; 1ST 100 SQ CM/1% BODY CHILD
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
15120	SPLIT GFT FACE; 1ST 100 SQ CM/LESS/1% BODY CHILD
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
15121	SPLIT GFT FACE; EA ADD 100 SQ CM/EA ADD 1% CHILD
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
15200	FULL THICK GFT-FREE-TRUNK; 20 SQ CM/LESS
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
15570	FORMATION DIR/TUBED PEDICLE W/WO TRANSF; TRUNK
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
15574	FORM DIR PEDICLE W/WO TRANSF; CHEEKS/CHIN/AX/FT
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
15600	DELAY FLAP/SECT FLAP; AT TRUNK
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
15620	DELAY FLAP/SECT FLAP; FOREHEAD/CHIN/AX/GENIT/FT
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
15757	FREE SKIN FLAP W/MICROVASC ANASTOM
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
15758	FREE FASCIAL FLAP W/MICROVASC ANASTOM
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890

SERVICE CODES	SERVICE DESCRIPTION
15776	PUNCH GFT HAIR TRANSPL; MORE THAN 15 PUNCH GFT
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
15824	RHYTIDECTOMY; FOREHEAD
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
15825	RHYTIDECTOMY; NECK W/PLATYSMAL TIGHTENING
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
15826	RHYTIDECTOMY; GLABELLAR FROWN LINES
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
15828	RHYTIDECTOMY; CHEEK/CHIN/NECK
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
15829	RHYTIDECTOMY; SUPERF MUSCULOAPONEUROTIC SYST FLA
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
17999	UNLISTED PROC SKIN/MUCOS MEMBRN/SUBQ TISS
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
19301	MASTECT, PARTIAL (LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY)
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
19303	MASTECTOMY, SIMPLE, COMPLETE
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
19304	MASTECTOMY, SUBCUTANEOUS
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
21270	MALAR AUGMEN PROSTH MAT
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
31580	LARYNGOPLASTY; LARYNGEL WEB W/KEEL INSRT & REMOV
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
31599	UNLISTED PROC LARYNX
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
31899	UNLISTED PROC TRACHEA BRONCHI
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
44145	COLECTOMY PART; W/COLOPROCTOSTOMY
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
53400	URETHROPLASTY; 1ST STAGE-FISTULA/DIVERTIC/STRICT
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
53405	URETHROPLASTY; 2ND STAGE INCL URIN DIVERSION
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
53410	URETHROPLASTY 1-STAGE RECON MALE ANT URETHRA
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
53415	URETHROPLASTY 1 STAGE RECON PROSTATIC URETHRA
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
53420	URETHROPLASTY 2-STAGE RECON URETHRA; 1ST STAGE
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
53425	URETHROPLASTY, 2-STAGE RECON URETHRA; 2ND STAGE
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
53430	URETHROPLASTY RECON FE URETHRA

SERVICE CODES	SERVICE DESCRIPTION
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
53460	URETHROMEATOPLASTY W/PART EXC DISTAL URETHRL SEG
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
54125	AMPUTA PENIS; COMPLT
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
54308	URETHROPLASTY 2ND STAGE HYPOSPADIAS REPR; < 3 CM
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
54312	URETHROPLASTY 2ND STAGE HYPOSPADIAS REPR; > 3 CM
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
54316	URETHROPLASTY 2ND STAGE HYPOSPADIAS REPR; W/GFT
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
54318	URETHROPLASTY 3RD STAGE RELEAS PENIS FRM SCROTUM
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
54322	1 STAGE DISTAL HYPOSPADIAS REPR; W/SIMPL ADVANCE
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
54324	1 STAGE DISTAL HYPOSPADIAS REPR; W/URETHROPLASTY
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
54326	1 STAGE DISTAL HYPOSPADIAS REPR; MOBILIZ URETHRA
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
54328	1 STAGE DISTAL HYPOSPADIAS REPR; W/EXTEN DISSECT
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
54340	REPR HYPOSPADIAS COMPLIC; BY CLO INCS/EXC SIMPL
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
54520	ORCHIECTOMY SIMPL W/WO TESTICULAR PROSTH
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
54660	INSRT TESTICULAR PROSTH (SEPART PROC)
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
54690	LAPAROSCOPY ORCHIECTOMY
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
55175	SCROTOPLASTY; SIMPL
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
55180	SCROTOPLASTY; COMPLIC
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
55970	INTERSEX SURG; MALE TO FE
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
55980	INTERSEX SURG; FE TO MALE
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
56625	VULVECTOMY SIMPL; COMPLT
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
56800	PLASTIC REPR INTROITUS
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
56805	CLITOROPLASTY INTERSEX STATE
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890

SERVICE CODES	SERVICE DESCRIPTION
56810	PERINEOPLASTY REPR PERINEUM NON-OB (SEPART PROC)
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
57106	VAGINECTOMY PART REMOV VAG WALL
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
57107	VAGINECT PART REMOV VAG WALL; REMOV PARAVAG TISS
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
57110	VAGINECT COMPLT REMOV VAG WALL;
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
57111	VAGINECT COMPLT REMOV VAG WALL; REMOV PARAVAG
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
57291	CONSTRUCTION ARTIFICIAL VAG; WO GFT
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
57292	CONSTRUCTION ARTIFICIAL VAG; W/GFT
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
57295	REVJ RMVL PROSTC VAG GRF VAG APPR
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
57296	OPEN ABDOMINAL APPROACH
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
57335	VAGINOPLASTY INTERSEX STATE
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
57426	REVISE PROSTH VAG GRAFT LAP
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
57465	COMPUTER-AIDED MAPG CERVIX UTERI DRG COLPOSCOPY
58150	TOT ABD HYST W/WO REMOV TUBE(S) - OVARY(S)
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58180	SUPRACERV ABD HYST W/WO REMOV TUBE(S) - OVARY(S)
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58260	VAG HYST UTERUS 250 GRAMS OR LESS;
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58262	VAG HYST UTRUS 250 GMS/;<; REMV T&/O
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58263	VAG HYST UTRUS 250 GM/;<;REP ENTERCL
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58267	VAG HYST 250 GM/;<;CLPO-URTHRCYSTPYX
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58270	VAG HYST UTRUS 250 GM/;<;REP ENTROCL
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58275	VAG HYST W/TOT/PART COLPECTOMY
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58280	VAG HYST W/TOT/PART COLPECTOMY; W/REPR ENTEROCEL
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58285	VAG HYST RADICAL
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890

SERVICE CODES	SERVICE DESCRIPTION
58290	VAG HYST UTERUS > 250 GRAMS;
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58291	VAG HYST UTRUS>250 GMS; REMV T&/O
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58292	VAG HYST UTRUS>250 GM; T&/O ENTROCL
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58294	VAG HYST UTRUS >250 GM;REP ENTEROCL
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, UTERUS 250 G OR LESS
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58542	WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58543	LAP, SURG, SUPERACERVICAL HYSTERECTOMY, FOR UTERUS FREATER THAN 250 G
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58544	WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58550	LAP SURG VAG HYST UTRUS 250 GMS/<;
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58552	LAP VAG HYST UTRUS 250 GMS/<; T&/O
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58553	LAP W/VAG HYST UTRUS > 250 GMS;
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58554	LAP VAG HYST UTRUS>250 GM;REMV T&/O
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58573	TLH W/T/O UTERUS OVER 250 G
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58661	LAPAROSCOPY SURGICAL REMOVAL ADNEXAL STRUCTURES
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58720	SALPINGO-OOPHORECTOMY COMPLT/PART (SEPART PROC)
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
58999	UNLISTED PROC FE GENIT SYST
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
64856	SUTURE MAJ NERV ARM/LEG EX-SCIATIC; W/TRANSPSIT
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
64892	NERV GFT 1 STRAND ARM/LEG; UP TO 4 CM LENGTH
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
64896	NERV GFT MX STRAND HAND/FT; > 4 CM LENGTH
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
92521	EVALUATION OF SPEECH FLUENCY
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
92522	EVALUATE SPEECH PRODUCTION
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
92523	SPEECH SOUND LANG COMPREHEN

SERVICE CODES	SERVICE DESCRIPTION
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
92524	BEHAVRAL QUALIT ANALYS VOICE
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
92526	TX SWALLOWING DYSFUNCT &/OR ORAL FUNCT-FEEDING
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
S8948	APLCTN/MODALITY TO ONE OR MORE AREAS, LOW-LEVEL LASER, EA 15 MINUTES
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
V5364	DYSYPHAGIA SCREENING
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
Genetic Testing	
0001U	RBC DNA HEA 35 AG 11 BLD GRP
0006M	HEPATIC ONCOLOGY, 161 GENES, TUMOR
0008U	HPYLORI DETCJ ABX RSTNC DNA
0009U	ONC BRST CA ERBB2 AMP/NONAMP
0010U	NFCT DS STRN TYP WHL GEN SEQ
0012M	ONC MRNA 5 GEN RSK URTHL CA
0012U	GERMLN DO GENE REARGMT DETCJ
0013M	ONC MRNA 5 GEN RECR URTHL CA
0013U	ONC SLD ORG NEO GENE REARGMT
0014U	HEM HMTLMF NEO GENE REARGMT
0015U	RX METAB ADVRS RX RXN DNA
0016M	ONC BLADDER MRNA MICROARRAY GENE XPRSN PRFLG 209
0016U	ONC HMTLMF NEO RNA BCR/ABL1
0017M	ONC DLBCL MRNA FLUOR PRB HYBRDZTN 20 GENES ALG
0017U	ONC HMTLMF NEO JAK2 MUT DNA
0036U	XOME TUM AND NML SPEC SEQ ALYS
0037U	TRGT GEN SEQ DMA 324 GENES
0040U	BCR/ABL1 GENE MAJOR BP QUAN
0045U	ONC BRST DUX CARC IS 12 GENE
0046U	FLT3 GENE ITD VARIANTS QUAN
0047U	ONC PRST8 MRNA 17 GENE ALG
0048U	ONC SLD ORG NEO DNA 468 GENE
0049U	NPM1 GENE ANALYSIS QUAN
0050U	TRGT GEN SEQ DNA 194 GENES
0053U	ONC PRST8 CA FISH ALYS 4 GEN
0055U	CARD HRT TRNSPL 96 DNA SEQ
0056U	HEM AML DNA GENE REARGMT
0057U	ONC SLD ORG NEO MRNA 51 GENE
0060U	TWN ZYG GEN SEQ ALYS CHRMS2
0067U	ONC BRST IMHCHEM PRTN XPRS PRFL 4 BMRK CA PRTN
0069U	ONC CLRCT MICRORNA XPRS PRFL MIR-31-3P ALG
0070U	CYP2D6 GENE ANALYSIS COMMON AND SELECT RARE VRNTS
0071U	CYP2D6 GENE ANALYSIS FULL GENE SEQUENCE

SERVICE CODES	SERVICE DESCRIPTION
0072U	CYP2D6 GENE TRGT SEQ ALYS CYP2D6-2D7 HYBRID GENE
0073U	CYP2D6 GENE TRGT SEQ ALYS CYP2D7-2D6 HYBRID GENE
0074U	CYP2D6 TRGT SEQ ALYS NONDUP GENE DUPL/MLT TRANS
0075U	CYP2D6 GENE TRGT SEQ ALYS 5' GENE DUPL/MLT
0076U	CYP2D6 GENE TRGT SEQ ALYS 3' GENE DUPL/MLT
0078U	PAIN MGT OPIOID USE DO GNOTYP PNL 16 CMN VRNTS
0079U	CMPRTV DNA ALYS MLT SNPS UR AND BUCCAL SPEC ID VERIF
0084U	RBC DNA GNOTYP 10 BLD GRP PHNT PREDICT 37 RBC AG
0086U	NFCT DS BACT AND FNG ORG ID BLD CUL RRNA FISH 6+TRGT
0087U	CARD HRT TRNSPL MRNA GEN XPRS PRFL 1283 GENE ALG
0088U	TRNSPLJ MED KDN ALGRFT REJ 1494 GENES ALG
0089U	ONC MLNMA GEN XPRS PRFL RTQPCR PRAME AND LINC00518
0090U	ONC CUTAN MLNMA MRNA GEN XPRS PRFL 23 GENES ALG
0094U	GENOME RAPID SEQUENCE ANALYSIS
0101U	HERED COLON CA DO GEN SEQ ALYS PANEL 15 GENES
0102U	HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENES
0103U	HERED OVARIAN CANCER GEN SEQ ALYS PANEL 24 GENES
0104U	HERED PAN CANCER GEN SEQ ALYS PANEL 32 GENES
0105U	NEPHROLOGY CKD ECLIA TUMOR NECROSIS ALG RKFD
0109U	ID ASPERGILLUS DNA 4 SPECIES BLD LVG FLU/TISS
0111U	ONCOLOGY COLON CANCER TRGT KRAS AND NRAS GENE ALYS
0112U	IADI TRGT SEQ ALYS 16S AND 18S RRNA GENES
0113U	ONCOLOGY PRST8 MEAS PCA3 AND TMRSS2-ERG UR AND PSA SRM
0115U	RESPIR IADNA 18 VIRAL TYPE AND SUBTYPE AND 2 BACT TRGT
0118U	TRANSPLANTATION MED QUAN DON-DRV CLL-FR DNA PLSM
0120U	ONC B CLL LYMPHM MRNA GENE XPRSN PRFL 58 GEN ALG
0126U	FTL CGEN ABNOR AND PRNT COMP 5 ANAL ASSMT Y CHRMSM
0128U	OB PE BIOCHEM ASSAY 3 ANAL QUAL ASSMT Y CHRMSM
0129U	HEREDITARY BRST CA RLTD DO GEN SEQ AND DEL/DUP PNL
0130U	HEREDITARY COLON CA DO TRGT MRNA SEQ ALYS PANEL
0131U	HERED BRST CA RLTD DO TRGT MRNA SEQ ALYS 13 GENE
0132U	HERED OVA CA RLTD DO TRGT MRNA SEQ ALYS 17 GENE
0133U	HERED PRST8 CA RLTD DO TRGT MRNA SEQ ALYS 11 GEN
0134U	HEREDITARY PAN CA TRGT MRNA SEQ ALYS 18 GENE
0135U	HEREDITARY GYN CA TRGT MRNA SEQ ALYS 12 GENE
0136U	ATM MRNA SEQUENCE ANALYSIS
0137U	PALB2 MRNA SEQUENCE ANALYSIS
0138U	BRCA1 BRCA2 MRNA SEQUENCE ANALYSIS
0169U	NUDT15 AND TPMT GENE ANALYSIS COMMON VARIANTS
0170U	NEURO ASD RNA NEXT-GNRJ SEQ SALIVA ALG ALYS
0171U	TARGETED GENOMIC SEQUENCE ALYS PNL DNA 23 GENES
0172U	ONC SLD TUM SOMATIC MUT ALYS BRCA1 BRCA2 ALG
0173U	PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 14 GENES

SERVICE CODES	SERVICE DESCRIPTION
0175U	PSYCHIATRY GEN ALYS PNL W/VARIANT ALYS 15 GENES
0177U	ONC BRST CA DNA PIK3CA GEN ALYS 11 GEN VRNT PLSM
0179U	ONC NONSM CLL LNG CA CELL FREE DNA ALYS 23 GEN
0180U	ABO GNOTYP ALYS SANGER/CHAIN SEQ ABO 7 EXONS
0181U	CO GNOTYP GENE ANALYSIS AQP1 EXON 1
0182U	CROM GNOTYP GENE ANALYSIS CD55 EXONS 1-10
0183U	DI GNOTYP GENE ANALYSIS SLC4A1 EXON 19
0184U	DO GNOTYP GENE ANALYSIS ART4 EXON 2
0185U	FUT1 GNOTYP GENE ANALYSIS FUT1 EXON 4
0186U	FUT2 GNOTYP GENE ANALYSIS FUT2 EXON 2
0187U	FY GNOTYP GENE ANALYSIS ACKR1 EXONS 1-2
0188U	GE GNOTYP GENE ANALYSIS GYPC EXONS 1-4
0189U	GYPA GNOTYP GENE ALYS GYPA INTRONS 1 5 EXON 2
0190U	GYPB GNOTYP ALYS GYPB INTRON 1 5 PSEUDOEXON 3
0191U	IN GNOTYP GENE ANALYSIS CD44 EXONS 2 3 6
0192U	JK GNOTYP GENE ANALYSIS SLC14A1 GEN PRMTR EXON 9
0193U	JR GNOTYP GENE ANALYSIS ABCG2 EXONS 2-26
0194U	KEL GNOTYP GENE ANALYSIS KEL EXON 8
0195U	KLF1 TARGETED SEQUENCING
0196U	LU GNOTYP GENE ANALYSIS BCAM EXON 3
0197U	LW GNOTYP GENE ANALYSIS ICAM4 EXON 1
0198U	RHD AND RHCE GNOTYP SANGER/CHAIN SEQ RHD 1-10 AND RHCE 5
0199U	SC GNOTYP GENE ANALYSIS ERMAPP EXONS 4 12
0200U	XK GNOTYP GENE ANALYSIS XK EXONS 1-3
0201U	YT GNOTYP GENE ANALYSIS ACHE EXON 2
0203U	AUTOIMMUN IBD MRNA GEN XPRSN PRFL 17 GEN WHL BLD
0204U	ONC THYR MRNA GENE XPRSN ALYS 593 GENES FNA
0205U	OPH AGE-RELATED MAC DEGENERATION ALYS 3 GEN VRNT
0209U	CYTOG CONST ALYS INTERROG GEN REG F/COPY NUMBER
0211U	ONC PAN-TUMOR DNA AND RNA NEXT-GENERATION SEQUENCING
0212U	RARE DS WHL GEN AND MITOCHDRL DNA SEQ ALYS PROBAND
0213U	RARE DS WHL GEN AND MITOCHDRL DNA SEQ ALYS EA CMPRTR
0214U	RARE DS WHL XOM AND MITOCHDRL DNA SEQ ALYS PROBAND
0215U	RARE DS WHL XOM AND MITOCHDRL DNA SEQ ALYS EA CMPRTR
0216U	NEURO INH ATAXIA GENOMIC DNA SEQ ALYS 12 BLD/SLV
0217U	NEURO INH ATAXIA GENOMIC DNA SEQ ALYS 51 BLD/SLV
0218U	NEURO MUSCULAR DYSTROPHY DMD SEQ ALYS BLD/SALIVA
0221U	ABO GNOTYP GENE ALYS NEXT-GENERATION SEQ ABO GEN
0222U	RHD AND RHCE GNOTYP NEXT-GNRJ SEQ RH PROX PROMOTER
0230U	AR FUL SEQ ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS
0231U	CACNA1A FUL GEN ALY CHNG DELT DUP XPNSJ INSJ VRT
0232U	CSTB FUL GEN ALY CHNG DELET DUPL XPNSJ INSJ VRNT
0233U	FXN GENE ALYS CHNG DELET DUPL XPNSJ INSJ VRNTS

