Procedure codes with reduced prior authorization requirements for UnitedHealthcare commercial plans

Effective Dec. 1, 2026

We no longer require prior authorization for certain services when provided to members younger than 18 years of age. We do still encourage advance notification for some codes to help members younger than 18 connect to care management services for some conditions.

For plan-specific exceptions, continue to verify requirements through the **Prior Authorization and Advance Notification tool** on the **UnitedHealthcare Provider Portal**.

Questions? We're here to help.

For chat options and contact information, visit **UHCprovider.com/contactus**.

Procedure codes no longer requiring prior authorization effective Dec. 1, 2026.

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
0018U	ONC THYR 10 MICRORNA SEQ +/- RSLT MOD HI RSK MAL
0022U	TGSAP NONSMALL CELL LUNG NEO DNA&RNA 23 GENES
0023U	ONC AML DNA GNTYP INT TANDEM DUP DETCJ/NONDETCJ
0026U	ONC THYR DNA&MRNA 112 GENES FNA NDUL ALG ALYS
0037U	TRGT GEN SEQ ALYS SLD ORGN NEO DNA 324 GENES
0047U	ONC PRST8 MRNA GEN XPRS PRFL 17 GEN ALG RSK SCOR
0048U	ONC SLD ORG NEO DNA 468 CANCER ASSOCIATED GENES
0050U	TRGT GEN SEQ ALYS AML 194 GENE INTERROG SEQ VRNT
0071T	US ABLATJ UTERINE LEIOMYOMATA < 200 CC TISSUE
0072T	FCSD US ABLTJ UTERINE LEIOMYOMAT >= 200 CC TISS
0087U	CARD HRT TRNSPL MRNA GEN XPRS PRFL 1283 GENE ALG
0088U	TRNSPLJ MED KDN ALGRFT REJ 1494 GENES ALG

United Healthcare®

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
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
0118U	TRANSPLANTATION MED QUAN DON-DRV CLL-FR DNA PLSM
0129U	HEREDITARY BRST CA RLTD DO GEN SEQ&DEL/DUP PNL
0162U	HERED COLON CA TARGETED MRNA SEQUENCE ALYS PANEL
0171U	TARGETED GENOMIC SEQUENCE ALYS PNL DNA 23 GENES
0179U	ONC NONSM CLL LNG CA CELL FREE DNA ALYS 23 GEN
0209U	CYTOG CONST ALYS INTERROG GEN REG F/COPY NUMBER
0211U	ONC PAN-TUMOR DNA&RNA NEXT-GENERATION SEQUENCING
0216U	NEURO INH ATAXIA GENOMIC DNA SEQ ALYS 12 BLD/SLV
0217U	NEURO INH ATAXIA GENOMIC DNA SEQ ALYS 51 BLD/SLV
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
0250U	ONC SLD ORG NEO TRGT GEN SEQ DNA ALYS 505 GENES
0265U	RARE DO WHL GENOME& MITOCHDRL DNA SEQ ALYS
0268U	HEM ATYP HEMOLYTIC UREMC SYND GEN SEQ ALY 15 GEN
0271U	HEM CGEN NEUTROPENIA GEN SEQ ALYS 24 GENES
0272U	HEM GEN BLD DO GEN SEQ ALYS 60 GENE&DUP/DEL PLAU
0273U	HEM GEN HYPRFIBRNLYSIS DLYD BLD ALYS 9 GEN
0274U	HEM GEN PLTLT DO GEN SEQ ALY 62 GEN&DUP/DEL PLAU
0276U	HEM INH THROMBOCYTOPENIA GEN SEQ ALYS 42 GENES
0288U	ONC LUNG MRNA QUAN PCR ALYS 11 GEN&3 REF GEN ALG
0289U	NEURO ALZHEIMER MRNA GEN XPRSN PRFL RNA SEQ 24
0306U	ONC MRD NEXT-GNRJ TRGT SEQ ALYS CLL-FR DNA 1ST
0307U	ONC MRD NEXT-GNRJ TRGT SEQ ALYS CLL-FR DNA SBSQ
0318U	PED WHL GENOME MTHYLTN ALYS MICRORA 50+GENES BLD
0319U	NEPH RNL TRNSPL RNA PRETRNSPL PERPH BLD ALG