SERVICE CODES	SERVICE DESCRIPTION
0234U	MECP2 FUL GEN ALYS CHANGES DELET DUPL INSJ VRNTS
0235U	PTEN FULL GEN ALYS CHANGES DELET DUPL INSJ VRNTS
0236U	SMN1 AND SMN2 FUL GEN ALYS CHNG DUPL AND DELET AND INSJ
0237U	CARDIAC ION CHANNELOPATHIES GENOMIC SEQ ALYS PNL
0238U	ONC LYNCH SYNDROME GENOMIC DNA SEQUENCE ANALYSIS
0239U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 311+
0242U	TRGT GEN SEQ ALYS PNL SOLID ORGN NEO DNA 55-74
0244U	ONC SOLID ORGN DNA COMPRE GENOMIC PRFLG 257 GENE
0245U	ONC THYR MUT ALYS 10 GEN 37 RNA FSN XPRSN 4 MRNA
0246U	RBC DNA GNOTYP 16 BLD GRP PHNT PREDICT 51 RBC AG
0250U	ONC SLD ORG NEO TRGT GEN SEQ DNA ALYS 505 GENES
0251U	HEPCIDIN-25 ELISA SERUM OR PLASMA
0252U	FTL ANEUPLOIDY STR CMPRTV ALYS FTL DNA PRDC CNCP
0253U	REPRDVE MED RNA 238 GEN NXT GEN SEQ ENDMT TISS
0254U	REPRDVE MED ALYS 24 CHRSM EMBRY AND MITOCHDRL DNA
0258U	AI PSORIASIS MRNA GEN XPRSN PRFL 50-100 GEN ALG
0260U	RARE DS ID VRTJ INVRJ INSJ TLCJ OPT GENOME MAPG
0262U	ONC SOLID TUM GEN XPRSN PRFL RT-PCR 7 GEN PTHWY
0264U	RARE DS ID VRTJ INVRJ INSJ TLCJ OPT GENOME MAPG
0265U	RARE DO WHL GENOME AND MITOCHDRL DNA SEQ ALYS
0266U	UNXPLAIND CONST/OTH HERITABLE DO/SYND GEN XPRSN
0267U	RARE DO ID VARIATIONS OPT GEN MAP AND WHL GEN SEQ
0268U	HEM ATYP HEMOLYTIC UREMC SYND GEN SEQ ALY 15 GEN
0269U	HEM AUTO DOM CGEN THRMBCTPNA GEN SEQ ALYS 14 GEN
0270U	HEM CGEN COAGJ DO GENOMIC SEQ ALYS 20 GENES
0271U	HEM CGEN NEUTROPENIA GEN SEQ ALYS 23 GENES
0272U	HEM GENETIC BLEEDING DO GEN SEQ ALYS 51 GENES
0273U	HEM GEN HYPRFIBRNLYSIS DLYD BLD SEQ ALYS 8 GEN
0274U	HEM GENETIC PLTLT DO GEN SEQ ALYS 43 GENES
0276U	HEM INH THROMBOCYTOPENIA GEN SEQ ALYS 23 GENES
0277U	HEM GEN PLTL FUNCJ DO GEN SEQ ALYS 31 GENES
0278U	HEM GEN THROMBOSIS GEN SEQ ALYS 12 GENES
0282U	RBC DNA GNOTYP 12 BLD GRP PREDICT 44 RBC AG PHNT
0285U	ONC RSPSE RADJ CELL FR DNA PLASMA RADJ TOX SCORE
0286U	CEP72 NUDT15 AND TPMT GENE ANALYSIS COMMON VARIANTS
0287U	ONC THYR DNA AND MRNA NEXT-GEN SEQ ALYS 112 GEN ALG
0288U	ONC LUNG MRNA QUAN PCR ALYS 11 GEN AND 3 REF GEN ALG
0289U	NEURO ALZHEIMER MRNA GEN XPRSN PRFL RNA SEQ 24
0290U	PAIN MGMT MRNA GEN XPRSN PRFL RNA SEQ 36 GENES
0291U	PSYC MOOD DO MRNA GEN XPRSN PRFL RNA SEQ 144 GEN
0292U	PSYC STRS DO MRNA GEN XPRSN PRFL RNA SEQ 72 GEN
0293U	PSYC SUICDL IDEA MRNA GEN XPRSN PRFL RNA SEQ 54
0294U	LNGVTY AND MRTLT RSK MRNA GEN XPRSN PRFL RNA 18 GEN

SERVICE CODES	SERVICE DESCRIPTION
0296U	ONC ORL AND/OROP CA GEN XPRSN PRFL RNA 20 MLEC FEAT
0297U	ONC PAN TUM WHL GEN SEQ PAIRED MAL AND NML DNA SPEC
0298U	ONC PAN TUM WHL TRNS SEQ PAIRED MAL AND NML RNA SPEC
0299U	ONC PAN TUM WHL GEN OPT MAPG MAL AND NML DNA SPEC
0300U	ONC PAN TUM WHL GEN SEQ AND OPT GEN MAPG MAL AND NML DNA
0301U	IADNA BARTONELLA HENSELAE AND QUINTANA DDPCR
0302U	IADNA BRTNLA HNSLAE AND QUINTN DDPCR FLWG LIQ NRCHMT
0306U	ONC MRD NEXT-GNRJ TRGT SEQ ALYS CLL-FR DNA 1ST
0307U	ONC MRD NEXT-GNRJ TRGT SEQ ALYS CLL-FR DNA SBSQ
0308U	CRD CAD ALYS 3 PRTN PLSM ALG RSK OBSTRUCTIVE CAD
0309U	CRD CV DS ALYS 4 PRTN PLSM ALG RSK MAJ CAR EVENT
0310U	PED VSCLTS KD ALYS 3 BMRK PLSM ALG RSK SCORE KD
0313U	ONC PNCRS DNA AND MRNA NXT-GNRJ SEQ ALYS 74 GEN AND CEA
0314U	ONC CUTAN MLNMA MRNA GEN XPRSN PRFL 35 GENES ALG
0315U	ONC CUTAN SQ CLL CARC MRNA GEN XPRSN PRFL 40 ALG
0317U	ONC LUNG CA 4-PRB FISH ASY WHL BLD PREDICTIV ALG
0318U	PED WHL GENOME MTHYLTN ALYS MICRORA 50+GENES BLD
0319U	NEPH RNL TRNSPL RNA PRETRNSPL PERPH BLD ALG
0320U	NEPH RNL TRNSPL RNA POSTTRNSPL PERPH BLD ALG
0322U	NEURO ASD QUAN MEAS 14 ACYL CARNITINES AND METABLT
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of pathogenic bacteria, viruses, parasites, or fungi
0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability and tumor mutational burden
0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy, includes sex reporting, if performed
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite instability, and tumor mutational burden utilizing DNA and RNA from tumor with DNA from normal blood or saliva for subtraction, report of clinically significant mutation(s) with therapy associations
0330U	Infectious agent detection by nucleic acid (DNA or RNA), vaginal pathogen panel, identification of 27 organisms, amplified probe technique, vaginal swab
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically significant alterations
0356U	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture-enrichment RNA sequencing of 82 content genes and 10 housekeeping genes, formalin-fixed paraffin embedded (FFPE) tissue, algorithm reported as one of three molecular subtypes
0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (MRD) with quantitation of disease burden, when appropriate
0365U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of bladder cancer
0366U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer
0367U	Oncology (bladder), analysis of 10 protein biomarkers (A1AT, ANG, APOE, CA9, IL8, MMP9, MMP10, PAI1, SDC1 and VEGFA) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4, ZNF132, and TWIST1), multiplex quantitative polymerase chain reaction (qPCR), circulating cell-free DNA (cfDNA), plasma, report of risk score for advanced adenoma or colorectal cancer
0369U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes,
0370U	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, wound swab
0371U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogen, semiquantitative identification, DNA from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qPCR), urine

SERVICE CODES	SERVICE DESCRIPTION
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score
0373U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen
0374U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine
0375U	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein A-1, transferrin, beta-2 macroglobulin, prealbumin [i.e., transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score
0376U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancer-specific mortality, includes predictive algorithm to androgen deprivation-therapy response, if appropriate
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables)
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and CYP2D6 deletion or duplication analysis with reported genotype and phenotype
0381U	Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of allo-isoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)
0382U	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (LC-MS/MS)
0383U	Tyrosinemia type I monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (LC-MS/MS)
0384U	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and HbA1c and estimated glomerular filtration rate (GFR), with risk score reported for predictive progression to high-stage kidney disease
0385U	Nephrology (chronic kidney disease), apolipoprotein A4 (ApoA4), CD5 antigen-like (CD5L), and insulin-like growth factor binding protein 3 (IGFBP3) by enzyme-linked immunoassay (ELISA), plasma, algorithm combining results with HDL, estimated glomerular filtration rate (GFR) and clinical data reported as a risk score for developing diabetic kidney disease
0386U	Gastroenterology (Barrett's esophagus), P16, RUNX3, HPP1, and FBN1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer
0387U	ONC MLNMA AMBRA1 AND LORICRIN IMHCHEM FFPE TISS
0388U	ONC NONSM CLL LNG CA NXT GNRJ SEQ 37 CA RLTD GEN
0389U	PED FEBRILE ILNES KAWASAKI DS IFI27 AND MCEP1 RNA
0390U	OB PREECLAMPSIA KDR ENDOGLIN AND RBP4 IA SRM ALG
0391U	ONC SLD TUM DNA AND RNA NXT GNJ SEQ FFPE TISS 437
0392U	RX METAB GEN-RX IA VRNT ALYS 16 GENES CYP2D6
0393U	NEURO PRKNSN CSF DETCJ MSFLD A-SYNCLN PRTN QUAL
0394U	PFAS 16 PFAS COMPND LC MS/MS PLSM/SRM QUAN
	PA required for NON-PAR Provider
0395U	ONC LUNG MULTIOMICS PLASMA ALG MAL RISK LNG NDUL
0396U	OB PREIMPLTJ TST EVAL 300000 DNA 1NUCLEOTIDE
0397U	ONC NONSM CLL LNG CA CLL FR DNA AT LEAST 109 GEN
0398U	GI BARRETT ESOPH DNA MTHYLTN ALYS ALG DYSP/CA
0399U	NEURO CEREBRAL FOLATE DEFICIENCY SERUM QUAN
	PA required for NON-PAR Provider
0400U	OB XPND CAR SCR 145 GEN NXT GNRJ SEQ FRAG ALYS
0401U	CRD C HRT DS 9 GEN 12 VRNTS TRGT VRNT GNOTYP ALG
81105	HPA-1 GENOTYPING
81106	HPA-2 GENOTYPING
81107	HPA-3 GENOTYPING
81108	HPA-4 GENOTYPING
81109	HPA-5 GENOTYPING
81110	HPA-6 GENOTYPING
81111	HPA-9 GENOTYPING

SERVICE CODES	SERVICE DESCRIPTION
81112	HPA-15 GENOTYPING
81120	IDH1 COMMON VARIANTS
81121	IDH2 COMMON VARIANTS
81161	DMD DUP/DELET ANALYSIS
81162	BRCA1&2 SEQ & FULL DUP/DEL
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS
81165	BRCA1 GENE ANALYSIS FULL SEQUENCE ANALYSIS
81166	BRCA1 GENE ANALYSIS FULL DUP/DEL ANALYSIS
81167	BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS
81168	CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL AND QUAN
81170	ABL1 GENE
81171	AFF2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES
81172	AFF2 GENE ANALYSIS CHARACTERIZATION OF ALLELES
81173	AR GENE ANALYSIS FULL GENE SEQUENCE
81174	AR GENE ANALYSIS KNOWN FAMILIAL VARIANT
81175	ASXL1 FULL GENE SEQUENCE
81176	ASXL1 GENE TARGET SEQ ALYS
81177	ATN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES
81178	ATXN1 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES
81179	ATXN2 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES
81180	ATXN3 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES
81181	ATXN7 GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES
81182	ATXN8OS GENE ANALYSIS EVAL DETECT ABNOR ALLELES
81183	ATXN10 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES
81184	CACNA1A GENE ANALYSIS EVAL DETECT ABNOR ALLELES
81185	CACNA1A GENE ANALYSIS FULL GENE SEQUENCE
81186	CACNA1A GENE ANALYSIS KNOWN FAMILIAL VARIANT
81187	CNBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES
81188	CSTB GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES
81189	CSTB GENE ANALYSIS FULL GENE SEQUENCE
81190	CSTB GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81191	NTRK1 TRANSLOCATION ANALYSIS
81192	NTRK2 TRANSLOCATION ANALYSIS
81193	NTRK3 TRANSLOCATION ANALYSIS
81194	NTRK TRANSLOCATION ANALYSIS
81200	ASPA GENE
81201	APC GENE FULL SEQUENCE
81202	APC GENE KNOWN FAM VARIANTS
81203	APC GENE DUP/DELET VARIANTS
81204	AR GENE ANALYSIS CHARACTERIZATION OF ALLELES
81205	BCKDHB GENE
81206	BCR/ABL1 GENE MAJOR BP

SERVICE CODES	SERVICE DESCRIPTION
81207	BCR/ABL1 GENE MINOR BP
81208	BCR/ABL1 GENE OTHER BP
81209	BLM GENE
81210	BRAF GENE
81212	BRCA1&2 185&5385&6174 VAR
81215	BRCA1 GENE KNOWN FAM VARIANT
81216	BRCA2 GENE FULL SEQUENCE
81217	BRCA2 GENE KNOWN FAM VARIANT
81218	CEBPA GENE FULL SEQUENCE
81219	CALR GENE COM VARIANTS
81220	CFTR GENE COM VARIANTS
81221	CFTR GENE KNOWN FAM VARIANTS
81222	CFTR GENE DUP/DELET VARIANTS
81223	CFTR GENE FULL SEQUENCE
81224	CFTR GENE INTRON POLY T
81225	CYP2C19 GENE COM VARIANTS
81226	CYP2D6 GENE COM VARIANTS
81227	CYP2C9 GENE COM VARIANTS
81228	CYTOGEN MICRARRAY COPY NMBR
81229	CYTOGEN M ARRAY COPY NO&SNP
81230	CYP3A4 GENE COMMON VARIANTS
81231	CYP3A5 GENE COMMON VARIANTS
81232	DPYD GENE COMMON VARIANTS
81233	BTK GENE ANALYSIS COMMON VARIANTS
81234	DMPK GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES
81235	EGFR GENE COM VARIANTS
81236	EZH2 GENE ANALYSIS FULL GENE SEQUENCE
81237	EZH2 GENE ANALYSIS COMMON VARIANTS
81238	F9 FULL GENE SEQUENCE
81239	DMPK GENE ANALYSIS CHARACTERIZATION OF ALLELES
81240	F2 GENE
81241	F5 GENE
81242	FANCC GENE
81243	FMR1 GENE DETECTION
81244	FMR1 GENE CHARACTERIZATION
81245	FLT3 GENE
81246	FLT3 GENE ANALYSIS
81247	G6PD GENE ALYS CMN VARIANT
81248	G6PD KNOWN FAMILIAL VARIANT
81249	G6PD FULL GENE SEQUENCE
81250	G6PC GENE
81251	GBA GENE
81252	GJB2 GENE FULL SEQUENCE

SERVICE CODES	SERVICE DESCRIPTION
81253	GJB2 GENE KNOWN FAM VARIANTS
81254	GJB6 GENE COM VARIANTS
81255	HEXA GENE
81256	HFE GENE
81257	HBA1/HBA2 GENE
81258	HBA1/HBA2 GENE FAM VRNT
81259	HBA1/HBA2 FULL GENE SEQUENCE
81260	IKBKAP GENE
81261	IGH GENE REARRANGE AMP METH
81262	IGH GENE REARRANG DIR PROBE
81263	IGH VARI REGIONAL MUTATION
81264	IGK REARRANGEABN CLONAL POP
81265	STR MARKERS SPECIMEN ANAL
81266	STR MARKERS SPEC ANAL ADDL
81267	CHIMERISM ANAL NO CELL SELEC
81268	CHIMERISM ANAL W/CELL SELECT
81269	HBA1/HBA2 GENE DUP/DEL VRNTS
81270	JAK2 GENE
81271	HTT GENE ANALYSIS DETECT ABNORMAL ALLELES
81272	KIT GENE TARGETED SEQ ANALYS
81273	KIT GENE ANALYS D816 VARIANT
81274	HTT GENE ANALYSIS CHARACTERIZATION ALLELES
81275	KRAS GENE VARIANTS EXON 2
81276	KRAS GENE ADDL VARIANTS
81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS
81278	IGH@/BCL2 TLCJ ALYS MBR AND MCR BP QUAL/QUAN
81279	JAK2 TARGETED SEQUENCE ANALYSIS
81283	IFNL3 GENE
81284	FXN GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES
81285	FXN GENE ANALYSIS CHARACTERIZATION ALLELES
81286	FXN GENE ANALYSIS FULL GENE SEQUENCE
81287	MGMT GENE METHYLATION ANAL
81288	MLH1 GENE
81289	FXN GENE ANALYSIS KNOWN FAMILIAL VARIANTS
81290	MCOLN1 GENE
81291	MTHFR GENE
81292	MLH1 GENE FULL SEQ
81293	MLH1 GENE KNOWN VARIANTS
81294	MLH1 GENE DUP/DELETE VARIANT
81295	MSH2 GENE FULL SEQ
81296	MSH2 GENE KNOWN VARIANTS
81297	MSH2 GENE DUP/DELETE VARIANT
81298	MSH6 GENE FULL SEQ

SERVICE CODES	SERVICE DESCRIPTION
81299	MSH6 GENE KNOWN VARIANTS
81300	MSH6 GENE DUP/DELETE VARIANT
81301	MICROSATELLITE INSTABILITY
81302	MECP2 GENE FULL SEQ
81303	MECP2 GENE KNOWN VARIANT
81304	MECP2 GENE DUP/DELET VARIANT
81305	MYD88 GENE ANALYSIS P.LEU265 (L265P) VARIANT
81306	NUDT15 GENE ANALYSIS COMMON VARIANTS
81307	PALB2 GENE ANALYSIS FULL GENE SEQUENCE
81308	PALB2 GENE ANALYSIS KNOWN FAMILIAL VARIANT
81309	PIK3CA GENE ANALYSIS TARGETED SEQUENCE ANALYSIS
81310	NPM1 GENE
81311	NRAS GENE VARIANTS EXON 2&3
81312	PABPN1 GENE ANALYSIS EVAL DETC ABNORMAL ALLELES
81313	PCA3/KLK3 ANTIGEN
81314	PDGFRA GENE
81315	PML/RARALPHA COM BREAKPOINTS
81316	PML/RARALPHA 1 BREAKPOINT
81317	PMS2 GENE FULL SEQ ANALYSIS
81318	PMS2 KNOWN FAMILIAL VARIANTS
81319	PMS2 GENE DUP/DELET VARIANTS
81320	PLCG2 GENE ANALYSIS COMMON VARIANTS
81321	PTEN GENE FULL SEQUENCE
81322	PTEN GENE KNOWN FAM VARIANT
81323	PTEN GENE DUP/DELET VARIANT
81324	PMP22 GENE DUP/DELET
81325	PMP22 GENE FULL SEQUENCE
81326	PMP22 GENE KNOWN FAM VARIANT
81327	SEPT9 GENE PROMOTER METHYLATION ANALYSIS
81328	SLCO1B1 GENE COM VARIANTS
81329	SMN1 GENE ANALYSIS DOSAGE/DELET ALYS W/SMN2 ALYS
81330	SMPD1 GENE COMMON VARIANTS
81331	SNRPN/UBE3A GENE
81332	SERPINA1 GENE
81333	TGFB1 GENE ANALYSIS COMMON VARIANTS
81334	RUNX1 GENE TARGETED SEQ ALYS
81335	TPMT GENE COM VARIANTS
81336	SMN1 GENE ANALYSIS FULL GENE SEQUENCE
81337	SMN1 GENE ANALYSIS KNOWN FAMILIAL SEQ VARIANTS
81338	MPL GENE ANALYSIS COMMON VARIANTS
81339	MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10
81340	TRB@ GENE REARRANGE AMPLIFY
81341	TRB@ GENE REARRANGE DIRPROBE

SERVICE CODES	SERVICE DESCRIPTION
81342	TRG GENE REARRANGEMENT ANAL
81343	PPP2R2B GENE ANALYSIS EVAL DETC ABNORMAL ALLELES
81344	TBP GENE ANALYSIS EVAL DETECT ABNORMAL ALLELES
81345	TERT GENE ANALYSIS TARGETED SEQUENCE ANALYSIS
81346	TYMS GENE COM VARIANTS
81347	SF3B1 GENE ANALYSIS COMMON VARIANTS
81348	SRSF2 GENE ANALYSIS COMMON VARIANTS
81349	CYTOG ALYS CHROMOML ABNOR LOW-PASS SEQ ALYS
81350	UGT1A1 GENE
81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE
81352	TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS
81353	TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT
81355	VKORC1 GENE
81357	U2AF1 GENE ANALYSIS COMMON VARIANTS
81360	ZRSR2 GENE ANALYSIS COMMON VARIANT(S)
81361	HBB GENE COM VARIANTS
81362	HBB GENE KNOWN FAM VARIANT
81363	HBB GENE DUP/DEL VARIANTS
81364	HBB FULL GENE SEQUENCE
81370	HLA I & II TYPING LR
81371	HLA I & II TYPE VERIFY LR
81372	HLA I TYPING COMPLETE LR
81373	HLA I TYPING 1 LOCUS LR
81374	HLA I TYPING 1 ANTIGEN LR
81375	HLA II TYPING AG EQUIV LR
81376	HLA II TYPING 1 LOCUS LR
81377	HLA II TYPE 1 AG EQUIV LR
81378	HLA I & II TYPING HR
81379	HLA I TYPING COMPLETE HR
81380	HLA I TYPING 1 LOCUS HR
81381	HLA I TYPING 1 ALLELE HR
81382	HLA II TYPING 1 LOC HR
81383	HLA II TYPING 1 ALLELE HR
81400	MOPATH PROCEDURE LEVEL 1
81401	MOPATH PROCEDURE LEVEL 2
81402	MOPATH PROCEDURE LEVEL 3
81403	MOPATH PROCEDURE LEVEL 4
81404	MOPATH PROCEDURE LEVEL 5
81405	MOPATH PROCEDURE LEVEL 6
81406	MOPATH PROCEDURE LEVEL 7
81407	MOPATH PROCEDURE LEVEL 8
81408	MOPATH PROCEDURE LEVEL 9
81410	AORTIC DYSFUNCTION/DILATION

SERVICE CODES	SERVICE DESCRIPTION
81411	AORTIC DYSFUNCTION/DILATION
81412	ASHKENAZI JEWISH ASSOC DIS
81413	CAR ION CHNNLPATH GENOMIC SEQ ALYS INC 10 GNS
81414	CAR ION CHNNLPATH DUP/DEL GN ALYS PANEL 2 GENES
81415	EXOME SEQUENCE ANALYSIS
81416	EXOME SEQUENCE ANALYSIS
81417	EXOME RE-EVALUATION
81418	Drug metabolism (e.g., pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion analysis
81419	EPILEPSY GENOMIC SEQUENCE ANALYSIS PANEL
81420	FETAL CHRMOML ANEUPLOIDY
81422	FETAL CHROMOSOMAL MICRODELTY GENOMIC SEQ ANALYS
81425	GENOME SEQUENCE ANALYSIS
81426	GENOME SEQUENCE ANALYSIS
81427	GENOME RE-EVALUATION
81430	HEARING LOSS SEQUENCE ANALYS
81431	HEARING LOSS DUP/DEL ANALYS
81432	HRDTRY BRST CA-RLATD DSORDRS
81433	HRDTRY BRST CA-RLATD DSORDRS
81434	HEREDITARY RETINAL DISORDERS
81435	HEREDITARY COLON CA DSORDRS
81436	HEREDITARY COLON CA DSORDRS
81437	HEREDTRY NURONDCRN TUM DSRDR
81438	HEREDTRY NURONDCRN TUM DSRDR
81439	HRDTRY CARDMYPY GENE PANEL
81440	MITOCHONDRIAL GENE
81441	Inherited bone marrow failure syndromes (IBMFS) (e.g., Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including BRCA2, BRIP1, DKC1, FANCA, FANCB, FANCC, FANCD2, FANCE, FANCF, FANCG, FANCI, FANCL, GATA1, GATA2, MPL, NHP2, NOP10, PALB2, RAD51C, RPL11, RPL35A, RPL5, RPS10, RPS19, RPS24, RPS26, RPS7, SBD5, TERT, and TINF2
81442	NOONAN SPECTRUM DISORDERS
81443	GENETIC TESTING FOR SEVERE INHERITED CONDITIONS
81445	TARGETED GENOMIC SEQ ANALYS
81448	HRDTRY PERPH NEURPHY PANEL
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (e.g., ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis
81450	TARGETED GENOMIC SEQ ANALYS
81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (e.g., BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1, NRAS), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis
81455	TARGETED GENOMIC SEQ ANALYS
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (e.g., ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MET, MLL, NOTCH1, NPM1, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mRNA expression levels, if performed; RNA analysis
81460	WHOLE MITOCHONDRIAL GENOME
81465	WHOLE MITOCHONDRIAL GENOME
81470	X-LINKED INTELLECTUAL DBLT
81471	X-LINKED INTELLECTUAL DBLT

SERVICE CODES	SERVICE DESCRIPTION
81479	UNLISTED MOLECULAR PATHOLOGY
81490	AUTOIMMUNE RHEUMATOID ARTHR
81493	COR ARTERY DISEASE MRNA
81500	ONCO (OVAR) TWO PROTEINS
81503	ONCO (OVAR) FIVE PROTEINS
81504	ONCOLOGY TISSUE OF ORIGIN
81506	ENDO ASSAY SEVEN ANAL
81507	FETAL ANEUPLOIDY TRISOM RISK
81513	NFCT DS BACTERAL VAGINOSIS RNA VAGINAL-FLUID ALG
81514	NFCT DS BCT VAGINOSIS AND VAGINITIS DNA VAG FLU ALG
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES
81519	ONCOLOGY BREAST MRNA
81520	ONC BREAST MRNA 58 GENES
81521	ONC BREAST MRNA 70 GENES
81523	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT AND 31
81525	ONCOLOGY COLON MRNA
81529	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG
81535	ONCOLOGY GYNECOLOGIC
81536	ONCOLOGY GYNECOLOGIC
81538	ONCOLOGY LUNG
81539	ONCOLOGY PROSTATE BIOCHEMICAL ASSAY 4 PROTEINS
81540	ONCOLOGY TUM UNKNOWN ORIGIN
81541	ONC PROSTATE MRNA 46 GENES
81542	ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES
81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG
81551	ONC PROSTATE 3 GENES
81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG
81595	CARDIOLOGY HRT TRNSPL MRNA
81599	UNLISTED MAAA
86812	HLA TYPING; A B/C SNGL ANTIG
86813	HLA TYPING; A B/C MX ANTIG
86816	HLA TYPING; DR/DQ SNGL ANTIG
86817	HLA TYPING; DR/DQ MX ANTIG
86821	HLA TYPING; LYMPHOCYTE CULTURE MIX
86825	HLA X-MATCH, NON-CYTOTOXIC
86826	HLA X-MATCH, NON-CYT ADD-ON
86828	HLA CLASS I&II ANTIBODY QUAL
86829	HLA CLASS I/II ANTIBODY QUAL
86830	HLA CLASS I PHENOTYPE QUAL
86831	HLA CLASS II PHENOTYPE QUAL
86832	HLA CLASS I HIGH DEFIN QUAL
86833	HLA CLASS II HIGH DEFIN QUAL
86834	HLA CLASS I SEMIQUANT PANEL

SERVICE CODES	SERVICE DESCRIPTION
86835	HLA CLASS II SEMIQUANT PANEL
87468	Infectious agent detection by nucleic acid (DNA or RNA); Anaplasma phagocytophilum, amplified probe technique
87469	Infectious agent detection by nucleic acid (DNA or RNA); Babesia microti, amplified probe technique
87478	Infectious agent detection by nucleic acid (DNA or RNA); Borrelia miyamotoi, amplified probe technique
87484	Infectious agent detection by nucleic acid (DNA or RNA); Ehrlichia chaffeensis, amplified probe technique
87662	ZIKA VIRUS DNA/RNA AMP PROBE
88230	TISS CULTURE NON-NEOPLAS DISORD; LYMPHOCYTE
88233	TISS CULTURE NON-NEOPLAS DISORD; SKIN/SOLID TISS
88235	TISS CULTURE NON-NEOPLAS DISORD; AMNIOTIC FLUID
88240	CRYOPRESERV-FREEZE & STORE CELLS EA CELL LINE
88241	THAWING & EXPANSION FROZEN CELLS EA ALIQUOT
88245	CHROMOSOME ANALY BREAK SYNDROM; SCE 20-25 CELLS
88248	CHROMOSOME ANALY; BASELINE BREAKAGE
88249	CHROMOSOME ANALY BREAK SYNDROM; CLASTOGEN STRESS
88261	CHROMO ANALY; CT 5 CELLS 1 KARYOTYPE W/BANDING
88262	CHROMO ANALY; CT 15-20 CELLS 2 KARYOTYPES W/BAND
88263	CHROMO ANALY; CT 45 CEL MOSAICISM 2 KARYO W/BAND
88264	CHROMOSOME ANALY; ANALY 20-25 CELLS
88267	CHROMO ANALY AMNIO FLUID CT 15 CELLS 1 KARYOTYPE
88269	CHROMO ANALY AMNIO FLUID CELLS CT 6-12 COLONIES
88271	MOLEC CYTOGEN; DNA PROBE EA
88272	MOLEC CYTOGEN; CHROMOSOM IN SITU HYBRID 3-5 CELL
88273	MOLEC CYTOGEN; CHROMOSOM HYBRID 10-30 CELLS
88274	MOLEC CYTOGEN; INTERPHASE IN SITU HYBRID 25-99
88275	MOLEC CYTOGEN; INTERPHASE IN SITU HYBRID 100-300
88280	CHROMOSOME ANALY; ADD KARYOTYPES EA STUDY
88283	CHROMOSOME ANALY; ADD SPECIALIZED BANDING TECH
88285	CHROMOSOME ANALY; ADD CELLS COUNTED EA STUDY
88289	CHROMOSOME ANALY; ADD HIGH RESOLUTION STUDY
88291	CYTOGEN & MOLEC CYTOGEN INTERPT & REPORT
88299	UNLISTED CYTOGENETIC STUDY
88364	INSITU HYBRIDIZATION (FISH)
88365	INSITU HYBRIDIZATION (FISH)
88366	INSITU HYBRIDIZATION (FISH)
88369	M/PHMTRC ALYSISHQUANT/SEMIQ
88373	M/PHMTRC ALYS ISHQUANT/SEMIQ
88374	M/PHMTRC ALYS ISHQUANT/SEMIQ
88377	M/PHMTRC ALYS ISHQUANT/SEMIQ
89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST
G9840	RAS G MUT T P B4 INT ANTI-EGFR MOAB
G9841	RAS GENE MUT T NOT PRF B4 ANTI-EGFR
K1035	Molecular diagnostic test reader, nonprescription self-administered and self-collected use, FDA approved, authorized or cleared
S3800	GENETIC TESTING FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS)