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
0320U	NEPH RNL TRNSPL RNA POSTTRNSPL PERPH BLD ALG
0326U	TRGT GEN SEQ ALYS SLD ORGN NEO CLL-FR DNA 83+
0334U	ONC SLD ORGN TGSA FFPE TUM TISS DNA 84/+ GEN
0355U	APOL1 RISK VARIANTS
0362T	BEHAVIOR ID SUPPORT ASSMT EA 15 MIN TECH TIME
0364U	ONC HL NEO GEN SEQ ALYS ALG QUAN DMT CLNL SEQ
0373T	ADAPT BHV TX PRTCL MODIFICAJ EA 15 MIN TECH TIME
0378T	VISUAL FIELD ASSESSMENT PHYS REVIEW AND REPORT
0378U	RFC1 REPEAT XPNSJ VRNT ALY TRAD&REPEAT PRIME PCR
0379T	VISUAL FIELD ASSESSMENT TECH SUPPORT W/INSTRUCT
0379U	TGSAP SLD ORG NEO DNA 523&RNA 55 NEXT GNRJ SEQ
0388U	ONC NONSM CLL LNG CA NXT GNRJ SEQ 37 CA RLTD GEN
0389U	PED FEBRILE ILNES KAWASAKI DS IFI27&MCEP1 RNA
0391U	ONC SLD TUM DNA&RNA NXT GNJ SEQ FFPE TISS 437
0395U	ONC LUNG MULTIOMICS PLASMA ALG MAL RISK LNG NDUL
0398U	GI BARRETT ESOPH DNA MTHYLTN ALYS ALG DYSP/CA
0409U	ONC SLD TUM DNA 80&RNA 36 GEN NEXT GNRJ SEQ PLSM
0425U	GENOME RAPID SEQ ANALYSIS EACH COMPARATOR GENOME
0426U	GENOME ULTRA-RAPID SEQUENCE ANALYSIS
0444U	ONC SLD ORGN NEO TGSAP 361 GEN INTERROG DNA FFPE
0449U	CAR SCR SEV INH COND GENOMIC SEQ ALYS PNL 5 GEN
0465U	ONC UROTHELIAL CARC DNA QMSP 2 GENES ALG ALYS
0473U	ONC SOLID TUMOR NGS DNA FFPE TISS BLD/SLV 648GEN
0474U	HERED PAN CA GSAP 88 GENES 20DUP/DEL NGS BLD/SLV
0475U	HERED PRST8 CA-RLTD DO GSAP NGS CGH EVAL 23 GENE
0478U	ONC NSCLC DNA&RNA DPCR ALYS 9 GENES FFPE TISSUE
0481U	IDH1 IDH2&TERT PROMOTER CNS TUMORS NGS S/D/I
0483U	NFCT DS NG GYRA S91F POINT MUT ORL/RCT/VAG SWAB
0484U	NFCT DS MGEN 23S RRNA POINT MUT ORL/RCT/VAG SWAB
0485U	ONC SOL TUM CFDNA&RNA NGS IR GM CHIP TUM-DRV SNV
0487U	ONC SOL TUM CFCDNA TGSAP 84GEN INTERROG SEQ VRNT
0493U	TRNSPLJ MED QUANTIFICATION DD-CFDNA NGS PLASMA
0494T	PREP & CANNULJ CDVR DON LNG ORGN PRFUJ SYS

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
0495T	INIT & MNTR CDVR DON LNG ORGN PRFUJ SYS 1ST 2 HR
0495U	ONC PRST8 ALYS CRCG PLSM PRTNS GERMLINE POLYG RS
0499U	ONC CLRCT&LNG DNA FFPE TISS NGS 8GENES MUT DETCJ
0500U	AUTOINFLAM DS VEXAS SYND DNA UBA1 GENE MUT ALYS
0502U	HPV E6/E7 MRK HI-RSK TYPE CRV CLL BCC HYBRDZTN
0504U	NFCT DS UTI ID 17 PATH ORGANISMS URINE RTPCR
0505U	NFCT DS VAG INFCTJ ID 32 PTHGNC ORGS SWAB RTPCR
0523U	ONC SOLID TUMOR DNA QUAL NGS SNV 22GEN FFPE TISS
0529U	HEM VTE GW SNP F2&F5 GENE ALYS & LEIDEN VRNT SLV
0530U	ONC PAN-SOL TUM CTDNA PLSM NGS 77 GEN 8 FUJN MSI
0536U	RBC AG FETAL RHD PCR ALYS EXON 4 RHD GENE&GAPDH
0538U	ONC SOLID TUM NGTS ALYS FFPE DNA ALYS 600 GENES
0539U	ONC SOLID TUMOR CFCTDNA 152 GEN NGS INTERROG SNV
0540U	TRNSPLJ MEDICINE QUAN DD-CFDNA NGS ALYS PLASMA
0543U	ONC SOL TUM NGS DNA FFPE TISS 517GEN INTEROG SNV
0552U	REPRDTVE MED PGA ALYS GDO TE BX LNKGE ALYS LOCUS
0562U	ONC SOL TUM TGSA 33 GENES DETC SNVS CFDNA PLASMA
0567U	RARE DS WHL GENOME SEQ ALYS SRS&LRS SNVS INDELS
0571U	ONC SOL TUM DNA80&RNA10 GENS NGS PLSM SNV INDELS
0575T	PROGRAMMING DEV EVAL ICDS W/SS ELTRD IN PERSON
0575U	TRNSPLJ MED LIVER ALGRFT REJ MIRNA RTPCR 4 GENES
0576T	INTERROGATION DEV EVAL ICDS W/SS ELTRD IN PERSON
0576U	TRNSPLJ MED LVR ALGRFT REJ QUAN DDCFDNA WHLGENOM
0578T	REM INTERROG DEV EVAL SS LD ICDS <90D PHY/QHP
0579T	REM INTERROG DEV EVAL SS LD ICDS < 90D TECH
0585U	TGSAP SO NEO CFDNA ALYS PLSM 521 GENES INTERROG
0588U	NFCT DS BCT/VIRAL 32 GENES IMMUNE RESPONSE MRNA
0633T	CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST
0634T	CT BREAST W/3D RENDERING UNI WITH CONTRAST
0635T	CT BRST W/3D RENDERING UNI WO CNTRST FLWD CNTRST
0636T	CT BREAST W/3D RENDERING BI WITHOUT CONTRAST
0637T	CT BREAST W/3D RENDERING BI WITH CONTRAST
0638T	CT BRST W/3D RENDERING BI WO CNTRST FLWD CNTRST
0639T	WIRELESS SKIN SNR THERMAL ANISOTROPY MEAS&ASSMT