SERVICE CODES	SERVICE DESCRIPTION
S3840	DNA ANALYSIS FOR GERMLINE MUTATIONS OF THE RET PROTO-ONCOGENE
S3841	GENETIC TESTING FOR RETINOBLASTOMA
S3842	GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE
S3844	DNA ANALYSIS/CONNEXIN 26 GENE (GJB2)/SUSCEPTOR/CONGENITAL, PROFOUND DEAFNESS
S3845	GENETIC TESTING FOR ALPHA-THALASSEMIA
S3846	GENETIC TESTING FOR HEMOGLOBIN E BETA-THALASSEMIA
S3849	GENETIC TESTING FOR NIEMANN-PICK DISEASE
S3850	GENETIC TESTING FOR SICKLE CELL ANEMIA
S3852	DNA ANALYSIS/APOE EPSILON 4 ALLELE FOR SUSCEPTOR ALZHEIMER'S DISEASE
S3853	GENETIC TESTING FOR MYOTONIC MUSCULAR DYSTROPHY
S3854	GENE PROFILE PANEL BREAST
S3861	GENETIC TEST BRUGADA
S3865	COMPREHENSIVE GENETIC TEST HYPERTROPHIC CARDIOMY
S3866	SPECIFIC GENE TEST HYPERTROPHIC CARDIOMY
S3870	CGH MICROARRAY TEST DD ASD &/OR ID
Hernia	
49591	RPR AA HERNIA 1ST < 3 CM REDUCIBLE
49592	RPR AA HERNIA 1ST < 3 CM NCRC8/STRANGULATED
Home Health and Home Hospice	
99341	HOME VISIT NEW PATIENT
99342	HOME VISIT NEW PATIENT
99343	HOME VISIT NEW PATIENT
99344	HOME VISIT NEW PATIENT
99345	HOME VISIT NEW PATIENT
99347	HOME VISIT EST PATIENT
99348	HOME VISIT EST PATIENT
99349	HOME VISIT EST PATIENT
99350	HOME VISIT EST PATIENT
99505	HOME VISIT FOR STOMA CARE
99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS
99507	HOME VISIT FOR CATHETER MAINTENANCE
99509	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING
99510	HOME VISIT FOR INDIVIDUAL, FAMILY OR MARRIAGE COUNSELING
99511	HOME VISIT FOR FECAL IMPACTION
99600	UNLISTED HOME VISIT SERVICE/PROC
G0151	HHCP-SERV OF PT, EA 15 MIN
G0155	HHCP-SVS OF CSW, EA 15 MIN
G0156	HHCP-SVS OF AIDE, EA 15 MIN
G0157	HHCP PT ASSISTANT EA 15
G0159	HHCP PT MAINT EA 15 MIN
G0299	DIR SNS RN HH/HOSPICE SET EA 15 MIN
G0300	DIR SNS LPN HH/HOSPICE SET EA 15 MIN
G0320	Home health services furnished using synchronous telemedicine rendered via a real-time two-way audio and video telecommunications system

SERVICE CODES	SERVICE DESCRIPTION
G0321	Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system
G0322	The collection of physiologic data digitally stored and/or transmitted by the patient to the home health agency (i.e., remote patient monitoring)
G0493	RN CARE EA 15 MIN HH/HOSPICE
G0494	LPN CARE EA 15MIN HH/HOSPICE
G0495	RN CARE TRAIN/EDU IN HH/HOSPICE
G0496	LPN CARE TRAIN/EDU IN HH/HOSPICE
Q5001	HOSPICE/HOME HLTH CARE PT HOME/RES
S9122	HOME HEALTH AIDE/CNA CARE/HOME/HOUR
S9123	NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER HOUR
S9124	NRSNG HOME CARE LPN PER HOUR
S9125	RESPIRE HOME CARE PER DIEM
S9126	HOSPICE HOME CARE PER DIEM
S9127	SOCIAL WORK VISIT HOME PER DIEM
S9211	HOME MANAGEMENT OF GESTATIONAL HYPERTENSION
S9212	HOME MANAGEMENT OF POSTPARTUM HYPERTENSION
S9213	HOME MANAGEMENT OF PREECLAMPSIA
S9214	HOME MANAGEMENT OF GESTATIONAL DIABETES
T1019	PERSONAL CARE SERVICES PER 15 MINS
T1021	HOME HLTH AIDE/CERT NURSE ASST VST
T1022	CONTRACT HOME HEALTH AGCY SRVC DAY
T1030	NRS CARE HOME REGISTERED NURSE-DIEM
T1031	NURSING CARE THE HOME LPN PER DIEM
Inpatient Skilled Nursing Facility	
99379	NURSING FAC CARE SUPERVISION
99380	NURSING FAC CARE SUPERVISION
Liposuction	
15877	SUCTION ASSISTED LIPECTOMY; TRUNK
15878	SUCTION ASSISTED LIPECTOMY; UPPER EXTREM
15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREM
Maternity	
99500	HOME VISIT PRENATAL
99501	HOME VISIT FOR POSTNATAL ASSESSMENT
99502	HOME VISIT FOR NEWBORN CARE ASSESSMENT
S9208	HOME MANAGEMENT OF PRETERM LABOR
S9209	HOME MANAGEMENT OF PRETERM PREMATURE RUPTURE OF MEMBRANS
Neuro and Spinal Cord Stimulators - Codes below are reviewed by Health Net, see Turning Point link for additional codes	
61867	TWST DRL BURR CRANIOT W/REC 1 ARRAY
61880	REVIS/REMOV INTRACRAN NEUROSTIMULATOR ELECTRODES
61885	INCS & SUBQ PLCMT CRANIAL NEUROSTIM GEN/RECEIVER
61886	INCISION & SUBCUTANEOUS W/ CONNECTION TO TWO OR MORE ELECTRODES
61888	REVIS/REMOV CRANIAL NEUROSTIM PULSE GEN/RECEIVER
64590	INSERTOR REPLACE PERIPHERAL OR GASTRIC NEUROSTIM PULSE GEN OR
64595	REVISION OR REMOVAL OF PERIPHERAL OR GASTRIC NEUROSTIM PULSE GEN

SERVICE CODES	SERVICE DESCRIPTION
C1823	GENERATR NEUROSTIM NON-RECHRGABL TV S AND STIM LEADS
E0764	FUNCTIONAL NEUROMUSCULARSTIM
E0765	NERV STIM W/REPLC BAT TX-NAUS & VOM
E0766	ELEC STIM CANCER TREATMENT
E0769	ESTIM/ELECTROMAGNETIC WOUND TREATMENT DEVC NOC
E0770	FUNCTIONAL ELECTRIC STIM NOS
S8130	INTERFERENTIAL STIM 2 CHAN
S8131	INTERFERENTIAL STIM 4 CHAN
Occupational, Physical and Speech Therapy	
0791T	MOTOR COG SEMI-IMMRSV VR FACIL GAIT TRAING EA 15
92507	TX SPEECH/LANG/VOICE/COMMUN/AUD DISORDER; INDIV
92508	TX SPEECH/LANG/VOICE/COMMUN/AUD DISORDER; 2/MORE
92597	EVAL&/FIT VOICE PROS SUPL ORL SPCH
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; F64.1 - F64.9, Z87.890
92606	TX SRVC NON-SPEECH-GEN DEVC W/PROG
92609	TX SRVC USE SPCH-GEN DEVC PROG&MOD
92610	EVAL ORL&PHARYNGEAL SWALLWING FUNCT
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; Z87.890
92611	MOT FLUORO EVAL SWALLW CINE/VIDEO
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; Z87.890
92612	FLX FO ENDO EVAL SWALLW CINE/VIDEO;
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; Z87.890
92613	ENDOSCOPY SWALLOW TST (FEES)
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; Z87.890
92614	FLX ENDO LARYNG SENSY CINE/VIDEO;
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; Z87.890
92615	EVAL LARYNGOSCOPY SENSE TST
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; Z87.890
92616	FLX ENDO SWALLW&LARYNG SENSY TST;
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; Z87.890
92617	INTERPRT FEES/LARYNGEAL TEST
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; Z87.890
92618	EX FOR NONSPEECH DEV RX ADD
92630	AUD RHAB PRELNG HEARING LOSS
92633	AUD RHAB POST-LNGL HEARING LOSS
92700	UNLIST OTORHINOLARYNGOLOG SRVC/PROC
	Authorization REQUIRED only if CPT submitted with a listed diagnosis; Z51.89
97010	APPLIC MODAL 1/> AREAS; HOT/COLD PACKS
97012	APPLIC MODAL 1/> AREAS; TRACTION-MECH
97014	APPLIC MODAL 1/> AREAS; ELEC STIM
97016	APPLIC MODAL 1/> AREAS; VASOPNEUMATIC DEVICES
97124	THERAP PROC 1/> AREAS EA 15 MIN; MASSAGE
	Authorization REQUIRED only if CPT submitted by a physical therapist

SERVICE CODES	SERVICE DESCRIPTION
97139	THERAP PROC 1/> AREAS EA 15 MIN; UNLISTED
97140	MANUAL THERAP TECH-1/> REGIONS-EA 15 MIN
	No authorization required if request is submitted by a chiropractor or message therapist
97150	THERAP PROC(S)-GROUP
97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS
97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS
	No authorization required if request is submitted by a chiropractor
97530	THERAPEUTIC ACTIVITIES
	No authorization required if request is submitted by a chiropractor
97750	PHYS PERFORMANCE TEST/MEASUR W/REPORT EA 15 MIN
	No authorization required if request is submitted by a chiropractor
G0129	OCCUP THERAP TX PROG/DA-PART HOS
	No authorization required if request is submitted by a chiropractor
G0152	HHCP-SERV OF OT,EA 15 MIN
G0153	HHCP-SVS OF S/L PATH,EA 15MN
G0158	HHC OT ASSISTANT EA 15
G0160	HHC OCCUP THERAPY EA 15
G0161	HHC SLP EA 15 MIN
G0176	ACT THER-PT MENTAL PRB/SESS-45/>MIN
	No authorization required if request is submitted by a chiropractor
G0283	E-STIM 1/>NOT WND CARE PART TX PLAN
	No authorization required if request is submitted by a chiropractor
G0372	PHYS SVC REQ TO ESTABLISH & DOCUMENT NEED FOR A POWER MOBILITY DEVICE
	No authorization required if request is submitted by a chiropractor
G2168	SERVICES PRFRM BY PT ASST HH SETTING EA 15 MIN
G2169	SERVICES PRFRM BY OT ASST HH SETTING EA 15 MIN
S8950	COMPLX LYMPHEDEMA THERAP EA 15 MIN
	No authorization required if request is submitted by a chiropractor
S9128	SPEECH THERAP HOME PER DIEM
S9129	OCCUP THERAP HOME PER DIEM
S9131	PHYSICAL THERAPY
S9152	SPEECH THERAPY RE-EVALUATION
S9476	VESTIBULAR REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM
	No authorization required if request is submitted by a chiropractor
V5362	SPEECH SCREENING
V5363	LANGUAGE SCREENING
Orthognathic Procedures	
21010	ARTHROTOMY TEMPOROMANDIBULAR JT
21050	CONDYLECTOMY TEMPOROMANDIBULAR JT (SEPART PROC)
21060	MENISCECTOMY PART/COMPLT TMJ (SEPART PROC)
21070	CORONOIDECTOMY (SEPART PROC)
21073	MNPJ OF TMJ W/ANESTH
21081	IMPRESS & CUST PREP; MANDIB RESECT PROSTH

SERVICE CODES	SERVICE DESCRIPTION
21085	IMPRESS & CUST PREP; ORAL SURG SPLINT
21100	APPLIC HALO-MAXILLOFAC INCL REMOV (SEPART PROC)
21116	INJ PROC TEMPOROMANDIBULAR JT ARTHROGRAPHY
21120	GENIOPLASTY; AUGMEN
21121	GENIOPLASTY; SLIDING OSTEOTOMY SNGL PIECE
21122	GENIOPLASTY; SLIDING OSTEOTOMIES 2/MORE
21123	GENIOPLASTY; SLIDING AUGMEN W/INTERPOSIT GFT
21125	AUGMEN MANDIB BODY/ANGLE; PROSTH MAT
21127	AUGMEN MANDIB BODY/ANGLE; W/BONE GFT ONLAY
21141	RECON MIDFACE LEFORT I; 1 PIECE WO BONE GFT
21142	RECON MIDFACE LEFORT I; 2 PIECE WO BONE GFT
21143	RECON MIDFACE LEFORT I; 3/MORE PIECE WO BONE GFT
21145	RECON MIDFACE LEFORT I; 1 PIECE REQ BONE GFT
21146	RECON MIDFACE LEFORT I; 2 PIECES REQ BONE GFT
21147	RECON MIDFACE LEFORT I; 3/MORE PIECES REQ GFT
21150	RECON MIDFACE LEFORT II; ANT INTRUSION
21151	RECON MIDFACE LEFORT II; ANY DIRECT REQ BONE GFT
21154	RECON MIDFACE LEFORT III REQ GFT; WO LEFORT I
21155	RECON MIDFACE LEFORT III REQ GFT; W/LEFORT I
21159	RECON MIDFACE FOREHEAD ADVANC W/GFT; WO LEFORT I
21160	RECON MIDFACE FOREHEAD ADVANC W/GFT; W/LEFORT I
21188	RECON MIDFACE OSTEOTOMIES & BONE GFT
21193	RCONST LWR JAW W/O GRAFT
21194	RECONST LWR JAW W/GRAFT
21195	RECONST LWR JAW W/O FIXATE
21196	RECONST LWR JAW W/ FIXATION
21198	RECONSTR LWR JAW SEGMENT
21199	RECONSTR LWR JAW W/ADVANCE
21206	OSTEOTOMY MAXIL SEGMENT
21208	OSTEOPLASTY FACIAL BONES; AUGMEN
21209	OSTEOPLASTY FACIAL BONES; REDUCTION
21210	GFT BONE; NASAL/MAXIL/MALAR AREAS
21215	GFT BONE; MANDIB
21230	GFT; RIB CARTILAGE AUTOGEN-FACE/CHIN/NOSE/EAR
21240	ARTHROPLASTY TEMPOROMANDIBULAR JT W/WO AUTOGFT
21242	ARTHROPLASTY TEMPOROMANDIBULAR JT W/ALLOGFT
21243	ARTHROPLASTY TMJ W/PROSTH JT REPLAC
21244	RECON MANDIB EXTRAORAL W/TRANSOSTEAL BONE PLATE
21245	RECON MANDIB/MAXIL SUBPERIOSTEAL IMPLNT; PART
21246	RECON MANDIB/MAXIL SUBPERIOSTEAL IMPLNT; COMPL
21247	RECON MANDIB CONDYLE W/BONE & CARTILAGE AUTOGFT
21248	RECON MANDIB/MAXIL ENDOSTEAL IMPLNT; PART
21249	RECON MANDIB/MAXIL ENDOSTEAL IMPLNT; COMPLT

SERVICE CODES	SERVICE DESCRIPTION
21295	REDUCT MASSETER MUSCL/BONE; EXTRAORAL
21296	REDUCT MASSETER MUSCL/BONE; INTRAORAL
29800	ARTHROSCOPY-TMJ-DX W/WO SYNOVIAL BX (SEP PRO)
29804	ARTHROSCOPY TEMPOROMANDIBULAR JT SURG
D7810	OPEN REDUCTION OF DISLOCATION
D7940	OSTEOPLASTY ORTHOGNATHIC DEFORMITIES
D7995	SYNTHETIC GRAFT-MANDIBLE OR FACIAL BONES, BR
Orthotics	
L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE
L0130	CERV FLEXIBLE THERMOPLASTIC COLLAR MOLDED TO PT
L0170	CERV COLLAR MOLDED TO PT MODEL
L0220	THORACIC RIB BELT CUSTOM FABRICATED
L0452	TLSO FLEX TRNK UP THOR RGN CSTM FAB
L0480	TLSO TRIPLANR 1 PC NO INTERFCE CSTM
L0482	TLSO TRIPLANAR 1 PC W/INTERFCE CSTM
L0484	TLSO TRIPLANR 2 PC NO INTERFCE CSTM
L0486	TLSO TRIPLANAR 2 PC W/INTERFCE CSTM
L0622	SIO FLEX PELVISACRAL CUSTOM
L0624	SIO PANEL CUSTOM
L0629	LUMBAR SACRAL ORTHOSIS FLEX W/RIGID STAYS CUSTOM
L0632	LUMBAR SACRAL ORTHOSIS SAGGITAL RIGID FRAME CUSTOM
L0634	LUMBAR SACRAL ORTHOSIS FLEXION CONTROL CUSTOM
L0636	LUMBAR SACRAL ORTHOSIS SAGGITAL RIGID PANEL CUSTOM
L0638	LUMBAR SACRAL ORTHOSIS SAGGITAL-CORONAL PANEL CUSTOM
L0640	LUMBAR SACRAL ORTHOSIS SAGGITAL-CORONAL SHELL/PANEL CUSTOM
L1630	HO ABDUCTION CONTROL SEMI FLEXIBLE
L1640	HO ABDUCTION STATIC PELVIC BAND SPREAD BAR CUFFS
L1680	HO ABDUCTION DYNAMIC PELVIC/HIP CONTROL W/CUFFS
L1685	HO ABDUCTION POST OP CUSTOM FABRICATED
L1700	LEGG PERTHES ORTHOSIS TORONTO TYPE
L1710	LEGG PERTHES ORTHOSIS NEWINGTON TYPE
L1720	LEGG PERTHES ORTHOSIS TRILATERAL
L1730	LEGG PERTHES ORTHOSIS SCOTTISH RITE TYPE
L1755	LEGG PERTHES ORTHOSIS PATTERN BOTTOM STYLE
L1834	KO WO/ JOINT RIGID MOLDED TO PT MODEL
L1840	KO DEROTATOIN MED/LAT ANT CRUC LIG CUSTOM FAB
L1844	KNEE ORTHOS 1 UPRT THI&CALF CSTM
L1846	KO UPRIGHT THIGH/CALF ADJ FLEX MOLD TO PT MODEL
L1860	KO MOD SUPRACONDYLAR PROS SOCKET MOLD TO PT
L1885	KO, SNGL/DBL UPRT, THIGH & CALF, W/FUNCT ARC
L1900	AFO SPRING WIRE DORSIFLEX ASSIST CALF BAND
L1904	AO, ANKLE GAUNTLET OR SIMILAR, W/WO JOINTS, CUSTOM FAB
L1907	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS

SERVICE CODES	SERVICE DESCRIPTION
L1920	AFO 1 UPRIGHT W/STATIC/ADJUSTABLE STOP
L1940	AFO MOLD TO PT MODEL PLASTIC
L1945	AFO MOLDED PT MODEL PLASTIC RIGID ANT/TIB SECT
L1950	AFO, SPIRAL PLASTIC, CUSTOM FABRICATED
L1960	AFO POST SOLID ANKLE MOLD TO PT MODEL PLASTIC
L1970	AFO PLASTIC MOLD TO PT MODEL W/ANKLE JOINT
L1980	AFO 1 UPRIGHT FREE PLANTAR SOLID STIRRUP
L1990	AFO 2 UPRIGHT FREE PLANTAR SOLID STIRRUP
L2000	KAFO 1 UPRIGHT FREE KNEE/ANKLE SOLID STIRRUP
L2005	KAFO SNG/DBL MECHANICAL ACT
L2006	KAF DVC ANY MATERIAL ADJUSTABILITY CUSTOM FAB
L2010	KAFO 1 UPRIGHT FREE ANKLE SOLID STIRRUP W/O JT
L2020	KAFO UPRIGHT FREE KNEE/ANKLE SOLID STIRRUP
L2030	KAFO UPRIGHT FREE ANKLE SOLID STIRRUP W/O JT
L2034	KNEE ANKLE FOOT ORTHOSIS FULL PLASTIC PEDIATRIC SIZE CUSTOM
L2036	KAFO FULL PLASTIC UPRIGHT FREE KNEE MOLD TO PT
L2037	KAFO FULL PLASTIC 1 UPRIGHT FREE KNEE MOLD TO PT
L2038	KAFO FULL PLASTIC W/O JOINT W/MULTI AXIS ANKLE
L2040	HKAFO BILAT ROTATION STRAPS PELVIC BAND/BELT
L2050	HKAFO BILAT TORSION CABLES HIP JNT PELVIC BAND
L2060	HKAFO BILAT TORSION CABLE BALLBEARING HIP JNT
L2070	HKAFO UNILAT ROTATION STRAP PELVIC BAND/BELT
L2080	HKAFO UNILAT TORSION CABLE HIP JNT PELVIC BAND
L2090	HKAFO UNILAT TORSION CABLE BALLBEARING HIP JNT
L2106	AFO FRACTURE/TIBIA ORTHOSIS THERMOPLASTIC MOLDED
L2108	AFO FRACTURE/TIBIA ORTHOSIS MOLD TO MODEL
L2126	KAFO FRACTURE/FEMORAL THERMOPLASTIC MOLD TO PT
L2128	KAFO FRACTURE/FEMORAL MOLD TO PT MODEL
L2755	LOW EXTREM ADD ORTHOSIS CARBON GRAPHITE LAMINATE
L2800	ADD LOW EXT ORTH KNEE CONT CAP MED/LAT PULL
L2861	TORSION MECHANISM KNEE/ANKLE
L3251	FT SHOE MOLD TO PT MODEL SILICONE SHOE EA
L3671	SO CAP DESIGN W/O JNTS CF
L3674	SO AIRPLANE W/WO JOINT CF
L3702	ELBOW ORTHOSIS W/O JOINTS MAY INCL SOFT INTERFACE STRAPS CUSTOM
L3720	EO DOUBLE UPRIGHT W/((FORE)ARM CUFF FREE MOTION
L3730	EO DOUBLE UPRIGHT W/((FORE)ARM CUFF EXTEN/FLEX
L3740	EO DOUBLE UPRIGHT W/((FORE)ARM CUFF ADJ LOCK
L3763	ELBOW WRIST HAND ORTHOSIS RIGID W/O JOINTS CUSTOM INCL FIT & ADJ
L3764	ELBOW WRIST HAND ORTHOSIS INCLS ONE OR MORE NONTORSION JOINTS CUSTOM
L3765	ELBOW WRIST HAND FINGER ORTHOSIS RIGID W/O JOINTS CUSTOM INCL FIT & ADJ
L3766	ELBOW WRIST HAND FINGER ORTHOSIS INCLS >= 1 NONTORSION JOINTS CUSTOM
L3806	WHFO W/JOINT(S) CUSTOM FAB

SERVICE CODES	SERVICE DESCRIPTION
L3808	WRIST HAND FINGER ORTHOSIS, RIGID W/O JOINTS, MAY INCL SOFT INTERFACE
L3891	TORSION MECHANISM WRIST/ELBO
L3904	WHFO EXTERNAL POWER ELECTRIC
L3905	WRIST HAND ORTHOSIS INCLS ONE OR MORE NONTORSION JOINTS CUSTOM
L3906	WHO WRIST GAUNTLET MOLD TO PT MODEL
L3913	HAND FINGER ORTHOSIS W/O JOINTS MAY INCL SOFT INTERFACE STRAPS CUSTOM
L3919	HAND ORTHOSIS W/O JOINTS MAY INCL SOFT INTERFACE STRAPS CUSTOM FABR
L3921	HAND FINGER ORTHOSIS INCLS ONE OR MORE NONTORSION JOINTS CUSTOM
L3933	FINGER ORTHOSIS W/O JOINTS MAY INCL SOFT INTERFACE CUSTOM INCL FIT & ADJ
L3935	FINGER ORTH NONTORSION JOINT / INCL SOFT INTERFACE CUSTOM INCL FIT & ADJ
L3961	SHOULDER ELBOW WRIST HAND ORTHSHOULDER CAP DESIGN W/O JOINTS CUSTOM
L3967	SHOULDER ELBOW WRIST HAND ORTH ABDUCT POSITION AIRPLANE DSGN CUSTOM
L3971	SOULDER ELBOW WRIST HAND ORTHOSIS CAP DESIGN W/JOINTS CUSTOM
L3973	SHOULDER ELBOW WRIST HAND ORTHOSIS AIRPLANE W JOINTS CUSTOM
L3975	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS CAP DESIGN W/O JOINT CUSTOM
L3976	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS AIRPLANE W/O JOINTS CUSTOM
L3978	SHOULDER ELBOW WRIST HAND FINGER ORTHOSIS AIRPLANE W JOINTS CUSTOM
L4030	REPLACE QUADRILAT SOCKET BRIM CUSTOM FIT
L4040	REPLACE MOLD THIGH LACER
L4045	REPLACE NON MOLDED THIGH LACER
L4631	AFO, WALK BOOT TYPE, CUS FAB
S1040	CRANIAL REMOULDING ORTHO, PEDS, RIGID W SOFT INTERFACE MAT, CUSTOM
Otoplasty	
30468	RPR NSL VLV COLLAPSE SUBQ/SBMC SL LAT WALL IMPLT
69300	OTOPLASTY PROTRUDING EAR W/WO SIZE REDUCTION
Penile Implant	
54400	INSRT PENILE PROSTH; NON-INFLATABLE
54401	INSRT PENILE PROSTH; INFLATABLE
54405	INSRT INFLATBL PENILE PROSTH W/PLCMT PUMP/CYLIND
C1813	PROSTHESIS, PENILE, INFLATABLE
C2622	PROSTHESIS, PENILE, NON-INFLATABLE
Prosthetics - Codes below are reviewed by Health Net, see Turning Point link for additional codes	
21076	IMPRESSION & CUSTOM PREP; SURG OBTUR PROSTH
21077	IMPRESSION & CUSTOM PREP; ORBIT PROSTH
21079	IMPRESS & CUST PREP; INTERIM OBTURATOR PROSTH
21080	IMPRESS & CUST PREP; DEFINITIVE OBTURATOR PROSTH
21083	IMPRESS & CUST PREP; PALATAL LIFT PROSTH
21084	IMPRESS & CUST PREP; SPEECH AID PROSTH
21086	IMPRESS & CUST PREP; AURICULAR PROSTH
21087	IMPRESS & CUST PREP; NASAL PROSTH
21088	IMPRESS & CUST PREP; FACIAL PROSTH
92352	FITTING SPECTACLE PROSTH APHAKIA; MONOFOCAL
92353	FITTING SPECTACLE PROSTH APHAKIA; MULTIFOCAL

SERVICE CODES	SERVICE DESCRIPTION
92358	PROSTH SERV APHAKIA TEMPORARY
92371	REPR & REFIT SPECTACLE; SPECTACLE PROSTH APHAKIA
A2011	Supra SDRM, per sq cm
A2012	SUPRATHEL, per sq cm
A2013	Innovamatrix FS, per sq cm
A2019	Kerecis Omega3 MariGen Shield, per sq cm
A2020	ACS Advanced Wound System (ACS)
A2021	NeoMatriX, per sq cm
A4100	Skin substitute, FDA-cleared as a device, not otherwise specified
A4280	ADHESIVE SKIN SUPPORT ATTACHMENT/BREAST PROSTHESIS EA
A4481	TRACHEOSTOMA FILTER ANY TYPE ANY SIZE-EA
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACE ONLY, EACH
A4605	TRACHEAL SUCTION CATHETER CLOSED SYSTEM EACH
A4608	TRANSTRACHEAL OXYGEN CATH
A4623	TRACHESTOMY, INNER CANNULA
A4624	TRACHEAL SUCTN CATH NOT CLOS SYS EA
A4625	TRACH CARE KIT FOR NEW TRACHEOSTOMY
A4626	TRACHEOSTOMY CLEANING BRUSH EACH
A4627	SPACER/BAG/RESERVOIR W/WO MASK USE W/METER INHAL
A4628	OROPHARYNGEAL SUCTION CATHETER, EACH
A4629	TRACH CARE KIT FOR ESTABLISHED TRACHEOSTOMY
A5102	BEDSIDE DRAIN BTL RIGID/EXPAND W/WO TUBING EA
A5105	URINARY SUSPENSORY
A5112	URINARY LEG BAG
A5113	LEG STRAP LATEX REPLCE ONLY PER SET
A5114	LEG STRAP FOAM/FABRIC REPLAC ONLY PER SET
A7501	TRACHEOSTOMA VALV INC DIAPHRAGM EA
A7502	REPL DIAPHR/FACEPLTE TRACH VALV EA
A7503	FLTR HLDR/CAP F/HEAT/MOIST EXSX EA
A7504	FLTR F/USE W/TRACH HT/MOIST EXSX EA
A7505	HSG W/O ADH HMES &/O W/TRACH VLV EA
A7506	ADHES DISC FOR HMES/TRACH VALV EA
A7507	INT FILTR & HLDR-HMES/TRACH VALV EA
A7508	HSG & INT ADHES-HMES/TRACH VALV EA
A7509	FLTR HLDR-HSG-ADH USE AS THMES EA
A7520	TRACHEOSTOMY/LARYNGECTOMY TUBE/N-CFFD/(PVC)/SILICONE OR EQUAL
A7521	TRACHEOSTOMY/LARYNGECTOMY TUBE/CFFD/(PVC)/SILICONE OR EQUAL
A7522	TRACHEOSTOMY/LARYNGECTOMY TUBE/STAINL STEEL OR EQUAL
A7523	TRACHEOSTOMY SHOWER PROTECTOR, EACH
A7524	TRACHEOSTOMA STENT/STUD/BUTTON, EACH
A7525	TRACHEOSTOMY MASK, EACH
A7526	TRACHEOSTOMY TUBE COLLAR/HOLDER, EACH
A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP EACH

SERVICE CODES	SERVICE DESCRIPTION
B4034	ENTER FEED SUPKIT SYR BY DAY
B4035	ENTERAL FEED SUPP PUMP PER D
B4036	ENTERAL FEED SUP KIT GRAV BY
B4081	NASOGASTRIC TUBING W/STYLET
B4082	NASOGASTRIC TUBING WO STYLET
B4083	STOMACH TUBE LEVINE TYPE
B4087	GASTRO/JEJUNO TUBE STD
B4088	GASTRO/JEJUNO TUBE LOW-PRO
B4100	FOOD THICKENER ADMINED ORALLY-OUNCE
B4102	ENTRAL FORMULA ADLT REPL FLS&LYTES 500 ML = 1 U
B4103	ENTRAL FORMULA PED REPL FLS&LYTES 500 ML = 1 U
B4104	ADDITIVE FOR ENTERAL FORMULA
B4105	IN-LINE CART CTG DIG ENZYME ENTERAL FEEDING EA
B4149	ENTRAL F BLENDERIZD NAT FOODS W/INTACT NUTRIENTS
B4150	ENTRL FRMLA CATEG I SEMI-SYN PROTEIN 100 CAL=1U
B4152	ENTRL FRMLA CATEG II INTACT PROT ISO 100 CAL=1U
B4153	ENTRL FRMLA CATEG III HYDROLIZE PROT 100 CAL-1U
B4154	ENTRL FRMLA CATEG IV DEFINED FORMULA 100 CAL=1U
B4155	ENTRL FRMLA CATEG V MODULAR COMPONENT 100 CAL=1U
B4158	ENTRAL F PED NUTRITION CMPL W/INTACT NUTRNTS
B4159	ENTRAL F PED NUTRITN CMPL SOY BASD INTCT NUTRNTS
B4160	ENTRAL F PED NUTRITION CMPL CAL DENSE NUTRNTS
B4161	EF PED HYDROLYZED/AMINO ACID
B9002	ENTERAL NUTRITION INFUSION PUMP W/ALARM
B9998	NOC ENTERAL SUPPLIES
C1780	LENS, INTRAOCULAR (NEW TECHNOLOGY)
C1789	PROSTHESIS, BREAST (IMPLANTABLE)
C1815	PROSTHESIS, URINARY SPHINCTER (IMPLANTABLE)
C1842	RETINAL PROSTH, ADD-ON
C2624	WIRELESS PRESSURE SENSOR
C9899	INPT IMPLANT PROS DEV NO COV
D5911	FACIAL MOULAGE (SECTIONAL)
D5912	FACIAL MOULAGE (COMPLETE)
D5913	NASAL PROSTHESIS
D5915	ORBITAL PROSTHESIS
D5916	OCULAR PROSTHESIS
D5919	FACIAL PROSTHESIS
D5922	NASAL SEPTAL PROSTHESIS
D5923	OCULAR PROSTHESIS INTERIM
D5924	CRANIAL PROSTHESIS
D5925	FACIAL AUGMENTATION IMPLANT PROSTHESIS
D5926	NASAL PROSTHESIS REPLACEMENT
D5928	ORBITAL PROSTHESIS REPLACEMENT

SERVICE CODES	SERVICE DESCRIPTION
D5929	FACIAL PROSTHESIS REPLACEMENT
D5931	OBTURATOR PROSTHESIS SURGICAL
D5932	OBTURATOR PROSTHESIS DEFINITIVE
D5933	OBTURATOR PROSTHESIS MODIFICATION
D5934	MANDIBULAR RESECTION PROSTHESIS W/GUIDE FLANGE
D5935	MANDIBULAR RESECTION PROSTHESIS WO GUIDE FLANGE
D5936	OBTURATOR/PROSTHESIS INTERIM
D5952	SPEECH AID PROSTHESIS PEDIATRIC
D5953	SPEECH AID PROSTHESIS ADULT
D5954	PALATAL AUGMENTATION PROSTHESIS
D5958	PALATAL LIFT PROSTHESIS INTERIM
D5959	PALATAL LIFT PROSTHESIS MODIFICATION
D5960	SPEECH AID PROSTHESIS MODIFICATION
D5983	RADIATION CARRIER
D5984	RADIATION SHIELD
D5985	RADIATION CONE LOCATOR
D5986	FLUORIDE GEL CARRIER
D5987	COMMISSURE SPLINT
D5999	UNSPECIFIC MAXILLOFACIAL PROSTHESIS BY REPORT
K1022	ADD LE PROS ENDOSC KNEE DISART ABV K HIP DISAR
L3250	ORTHO FOOTWEAR CUSTOM MOLD REMOV INNER MOLD EA
L5000	PART FT SHOE INSERT W/LONGITUDINAL ARCH TOE FILL
L5010	PART FT MOLD SOCKET ANKLE HT W/TOE FILLER
L5020	PART FT MOLD SOCKET TUBIAL TUBERCLE HT W/TOEFILL
L5050	ANKLE SYMES MOLD SOCKET SACH FT
L5060	ANKLE SYMES METAL FRAME MOLD LEATHER SOCKET
L5100	BELOW KNEE MOLD SOCKET SHIN SACH FT
L5105	BELOW KNEE PLAST SOCKET/JNTS THIGH LACER SACH FT
L5150	KNEE DISARTICULAT MOLD SOCKET EXT KNEE JNT SHIN
L5160	KNEE DISARTICULATE MOLD SOCKET BENT KNEE EXT JNT
L5200	ABOVE KNEE MOLD SOCK 1 AXIS CONSTANT FRICTION
L5210	ABOVE KNEE SHORT PROSTH W/O BLOCK NO ANKLE JNT
L5220	ABOVE KNEE SHORT PROS W/ARTIC ANKLE/FT DYNAMIC
L5230	ABOVE KNEE PROX FEMORAL DEFFICIENCY SACH FOOT
L5250	HIP DISARTIC CANADIAN TYPE MOLD SOCK HIP JNT
L5270	HIP DISARTIC TILT TABLE MOLD SOCK LOCK HIP JNT
L5280	HEMIPELVECTOMY CANADIAN TYPE MOLD SOCK HIP JNT
L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM
L5312	KNEE DISART, SACH FT, ENDO
L5321	ABOVE KNEE MOLDED SOCKET, OPEN END
L5331	HIP DISARTICULATION, CANADIAN TYPE
L5341	HEMIPEL VECTOMY, CANADIAN TYPE
L5500	INIT BK PTB SOCK NON-ALIGN DIRECT FORM

SERVICE CODES	SERVICE DESCRIPTION
L5505	INIT AK/DISARTIC ISCHIAL LEVEL NON-ALIGN
L5510	PREP BK PTB NON-ALIGN MOLD TO MODEL
L5520	PREP BK PTB NON-ALIGN PLASTIC DIRECT FORM
L5530	PREP BK PTB NON-ALIGN THERMOPLASTIC MOLD-MODEL
L5535	PREP BK PTB PREFABRICATED ADJUS OPEN END
L5540	PREP BK PTB NON-ALIGN LAMINATED SOCK MOLD-MODEL
L5560	PREP AK/DISARTIC NON-ALIGN PLAST MOLD-MODEL
L5570	PREP AK/DISARTIC NON-ALIGN THERMOPLAS DIRECT
L5580	PREP AK/DISARTIC NON-ALIGN THERMOPLAS MOLD-MODEL
L5585	PREP AK/DISARTIC NON-ALIGN PREFAB ADJUS OPEN END
L5590	PREP AK/DISARTIC NON-ALIGN LAMINATED MOLD-MODEL
L5595	PREP HIP/HEMIPLECTOMY THERMOPLASTIC MOLD MODEL
L5600	PREP HIP/HEMIPLECTOMY LAMINATE MOLD MODEL
L5610	ADD LO EXTREM ENDO AK HYDRACADENCE SYST
L5611	ADD LO EXTREM ENDO AK 4-BAR W/FRICT SWING CONTRL
L5613	ADD LO EXTREM ENDO AK 4-BAR W/HYDRAULIC SWING
L5614	ADD LO EXTREM EXO AK 4-BAR W/PNEUMATIC SWING
L5616	ADD LO EXTREM UNI ENDO MX SYST FRICTION SWING
L5617	ADD LO EXTREM, QUICK CHANGE, SELF-ALIGN, AK/BK
L5618	ADD LOW EXT TEST SOCKET SYMES
L5620	ADD LOW EXT TEST SOCKET BELOW KNEE
L5622	ADD LOW EXT TEST SOCKET KNEE DISARTICULATION
L5624	ADD LOW EXT TEST SOCKET ABOVE KNEE
L5626	ADD LOW EXT TEST SOCKET HIP DISARTICULATION
L5628	ADD LOW EXT TEST SOCKET HEMIPLECTOMY
L5629	ADD LOW EXT BELOW KNEE ACRYLIC SOCKET
L5630	ADD LOW EXT SYMES TYPE EXPANDABLE WALL SOCKET
L5631	ADD LOW EXT ABOVE KNEE/DISARTICULATION ACRYLIC
L5632	ADD LOW EXT SYMES PTB BRIM DESIGN SOCKET
L5634	ADD LOW EXT SYMES TYPE POST OPEN CANADIAN SOCKET
L5636	ADD LOW EXT SYMES TYPE MEDIAL OPENIN SOCKET
L5637	ADD LOW EXT BELOW KNEE TOTAL CONTACT
L5638	ADD LOW EXT BELOW KNEE LEATHER SOCKET
L5639	ADD LOW EXT BELOW KNEE WOOD SOCKET
L5640	ADD LOW EXT KNEE DISARTICULATE LEATHER SOCKET
L5642	ADD LOW EXT ABOVE KNEE LEATHER SOCKET
L5643	ADD LOW EXT HIP DISARTIC FLEX INNER EXT FRAME
L5644	ADD LOW EXT ABOVE KNEE WOOD SOCKET
L5645	ADD LOW EXT BELOW KNEE FLEX INNER EXT FRAME
L5646	ADDITION TO LWR EXTRMTY, BLW KNEE, AIR, FLUID, GEL OR =CUSHION SOCKET
L5647	ADD LOW EXT BELOW KNEE SUCTION SOCKET
L5648	ADDITION TO LWR EXTRMTY, ABOVE KNEE, AIR, FLUID, GEL OR =CUSHION SOCKET
L5649	ADD LOW EXT ISCHIAL CONTAIN NARROW M-1 SOCKET

SERVICE CODES	SERVICE DESCRIPTION
L5650	ADD LOW EXT TOTAL CONTACT ABOVE KNEE/DISARTIC
L5651	ADD LOW EXT ABOVE KNEE FLEX INNER EXT FRAME
L5652	ADD LOW EXT SUCTION SUSPEN ABOVE KNEE/DISARTIC
L5653	ADD LOW EXT KNEE DISARTIC EXPANDABLE WALL SOCKET
L5654	ADD LOW EXT SOCKET INSERT SYMES
L5655	ADD LOW EXT SOCKET INSERT BELOW KNEE
L5656	ADD LOW EXT SOCKET INSERT KNEE DISARTICULATION
L5658	ADD LOW EXT SOCKET INSERT ABOVE KNEE
L5661	ADD LOW EXT SOCKET INSERT MULTI-DUROMETER SYMES
L5665	ADD LOW EXT SOCKET INSERT MULTI-DUROMETER BELOW
L5666	ADD LOW EXT BELOW KNEE CUFF SUSPENSION
L5668	BK MOLDED DISTAL CUSHION
L5670	ADD LOW EXT BELOW KNEE MOLD SUPRACONDYLAR SUSP
L5671	ADDITION TO LOWER EXTREMITY
L5672	ADD LOW EXT BELOW KNEE REMOVABLE MEDIAL BRIM
L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE/ABOVE KNEE, CUSTOM FABR
L5676	ADD LOW EXT BELOW KNEE KNEE JNTS 1 AXIS PAIR
L5677	ADD LOW EXT BELOW KNEE KNEE JNT POLYCENTRIC PAIR
L5678	ADD LOW EXT BELOW KNEE JOINT COVERS PAIR
L5679	ADDTN TO LWR EXTRITY, BLW KNEE/ ABOVE KNEE, CSTM/W LOCKING MECH
L5680	ADD LOW EXT BELOW KNEE THIGH LACER NON MOLDED
L5681	ADDTN TO LWR EXTRMTY, BELOW KNEE/ABOVE KNEE, CSTM SOCKET INSERT
L5682	ADD LOW EXT BELOW KNEE THIGH LACER GLUTEAL/ISCH
L5683	ADDTN TO LWR EXTRMTY, BELOW KNEE/ABOVE KNEE, CSTM SOCKET INSERT
L5684	ADD LOW EXT BELOW KNEE FORK STRAP
L5685	ADD LOW EXT PROS BELW KNEE SUSP/SEAL SLEEVE EA
L5686	ADD LOW EXT BELOW KNEE BACK CHECK (EXTENSION)
L5688	ADD LOW EXT BELOW KNEE WAIST BELT WEBBING
L5690	ADD LOW EXT BELOW KNEE WAIST BELT PADDED/LINED
L5692	ADD LOW EXT ABOVE KNEE PELV CONTROL BELT LIGHT
L5694	ADD LOW EXT ABOVE KNEE PELV CONT BELT PAD/LINED
L5695	ADD LOW EXT ABOVE KNEE PELV CONT NEOPRENE SLEEVE
L5696	ADD LOW EXT ABOVE KNEE/DISARTIC PELV JNT
L5697	ADD LOW EXT ABOVE KNEE/DISARTIC PELV BAND
L5698	ADD LOW EXT ABOVE KNEE/DISARTIC SILESIA BANDAGE
L5699	ALL LOW EXT PROSTHESIS SHOULDER HARNESS
L5700	REPLAC SOCKET BELOW KNEE MOLDED PT MODEL
L5701	REPLAC SOCKET ABOVE KNEE/DISART INCL ATTACH PLAT
L5702	REPLAC SOCKET HIP DISARTIC INCL HIP JT
L5703	ANKLE SYMS W/O SOLID ANKLE CUSHION HEEL SACH FOOT REPLACE ONLY
L5704	REPLAC CUSTOM SHAPED COVER BELOW KNEE
L5705	REPLAC CUSTOM SHAPED COVER ABOVE KNEE
L5706	REPLAC CUSTOM SHAPED COVER KNEE DISARTIC

SERVICE CODES	SERVICE DESCRIPTION
L5707	REPLAC CUSTOM SHAPED COVER HIP DISARTIC
L5710	ADD KNEE/SHIN 1 AXIS MANUAL LOCK
L5711	ADD KNEE/SHIN 1 AXIS MANUAL LOCK ULTRA LIGHT MAT
L5712	ADD KNEE/SHIN 1 AXIS FRICTION SWING STANCE PHASE
L5714	ADD KNEE/SHIN 1 AXIS VARIABLE FRICTION SWING
L5716	ADD KNEE/SHIN POLYCENTRIC MECHANICAL STANCE LOCK
L5718	ADD KNEE/SHIN POLYCENTRIC FRICTION SWING STANCE
L5722	ADD KNEE/SHIN 1 AXIS PNEUMATIC SWING FRIC STANCE
L5724	ADD KNEE/SHIN 1 AXIS FLUID SWING PHASE CONTROL
L5726	ADD KNEE/SHIN 1 AXIS EXT JNTS FLUID SWING
L5728	ADD KNEE/SHIN 1 AXIS FLUID SWING STANCE PHASE
L5780	ADD KNEE/SHIN 1 AXIS (HYDRA)PNEUMATIC SWING CONT
L5781	ADD LW LIMB PROS LIMB MGMT SYS
L5782	ADD LW LIMB PROS LIMB MGMT HVY DUTY
L5785	ADD BELOW KNEE ULTRA LIGHT MATERIAL
L5790	ADD ABOVE KNEE ULTRA LIGHT MATERIAL
L5795	ADD HIP DISARTIC ULTRA LIGHT MATERIAL
L5810	ADD KNEE/SHIN 1 AXIS MANUAL LOCK
L5811	ADD KNEE/SHIN 1 AXIS MANUAL LOCK ULTRA LIGHT
L5812	ADD KNEE/SHIN 1 AXIS FRICTION SWING STANCE PHASE
L5814	ADD KNEE-SHIN SYST HYDRAUL CNTRL STNC PHASE LOCK
L5816	ADD KNEE/SHIN POLYCENTRIC MECH STANCE PHASE CONT
L5818	ADD KNEE/SHIN POLYCENTRIC FRICTION SWING STANCE
L5822	ADD KNEE/SHIN 1 AXIS PNEUMATIC SWING FRICTION
L5824	ADD KNEE/SHIN 1 AXIS FLUID SWING PHASE CONTROL
L5826	ADD KNEE/SHIN 1 AXIS HYDRO SWING PHASE CNTRL
L5828	ADD KNEE/SHIN 1 AXIS FLUID SWING STANCE PHASE
L5830	ADD KNEE/SHIN 1 AXIS PNEUMATIC SWING PHASE CONT
L5840	ADD ENDOSKEL KNEE-SHIN SYST 4-BAR LINK/MULTI
L5845	ADD, ENDO, KNEE-SHIN SYST, STANCE FLEX ADJUS
L5848	ADDITION TO ENDOSKELETAL KNEE-SHIN SYST, FLUID STANCE EXT, DAMPEN
L5850	ADD ABOVE KNEE/HIP DISARTIC KNEE EXTENSION ASST
L5855	ADD ENDOSKELETAL SYST HIP DISART MECH HIP EXTEN
L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING&STANCE PHSE
L5857	ADD LOW EXT PROS KNEE-SHIN SYS SWING PHASE ONLY
L5858	ADDN TO LOWER EXTREM PROSTH ENDOSKELETAL KNEE SHIN SYS STANCE PHASE ONLY
L5859	KNEE-SHIN PRO FLEX/EXT CONT
L5910	ADD BELOW KNEE ALIGNABLE SYSTEM
L5920	ADD ABOVE KNEE HIP DISARTIC ALIGNABLE SYSTEM
L5925	ADD ENDOSKELETAL SYST AK KNEE/HIP DISART MANUAL
L5930	ADD, ENDO SYSTEM, HIGH ACTIVITY KNEE CNTRL FRAM
L5940	ADD BELOW KNEE ULTRA LIGHT MATERIAL
L5950	ADD ABOVE KNEE ULTRA LIGHT MATERIAL

SERVICE CODES	SERVICE DESCRIPTION
L5960	ADD HIP DISARTIC ULTRA LIGHT MATERIAL
L5961	ENDO POLY HIP, PNEU/HYD/ROT
L5962	ADD ENDOSKELETAL SYST BK FLEX PROTECTIVE COVER
L5964	ADD ENDOSKELETAL SYST AK FLEX PROTECTIVE COVER
L5966	ADD ENDOSKELETAL SYST HIP DISARTIC FLEX COVER
L5968	ALL LOW EXTREM PROSTH ANKLE MULTIAXIAL SHOCK
L5969	AK/FT POWER ASST INCL MOTORS
L5970	ALL LOW EXT PROS FT EXTERNAL KEEL SACH FT
L5971	ALL LOWER EXTREM PROSTH SOLID ANKLE CUSHION HEEL SACH FOOT REPLACE ONLY
L5972	FLEXIBLE KEEL FOOT
L5973	ANK-FOOT SYS DORS-PLANT FLEX
L5974	ALL LOW EXT PROS FT SINGLE AXIS ANKLE/FT
L5975	ALL LOW EXTREM PROSTH COMB 1 AXIS ANKLE-KEEL FT
L5976	ALL LOW EXT PROS ENERGY STORING FT
L5978	ALL LO EXTREM PROSTH FT MULTI-AXIAL ANKLE/FT
L5979	ALL LO EXTREM PROSTH MULTI-AXAL ANKLE/FT DYNAMIC
L5980	ALL LOW EXT PROS FLEX FT SYSTEM
L5981	ALL LOW EXTREM PROSTH FLEX-WALK SYST/EQUAL
L5982	ALL EXO LOW EXT PROS AXIAL ROTATION UNIT
L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, AXIAL ROTATION UNIT
L5985	ALL ENDO LO EXTREM PROSTH, DYN PROSTH PYLON
L5986	ALL LOW EXT PROS MULTI AXIAL ROTATION UNIT
L5987	ALL LO EXTREM PROSTH SHANK FT SYST W/LOAD PYLON
L5988	ALL LOW EXTREM PROSTH VERT SHOCK/ROTATION PYLON
L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT
L5999	LOW EXT PROS NOS
L6000	PART HAND THUMB REM
L6010	PART HAND LITTLE/RING
L6020	PART HAND NO FINGERS
L6026	PART HAND MYO EXCLU TERM DEV
L6050	WRIST DISARTIC MOLD SOCK FLEX ELBOW HING TRICEP
L6055	WRIST DISARTIC MOLD SOCK W/EXPAND INTERFACE
L6100	BELOW ELBOW MOLD SOCK FLEX ELBOW HINGE TRICEP
L6110	BELOW ELBOW MOLD SOCK (MUENSTER/NORTHWEST TYPE)
L6120	BELOW ELBOW MOLD DBL WALL SPLIT SOCK SETUP HINGE
L6130	BELOW ELBOW MOLD DBL WALL SPLIT SOCK STUMP ACT
L6200	ELBOW DISARTIC MOLDED OUTSIDE LOCK HINGE FOREARM
L6205	ELBOW DISARTIC MOLDED W/EXP INTERFACE FOREARM
L6250	ABOVE ELBOW MOLD DBL WALL SOCK INT LOCK FOREARM
L6300	SHOULDER DISARTIC MOLDED SOCKET SHOULDER DOWN
L6310	SHOULDER DISARTIC PASSIVE RESTORE COMPLETE PROS
L6320	SHOULDER DISARTIC PASSIVE RESTORE SHOULDER CAP
L6350	INTERSCAP/THORAC MOLDED SOCKET SHOULDER DOWN

SERVICE CODES	SERVICE DESCRIPTION
L6360	INTERSCAP/THORAC PASSIVE RESTORE COMPLETE
L6370	INTERSCAP/THORAC PASSIVE RESTORE SHOULDER CAP
L6380	POST SURG APPLY RIGID DRESS WRIST DISARTIC
L6382	POST SURG APPLY RIGID DRESS ELBOW DISARTIC
L6384	POST SURG APPLY RIGID DRESS SHOULDER DISARTIC
L6386	POST SURG/FITTING EA ADD CAST CHANGE/REALIGNMENT
L6388	POST SURG/FITTING APPLY RIGID DRESSING ONLY
L6400	BELOW ELBOW MOLD SOCKET INCL SOFT PROSTH TISS
L6450	ELBOW DISARTIC MOLD SOCKET INCL SOFT PROSTH TISS
L6500	ABOVE ELBOW MOLD SOCK INCL SOFT PROSTH TISS
L6550	SHOULDER DISARTIC MOLD SOCK INCL SOFT PROSTH TIS
L6570	INTERSCAPULA/THORACIC MOLD SOCK INCL SOFT PROSTH
L6580	PREP WRIST DISARTIC 1 WALL PLASTIC MOLD TO PT
L6582	PREP WRIST DISARTIC 1 WALL SOCK DIRECT FORM
L6584	PREP ELBOW 1 WALL PLAST FAIR LEAD MOLD PT MODEL
L6586	PREP ELBOW 1 WALL PLAST FAIR LEAD DIRECT MOLD
L6588	PREP SHOULDER 1 WALL PLAST SOCK MOLD PT MODEL
L6590	PREP SHOULDER 1 WALL SOCK FAIR LEAD DIRECT FORM
L6600	UP EXT ADD POLYCENTRIC HINGE PAIR
L6605	UP EXT ADD 1 PIVOT HINGE PAIR
L6610	UP EXT ADD FLEX METAL HINGE PAIR
L6611	ADDT TO UP EXTR PROSTH, EXTERNAL POWERED, ADDIT SWITCH, ANY TYPE
L6615	UP EXT ADD DISCONNECT LOCKING WRIST UNIT
L6616	UP EXT ADD ADD DISCONNECT INSERT LOCK WRIST EA
L6620	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION WRIST UNIT
L6621	UP /EXTREM PROSTH ADDN FLEX EXT WRIST W OR W/O FRICTION
L6623	UP EXT ADD SPRING ASSIST ROTATION WRIST W/LATCH
L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT
L6625	UP EXT ADD ROTATE WRIST UNIT W/CABLE LOCK
L6628	UP EXT ADD QUICK DISCONNECT HOOK ADAP OTTO BACK
L6629	UP EXT ADD DISCONNECT LAMINAT COLLAR W/COUPLING
L6630	UP EXT ADD STAINLESS STEEL ANY WRIST
L6632	UP EXT ADD LATEX SUSP SLEEVE EACH
L6635	UP EXT ADD LIFT ASSIST FOR ELBOW
L6637	UP EXT ADD NUDGE CONTROL ELBOW LOCK
L6638	UP EXT ADD PROS LOCK W/MNL PWR ELB
L6640	UP EXT ADD SHOULDER ABDUCTION JNT PAIR
L6641	UP EXT ADD EXCURSION AMPLIFIER PULLEY TYPE
L6642	UP EXT ADD EXCURSION AMPLIFIER LEVER TYPE
L6645	UP EXT ADD SHOULDER FLEXION-ABDUCTION JNT EA
L6646	UP EXT ADD SHLDR JNT MX PSTN SYS
L6647	UP EXT ADD SHLDR LOCK MECH BDY PWR
L6648	UP EXT ADD SHLDR LOCK MECH EXT PWR

SERVICE CODES	SERVICE DESCRIPTION
L6650	UP EXT ADD SHOULDER UNIVERSAL JNT EA
L6655	UP EXT ADD STANDARD CONTROL CABLE EXTRA
L6660	UP EXT ADD HVY DTY CONTROL CABLE
L6665	UP EXT ADD TEFLON OR EQUAL CABLE LINING
L6670	UP EXT ADD HOOK TO HAND CABLE ADAPTER
L6672	UP EXT ADD HARNESS CHEST/SHOULDER SADDLE TYPE
L6675	UPPER EXTREMITY ADDITION, HARNESS, SINGLE CABLE DESIGN
L6676	UPPER EXTREMITY ADDITION, HARNESS DUAL CABLE DESIGN
L6677	UP /EXTREM ADDN HARNESS TRIPLE CONTROL
L6680	UP EXT ADD TEST SOCKET WRIST DISARTIC BELOW ELB
L6682	UP EXT ADD TEST SOCKET ELBOW DISARTIC ABOVE ELB
L6684	UP EXT ADD TEST SOCKET SHOULDER DISARTIC/THORAC
L6686	UP EXT ADD SUCTION SOCKET
L6687	UP EXT ADD FRAME SOCKET BELOW ELBOW
L6688	UP EXT ADD FRAME SOCKET ABOVE ELBOW
L6689	UP EXT ADD FRAME SOCKET SHOULDER DISARTIC
L6690	UP EXT ADD FRAME SOCKET INTERSCAPULAR/THORACIC
L6691	UP EXT ADD REMOVABLE INSERT EA
L6692	UP EXT ADD SILICONE GEL INSERT/EQUAL EA
L6693	UP EXTREM ADD EXT LOCK ELBOW FORARM COUNTRBALANC
L6694	ADD UP EXT PROS BELW/ABVE ELB CSTM W/LOCK MECH
L6695	ADD UP EXT PROS BELW/ABVE ELB CSTM W/O LOCK MECH
L6696	ADD UP EXT PROS ELB CSTM CNGN/TRAUMAT AMP INIT
L6697	ADD UP EXT PROS ELB CSTM NOT CNGN/TRAUM AMP INIT
L6698	ADD UP EXT PROS ELB LOCK MECH EXCL SCKT INSRT
L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE
L6704	TERMINAL DEV, SPORT/RECREATION/WORK ATTACH, ANY MATERIAL, ANY SIZE
L6706	TERMINAL DEV, HOOK, MECH, VOL OPEN, ANY MAT, ANY SIZE, LINED OR UNLINED
L6707	TERMINAL DEV, HOOK, MECH, VOL CLOS, ANY MATERIAL, ANY SIZE, LINED/UNLIN
L6708	TERMINAL DEV, HAND, MECHAN, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE
L6709	TERMINAL DEV, HAND, MECHAN, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE
L6711	PED TERM DEV HOOK VOL OPEN
L6712	PED TERM DEV HOOK VOL CLOS
L6713	PED TERM DEV HAND VOL OPEN
L6714	PED TERM DEV HAND VOL CLOS
L6715	TERM DEVICE, MULTI ART DIGIT
L6721	HOOK HAND HVY DTY VOL OPEN
L6722	HOOK HAND HVY DTY VOL CLOS
L6805	ADDITION TO TERMINAL DEVICE, MODIFIER WRIST UNIT
L6810	ADDITIONAL TO TERMINAL DEVICE, PRECISION PINCH DEVICE
L6880	ELEC HAND IND ART DIGITS
L6881	AUTO GRASP FEATURE, ADDTN TO UP LIMB ELECTRIC PROSTHETIC TERMINAL
L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB

SERVICE CODES	SERVICE DESCRIPTION
L6883	REPLACE SOCKET BELOW ELBOW WRIST DISARTICULATION MOLDED TO PATIENT
L6884	REPLACE SOCKET, ABOVE ELBOW/ELBOW DISARTICULATION, MOLDED TO PAT,
L6885	REPLACE SOCKET SHOULDER DISARTICULATION INTERSCAPULAR MOLDED TO PATIENT
L6890	TERM DEVICE GLOVE FOR ABOVE PRODUCTION GLOVE
L6895	TERM DEVICE GLOVE FOR ABOVE CUSTOM GLOVE
L6900	HAND RESTORE PART HAND W/GLOVE THUMB/1 FINGER
L6905	HAND RESTORE PART HAND W/GLOVE MULT FINGERS
L6910	HAND RESTORE PART HAND W/GLOVE NO FINGERS
L6915	HAND RESTORE REPLACEMENT GLOVE FOR ABOVE
L6920	WRIST DISARTIC SWITCH CONTROL TERM DEVICE
L6925	WRIST DISARTIC MYOELECTRONIC CONTROL TERM DEVICE
L6930	BELOW ELBOW SWITCH CONTROL TERM DEVICE
L6935	BELOW ELBOW MYOELECTRONIC CONTROL TERM DEVICE
L6940	ELBOW DISARTIC SWITCH CONTROL TERM DEVICE
L6945	ELBOW DISARTIC MYOELECTRONIC CONTROL TERM DEVICE
L6950	ABOVE ELBOW SWITCH CONTORL TERM DEVICE
L6955	ABOVE ELBOW MYOELECTRONIC CONTROL TERM DEVICE
L6960	SHOULDER DISARTIC SWITCH CONTROL TERM DEVICE
L6965	SHOULDER DISARTIC MYOELECTRONIC TERM DEVICE
L6970	INTERSCAPULAR/THORACIC SWITCH CONTROL TER DEV
L6975	INTERSCAPULAR/THORACIC MYOELECTRONIC TERM DEV
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
L7040	PREHENSILE ACTUATOR, SWITCH CONTROLLED
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, PEDIATRIC
L7170	ELECT ELBOW HOSMER SWITCH CONTROL
L7180	ELEC ELBOW-BOSTON/UT/OR EQ-MYOELECTRONICAL CNTRL
L7181	ELEC ELB MICROPRC SIMULTAN CNTRL ELB&TERM DEVC
L7185	ELECT ELBOW ADOLESCENT VARIETY VILLAGE SWITCH
L7186	ELECT ELBOW CHILD VARIETY VILLAGE SWITCH CONTROL
L7190	ELECT ELBOW ADOLESCENT VARIETY VILL MYOELECTRON
L7191	ELECT ELBOW CHILD VARIETY VILLAGE MYOELECTRON
L7259	ELECTRONIC WRIST ROTATOR ANY
L7360	SIX VOLT BAT OTTO BOCK/EQ EA
L7362	BATTERY CHRGR SIX VOLT OTTO
L7364	TWELVE VOLT BATTERY UTAH/EQU
L7366	BATTERY CHRGR 12 VOLT UTAH/E
L7367	REPLACEMNT LITHIUM IONBATTER
L7368	LITHIUM ION BATTERY CHARGER
L7400	ADDN TO UP EXTREM PROSTH BELOW ELBOW WRIST DISARTICULATION
L7401	ADDN TO UP EXTREM PROSTH ABOVE ELBOW DISARTICULATION ULTRALIGHT
L7402	ADDN TO UP EXTREM PROSH SHOULDER DISARTIC INTERSCAP THORACIC ULTRALIGHT

SERVICE CODES	SERVICE DESCRIPTION
L7403	ADDN TO UP EXTREM PROSTH BELOW ELBOW WRIST DISARTICULATION ACRYLIC
L7404	ADDN TO UP EXTREM PROSTH ABOVE ELBOW DISARTICULATION ACRYLIC MATERIAL
L7405	ADDN TO UP EXTREM PROSH SHOULDER DISARTIC INTERSCAP THORACIC ACRYLIC
L7499	UP EXT PROS NOS
L7510	REP PROS DEVC REP/REPL MINOR PART
L7520	REPR PROSTH DEVICE LABOR COMPONENT PER 15 MIN
L7700	GKT/SEAL USE PROS SOC INS ANY TY EA
L7900	MALE VACUUM ERECTION SYSTEM
L7902	TENSION RING, VAC ERECT DEV
L8000	MASTECTOMY BRA
L8001	BREAST PROSTHESIS BRA & FORM
L8002	BRST PRSTH BRA & BILAT FORM
L8010	BREAST PROSTHESIS MASTECTOMY SLEEVE
L8015	EXT BREAST PROSTH GARMENT W/MAST FORM POST MAST
L8020	BREAST PROSTHESIS MASTECTOMY FORM
L8030	BREAST PROSTHES W/O ADHESIVE
L8031	BREAST PROSTHESIS W ADHESIVE
L8032	REUSABLE NIPPLE PROSTHESIS
L8039	BREAST PROSTH NOS
L8040	NASAL PROSTH PROV BY A NON-PHY
L8041	MIDFACIAL PROSTH PROV BY A NON-PHY
L8042	ORBIT PROSTH PROV BY A NON-PHY
L8043	UPP/FACIAL PROSTH PROV BY A NON-PHY
L8044	HEMI-FACIAL PROSTH PROV BY NON-PHY
L8045	AURICULAR PROSTH PROV BY A NON-PHY
L8046	PART FACIAL PROSTH PROV BY NON-PHY
L8047	NASAL SEPTAL PROSTH PROV BY NON-PHY
L8048	UNS MAXIL-FAC PROSTH BR
L8049	REPR MAXILLOFAC PROS-NON PHY-15MIN
L8400	PROSTH SHEATH BELOW KNEE EA
L8410	PROSTH SHEATH ABOVE KNEE EA
L8415	PROSTH SHEATH UPPER LIMB EA
L8417	PROSTH SHEATH SOCK INC GEL CUSH LAYER AK/BK-EA
L8420	PROSTHETIC SOCK MULT PLY BK EACH
L8430	PROSTH SOCK MULT PLY ABOVE KNEE EACH
L8435	PROSTH SOCK MULT PLY UPPER LIMB EACH
L8440	PROSTH SHRINKER BELOW KNEE EA
L8460	PROSTH SHRINKER ABOVE KNEE EA
L8465	PROSTH SHRINKER UPPER LIMB EA
L8470	PROSTH SOCK SINGLE PLY FITTING BELOW KNEE EACH
L8480	PROSTH SOCK SINGLE PLY FITTING ABOVE KNEE EACH
L8485	PROSTH SOCK SINGLE PLY FITTING UPPER LIMB EA
L8499	UNLISTED PROC MISC PROSTH SERVICES

SERVICE CODES	SERVICE DESCRIPTION
L8500	ARTIFICIAL LARYNX ANY TYPE
L8501	TRACHEOSTOMY SPEAKING VALVE
L8505	ARTIFICIAL LARYNX REPLACEMENT BATTERY / ACCESSORY, ANY TYPE
L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH
L8509	TRACHEO ESOPHAGEAL VOICE PROSTHESIS
L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROSTHESIS, W/WOUT VLV
L8512	GELATIN CAPSULES OR EQUIVALENT/W TRACHEOESOPHAGEAL VOICE PROS
L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROSTHESIS
L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH
L8515	GELATIN CAP APPLIC DEVC TRACHOESOPH VOICE PROSTH
L8600	IMPLANTABLE BREAST PROSTHESIS SILICONE OR EQUAL
L8603	COLLAGEN IMPLANT-URIN TRACT/2.5CC SYR-INCLU SUPP
L8604	DEXTRANOMER HYALURONIC ACID
L8605	INJ BULKING AGENT ANAL CANAL
L8606	INJ SYN IMP URIN TRACT 1 ML SYRNG
L8607	INJ BLK AGT VC MEDIALIZATION 0.1 ML
L8608	MISC EXT COMP SPL/ACSS FOR ARGUS II RET PROS SYS
L8610	OCULAR IMPLANT
L8612	AQUEOUS SHUNT
L8613	OSSICULA IMPLANT
L8630	METACARPOPHALANGEAL JOINT IMPLANT
L8631	METRACARPAL PHALANGEAL JOINT REPLCMNT, TWO OR MORE PIECES, METAL
L8641	METATARSAL JOINT IMPLANT
L8642	HALLUX IMPLANT
L8658	INTERPHALANGEAL JOINT SPACER, SILICONE OR EQUAL, EACH
L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT, TWO OR MORE PIECES, METAL
L8670	VASCULAR GRAFT MATERIAL-SYN-IMPLANT
L8684	RADIOFREQUENCY TRANSMIT EXTERNALUSE W IMPLANT SACR ROOT NEUROSTIM RVCR
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INC INTERNAL & EXTERNAL COMPONENTS
L8691	OSSEOINTEGRATED SND PROC RPL
L8692	NON-OSSEOINTEGRATED SND PROC
L8693	AUD OSSEO DEV, ABUTMENT
L8694	AUD OI DVC TRNSDUCR/ACTUATR REPL EA
L8696	EXT ANTENNA PHREN NERVE STIM
L8698	MISC COMP SPL/ACCESS FOR USE WITH TOT AH SYSTEM
L8699	PROSTH IMPLNT NOS
L8701	PWR UE ROM AST DVC ELB WR HAND 1/DBL UP CUS FAB
L8702	PWR UE ROM AST DVC ELBO WR H FINGER 1/DBL UP CUS
Q1004	NEW TEC INTRAOCULAR LENS CATEGORY 4
Q1005	NEW TEC INTRAOCULAR LENS CATEGORY 5
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm
Q4225	AmnioBind, per sq cm
Q4256	MLG-Complete, per sq cm

SERVICE CODES	SERVICE DESCRIPTION
Q4257	Relese, per sq cm
Q4258	Enverse, per sq cm
Q4259	Celera Dual Layer or Celera Dual Membrane, per sq cm
Q4260	Signature APatch, per sq cm
Q4261	TAG, per sq cm
Q4265	NeoStim TL, per sq cm
Q4266	NeoStim Membrane, per sq cm
Q4267	NeoStim DL, per sq cm
Q4268	SurGraft FT, per sq cm
Q4269	SurGraft XT, per sq cm
Q4270	Complete SL, per sq cm
Q4271	Complete FT, per sq cm
S8189	TRACHEOSTOMY SUPPLY, NOT OTHERWISE CLASSIFIED
S8265	HABERMAN FEEDER CLEFT LIP/PALATE
S8460	CAMISOLE, POST-MASTECTOMY
S9434	MODIFIED SOLID FOOD SUPPLEMENTS FOR INBORN ERRORS OF METABOLISM
S9435	MED FOODS FOR INBORN ERRORS OF MET
V2623	PROSTHETIC EYE PLASTIC CUSTOM
V2625	ENLARGEMENT OF OCULAR PROSTHESIS
V2626	REDUCTION OF OCULAR PROSTHESIS
V2627	SCLERAL COVER SHELL
V2628	FABRICATION AND FITTING OF OCULAR CONFORMER
V2629	PROSTHETIC EYE OTHER TYPE
V2630	ANTERIOR CHAMBER INTRAOCULAR LENS
V2631	IRIS SUPPORTED INTRAOCULAR LENS
V2632	POSTERIOR CHAMBER INTRAOCULAR LENS
V5336	REPAIR MODIFY AUGMENT COMMUNICATION SYS/DEVICE
Radiation Therapy	
77371	RAD TX DELIVERY, (SRS), COMPLETE COURSE OF TX OF CEREBRAL LES 1 SESSION
Rhinoplasty	
30400	RHINOPLASTY PRIM; LAT & ALAR CARTIL/ELEVAT TIP
30410	RHINOPLASTY PRIM; COMPLT-EXT PARTS-ELEVAT TIP
30420	RHINOPLASTY PRIMARY; INCL MAJOR SEPTAL REPR
30430	RHINOPLASTY SECNDRY; MINOR REVIS
30435	RHINOPLASTY SECNDRY; INTERMED REVIS
30450	RHINOPLASTY SECNDRY; MAJOR REVIS
30460	RHINOPLASTY-DEFORM CLEFT LIP; TIP ONLY
30462	RHINOPLASTY-DEFORM CLEFT LIP; TIP/SEPTUM/OSTEOT
30465	REPR NASAL VESTIBULAR STENOSIS 21.58
Septoplasty	
30520	SEPTOPLASTY/SMR W/WO CARTIL SCORING/REPLAC W/GFT
Spinal Surgery - Codes below are reviewed by Health Net, see Turning Point link for additional codes	
0171T	LUMBAR SPINE PROCES DISTRCT

SERVICE CODES	SERVICE DESCRIPTION
0172T	LUMBAR SPINE PROCESS ADDL
22526	PERCU INTRADISC ELECTROTHRM ANNUL, UNI OR BI INCL FLORO GUID SNGL LEVEL
22527	1 OR MORE ADD'L LEVELS (LIST SEPARATELY IN ADD TO CODE FOR PRIMARY PROC)
22867	INSJ STABLJ DEV W/DCMPRN LUMBAR SINGLE LEVEL
22868	INSJ STABLJ DEV W/DCMPRN LUMBAR SECOND LEVEL
22869	INSJ STABLJ DEV W/O DCMPRN LUMBAR SINGLE LEVEL
22870	INSJ STABLJ DEV W/O DCMPRN LUMBAR SECOND LEVEL
62355	REMOV PREV IMPLNT INTRATHECAL/EPIDURAL CATH
64553	IMPLANT NEUROELECTRODES
64555	IMPLANT NEUROELECTRODES
64561	IMPLANT NEUROELECTRODES
64566	NEUROELTRD STIM POST TIBIAL
64568	INC FOR VAGUS N ELECT IMPL
64569	REVISE/REPL VAGUS N ELTRD
64570	REMOVE VAGUS N ELTRD
64575	IMPLANT NEUROELECTRODES
64580	IMPLANT NEUROELECTRODES
64581	IMPLANT NEUROELECTRODES
64585	REVISE/REMOVE NEUROELECTRODE
64999	UNLISTED PROC NERV SYST
Surgical Procedures	
32408	CORE NEEDLE BX LUNG/MEDIASTINUM PERQ W/IMG
33741	TAS CONGENITAL CARDIAC ANOMALIES ANY METHOD
33745	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL 1ST SHUNT
33746	TIS CRTJ ST CONGENITAL CARDIAC ANOMAL EA ADDL
33995	INSJ PERQ VAD W/RS AND I R HEART VENOUS ACCESS ONLY
33997	REMOVAL PERQ R HEART VAD VENOUS CANNULA SEP INSJ
0620T	ENDOVASCULAR VENOUS ARTERIALIZATION TIBL/PRNL VN
0621T	TRABECULOSTOMY AB INTERNO BY LASER
0622T	TRABECULOSTOMY AB INTERNO LASER W/OPH ENDOSCOPE
0627T	PERQ NJX ALGC CELL AND /PRDCT UNI/BI FLUOR LMBR 1ST
0628T	PERQ NJX ALGC CELL AND /PRDCT UNI/BI FLUOR LMBR EA
0629T	PERQ NJX ALGC CELL AND /PRDCT UNI/BI CT LMBR 1ST
0630T	PERQ NJX ALGC CELL AND /PRDCT UNI/BI CT LMBR EA
0632T	PERQ TCAT US ABLATION NERVES INNERVATING P-ART
C9089	BUPIVACAINE COLLAGEN-MATRIX IMPLANT 1 MG
C9770	VITRECTOMY MECH PP APP SR INJ PHRMACL/BIOLOGENT
C9771	NASAL/SINUS ENDO CRYO NSL TISS AND/ NERVE UNIL/BIL
C9772	RVSC EVAR OPN/PERC TIB/PER ART IVASC LITHOTRIPSY
C9773	RVSC EVAR OPEN/PC TIBIAL/PA IVASC LITH AND TL SP
C9774	RVSC EVAR OPN/PERQ TIB/PER ART IVASC LITH AND ATHREC
C9775	RVSC EVAR OPN/P TIB/PA IVASC LITH AND TL STNT PL AND ATH

SERVICE CODES	SERVICE DESCRIPTION
C9782	Blinded procedure for New York Heart Association (NYHA) Class II or III heart failure, or Canadian Cardiovascular Society (CCS) Class III or IV chronic refractory angina; transcatheter intramyocardial transplantation of autologous bone marrow cells (e.g., mononuclear) or placebo control, autologous bone marrow harvesting and preparation for transplantation, left heart catheterization including ventriculography, all laboratory services, and all imaging with or without guidance (e.g., transthoracic echocardiography, ultrasound, fluoroscopy), performed in an approved investigational device exemption (IDE) study
C9783	Blinded procedure for transcatheter implantation of coronary sinus reduction device or placebo control, including vascular access and closure, right heart catheterization, venous and coronary sinus angiography, imaging guidance and supervision and interpretation when performed in an approved investigational device exemption (IDE) study
Total Joint Replacements - Codes below are reviewed by Health Net, see Turning Point link for additional codes	
0141T	PANCREATIC CELL TRANSPLANTATION
0142T	PANCREATIC CELL TRANSPLANTATION, OPEN
0143T	LAPROSCOPIC PANCREATIC CELL TRANSPLANTATION
27369	NIX PX CNTRST KNE ARTHG CNTRST ENHNCD CT/MRI KNE
Transplant - Codes below are reviewed by Health Net, see Turning Point link for additional codes	
0664T	DONOR HYSTERECTOMY OPEN FROM CADAVER DONOR
0665T	DONOR HYSTERECTOMY OPEN FROM LIVING DONOR
0666T	DONOR HYSTERECTOMY LAPS/ROBOTIC FROM LIV DONOR
0667T	DONOR HYST RCP UTER ALGRFT TRNSPLJ CDVR/LIV
0668T	BACKBENCH PREP CDVR/LIV DONOR UTERINE ALLOGRAFT
0669T	BCKBNCH RCNSTJ CDVR/LIV DON UTER ALGRFT VEN ANST
0670T	BCKBNCH RCNSTJ CDVR/LIV DON UTER ALGRFT ART ANST
32850	DONOR PNEUMONECTOMY W/PREP & MAINTENANCE ALLOGFT
32851	LUNG TRANSPL SNGL; WO CARDIOPULM BYPASS
32852	LUNG TRANSPL SNGL; W/CARDIOPULM BYPASS
32853	LUNG TRANSPL DBL; WO CARDIOPULM BYPASS
32854	LUNG TRANSPL DBL; W/CARDIOPULM BYPASS
32855	BACKBENCH STD PREP CADVR DONR LUNG ALLOGFT; UNI
32856	BACKBENCH STD PREP CADVR DONR LUNG ALLOGFT; BIL
33930	DONOR CARDIEC-PNEUMONEC W/PREP & MAINTEN-ALLOGFT
33933	BACKBENCH STD PREP CADVER DONOR HRT/LUNG ALLOGFT
33935	HEART-LUNG TRANSPL W/RECIPIENT CARDIECT-PNEUMONE
33940	DONOR CARDIECT W/PREP & MAINTENANCE-ALLOGFT
33944	BACKBENCH STD PREP CADVER DONOR HEART ALLOGFT
33945	HEART TRANSPL W/WO RECIPIENT CARDIECTOMY
38204	MGMT RECIP HEM PRGNTR CELL DONR S&A
38205	BLD-DRIV PRGNTR CELL HRV TPLNT;ALLO
38206	BLD-DRV PRGNTR CELL HRV TPLNT;AUTOL
38207	TPLNT PREP HEM PRGNTR CELL;CRY&STOR
38208	TPLNT PREP HEM PROGNATR CELL; THAW
38209	WASH HARVEST STEM CELLS
38210	TPLNT PREP HEM PROGNTR CELL; T-CELL
38211	TPLNT PREP HEM PRGNTR CELL;TUM DPLT
38212	TPLNT PREP HEM PRGNTR CELL;RBC REMV
38213	TPLNT PREP PRGNTR CELL; PLATLT DPLT
38214	TPLNT PREP PRGNTR CELL; PLAS DPLT
38215	TPLNT PREP PRGNTR CELL; CONC PLAS
38230	BONE MARROW HARVEST ALLOGEN

SERVICE CODES	SERVICE DESCRIPTION
38232	BONE MARROW HARVEST AUTOLOG
38240	TRANSPLT ALLO HCT/DONOR
38241	TRANSPLT AUTOL HCT/DONOR
38242	TRANSPLT ALLO LYMPHOCYTES
44132	DONOR ENTERECT-OP-W/PREP; CADAVER 0
44133	DONOR ENTERECT; PART- LIVING DONOR 0
44135	INTESTIN ALLOTRNSPLNT; CADAVER 0
44136	INTESTIN ALLOTRNSPLNT; LIVING DONOR 0
44137	REMOVAL TRANSPLANTED INTESTINAL ALLOGFT COMPETE
44715	BACKBNCH STD PREP CD/LD INTESTINE ALLOGFT
44720	BCKBNCH RECNRSTR CD/LD INTST ALLOGFT;VEN ANAST EA
44721	BCKBNCH RECNRSTR CD/LD INTST ALLOGFT;ART ANAST EA
47133	DONOR HEPATECTOMY W/PREP/MAINT ALLOGFT; CADAVER
47135	LIVER ALLOTRANSPL; ORTHOTOPIC-PART/WHOLE-ANY AGE
47140	DONR HEPATECT LIVE DONR LT LAT SEG
47141	DONR HEPATECT LIVE DONR LT LOBECT
47142	DONR HEPATECT LIVE DONR RT LOBECT
47143	BCKBNCH STD PREP CD WHOLE LG;NO TRISEG/LOBE SPLT
47144	BCKBNCH STD PREP CD WHOLE LIVR GFT; TRISEG SPLIT
47145	BCKBNCH STD PREP CD WHOLE LIVR GFT; W/LOBE SPLIT
47146	BACKBENCH RECONSTR CD/LD LG; VENUS ANASTOM EA
47147	BACKBENCH RECONSTR CD/LD LIVR GFT;ART ANASTOM EA
48160	PANCREATECTOMY TOT/SUBTOT W/AUTOLOGOUS TRANSPL
48550	DONOR PANCREATECT W/PREP & MAINTEN ALLOGFT-CADVR
48551	BACKBENCH STD PREP CADVR DONR PANC ALLOGFT
48552	BACKBNCH RECONSTR CD PANC ALLOGFT VEN ANASTOM EA
48554	TRANSPC PANCREATIC ALLOGFT
48556	REMOV TRANSPL PANCREATIC ALLOGFT
50300	DONOR NEPHRECTOMY W/PREP/MAINT ALLOGFT; CADAVER
50320	DONOR NEPHRECTOMY W/PREP/MAINT; LIVE DONOR
50323	BACKBENCH STD PREP CADVR DONOR RENL ALLOGFT
50325	BACKBENCH STD PREP L/D RENAL ALLOGFT OPEN/LAP
50327	BCKBNCH RECONSTR CD/LD RENL ALLOGFT;VEN ANAST EA
50328	BCKBNCH RECONSTR CD/LD RENL ALLOGFT;ART ANAST EA
50329	BCKBNCH RECNRSTR CD/LD RENL ALLOGFT;URET ANAST EA
50340	RECIPIENT NEPHRECTOMY (SEPART PROC)
50360	RENAL ALLOTRANSPL; EXCLD DONOR & RECIPE NEPHRECT
50365	RENAL ALLOTRANSPL; W/RECIPIENT NEPHRECTOMY
50370	REMOV TRANSPL RENAL ALLOGFT
50380	RENAL AUTOTRANSPLANTATION REIMPLANTATION KIDNEY
50547	LAPAROSCOPY DONOR NEPHRECTOMY FROM LIVING DONOR
54680	TRANSPL TESTIS TO THIGH
G0341	PERQ ISLET CELL TPLNT INCL PORTL VEIN CATH&INFUS

SERVICE CODES	SERVICE DESCRIPTION
G0342	LAP ISLET CELL TPLNT INCL PORTAL VEIN CATH&INFUS
G0343	LAPAROT ISLET CELL TPLNT W/PORTL VEIN CATH&INFUS
S2053	TRANSPL/SMALL INTEST/LIVER ALLOGFTS
S2054	TRANSPL OF MULTIVIS ORGANS
S2055	HARV DON MULTIVIS ORG/ALOGFTS CADAV
S2060	LOBAR LUNG TRANSPL
S2061	DONOR LOBEC/LUNG TRANS LIVING DONOR
S2065	SIMULTANEOUS PANCREAS KIDNEY TRANSPLANTATION
S2102	ISLET CELL TISS TRANSPL - PANCREAS
S2140	CORD BLD HARVESTNG TRANS ALLOGENEIC
S2142	CORD BLD-DERIVED STEM-CELL TRANSPL
S2150	BONE MARROW/BLOOD-DERIVED PERIPHERAL STEM CELL HARVESTING&TRNSPLNTN
S2152	SOLID ORGAN; TRANSPLANTATION & RELATED COMP
S9975	TPLNT REL LODG MEALS & TRNSPRT DIEM
Treatment of Varicose Veins	
36468	SNGL/MX INJ SCLEROSING-SPIDER VEINS; LIMB/TRUNK
36470	INJ SCLEROSING SOLUTION; SNGL VEIN
36471	INJ SCLEROSING SOLUTION; MX VEINS SAME LEG
36475	ENDOVENUS ABLAT TX INCOMPETENT VEIN EXT RF; 1 VN
36476	ENDOVEN ABLAT TX VEIN EXT RF; 2&>VNS 1 EXT EA
36478	ENDOVEN ABLAT TX INCMPTNT VEIN EXT LASR;1 VEIN
36479	ENDOVEN ABLAT TX VEIN EXT LASR; 2&>VNS 1 EXT EA
37700	LIG & DIVIS LONG SAPHENOUS VEIN @ SAPHENOFEMORAL
37718	LIG DIV&STRIPPING SHORT SAPHENOUS VEIN
37722	LIG DIV&STRIP LONG SAPH SAPHFEM JUNCT KNE/BELW
37735	LIG & STRIP LONG/SHORT SAPHENOUS W/RAD EXC ULCER
37760	LIG PERFORATR VNS SUBFASCL RADL OPN
37761	LIGATE LEG VEINS OPEN
37765	STAB PHLEBECT VV 1 EXT 10-20 INCI
37766	STAB PHLEBECT VV 1 EXT >20 INCI
37780	LIG SHORT SAPHENOUS VEIN @ SAPHENOPOP (SEP PRO)
37785	LIG DIVIS &/OR EXC RECURRENT/SECNDRY VARICOSE
Uvulopalatopharyngoplasty (UPPP) and Laser-Assisted UPPP	
42145	PALATOPHARYNGOPLASTY
Vermilionectomy	
40500	VERMILIONECTOMY W/MUCOS ADVANCEMENT
Vestibuloplasty	
40840	VESTIBULOPLASTY; ANT
40842	VESTIBULOPLASTY; POST UNILAT
40843	VESTIBULOPLASTY; POST BILAT
40844	VESTIBULOPLASTY; ENTIRE ARCH
40845	VESTIBULOPLASTY; COMPLX
Miscellaneous	

SERVICE CODES	SERVICE DESCRIPTION
0792T	Application of silver diamine fluoride 38%, by a physician or other qualified health care professional
0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; complete system (i.e., right atrial and right ventricular pacemaker components)
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (i.e., right atrial and right ventricular pacemaker components)
0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; dual-chamber system (i.e., right atrial and right ventricular pacemaker components)
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right atrial pacemaker component
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (e.g., interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (i.e., caval valve implantation [CAVI]); percutaneous femoral vein approach
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (i.e., caval valve implantation [CAVI]); open femoral vein approach
0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report
0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report
0809T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intra-articular implant(s), including allograft or synthetic device(s)
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies
V2525	Contact lens, hydrophilic, dual focus, per lens