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
0645T	TCAT IMPLANTATION CORONARY SINUS REDUCTION DEV
0649T	QUAN MR ALYS TISS COMPOSITION W/MRI 1ORGN
11440	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<
11441	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM
11443	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM
11444	EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM
11446	EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M > 4.0CM
11462	EXCISION HIDRADENITIS INGUINAL SMPL/INTRM RPR
11470	EXCISION H/P/P/U SIMPLE/INTERMEDIATE REPAIR
11620	EXCISION MALIGNANT LESION S/N/H/F/G 0.5 CM/<
11621	EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM
11623	EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM
11640	EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<
11642	EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM
11643	EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM
11755	BIOPSY NAIL UNIT SEPARATE PROCEDURE
11760	REPAIR NAIL BED
12041	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<
12042	REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM
13100	REPAIR COMPLEX TRUNK 1.1-2.5 CM
13101	REPAIR COMPLEX TRUNK 2.6-7.5 CM
13131	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM
13132	REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 2.6-7.5 CM
14040	ADJT TIS TRNS/REARGMT F/C/C/M/N/A/G/H/F 10SQCM/<
15220	FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 SQ CM/<
15760	GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA
15770	GRAFT DERMA-FAT-FASCIA
20605	ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US
20610	ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US
20680	REMOVAL IMPLANT DEEP
20912	CARTILAGE GRAFT NASAL SEPTUM
20974	ELECTRICAL STIMULATION BONE HEALING NONINVASIVE
20975	ELECTRICAL STIMULATION BONE HEALING INVASIVE
20979	LOW INTENSITY US STIMJ BONE HEALING NONINVASIVE

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
21011	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM
21012	EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM/>
21013	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL <2CM
21014	EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2 CM/>
23120	CLAVICULECTOMY PARTIAL
23140	EXC/CURTG BONE CYST/BENIGN TUMOR CLAV/SCAPULA
23405	TENOTOMY SHOULDER AREA 1 TENDON
23430	TENODESIS LONG TENDON BICEPS
23440	RESECTION/TRANSPLANTATION LONG TENDON BICEPS
24006	ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX
24071	EXC TUMOR SOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>
24073	EXC TUMOR SOFT TISS UPPER ARM/ELBW SUBFASC 5CM/>
24075	EXC TUMOR SOFT TISS UPPER ARM/ELBOW SUBQ <3CM
24076	EXC TUMOR SOFT TISS UPR ARM/ELBOW SUBFASC <5CM
24101	ARTHRT ELBOW W/JT EXPL W/WOBX W/O RMVL LOOSE/FB
24102	ARTHROTOMY ELBOW W/SYNOVECTOMY
24105	EXCISION OLECRANON BURSA
24120	EXC/CURTG BONE CYST/BENIGN TUMOR H/N RDS/OLECRN
24300	MANIPULATION ELBOW UNDER ANESTHESIA
24341	REPAIR TENDON/MUSCLE UPPER ARM/ELBOW EA TDN/MUSC
24342	RINSJ RPTD BICEPS/TRICEPS TDN DSTL W/WO TDN GRF
24343	REPAIR LATERAL COLLATERAL LIGAMENT ELBOW
24357	TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS
24358	TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN
25071	EXC TUMOR SOFT TISS FOREARM AND/WRIST SUBQ 3CM/>
25073	EXC TUMOR SFT TISS FOREARM&/WRIST SUBFASC 3CM/>
25075	EXC TUMOR SOFT TISSUE FOREARM &/WRIST SUBQ <3CM
25076	EXC TUMOR SOFT TISS FOREARM&/WRIST SUBFASC <3CM
25085	CAPSULOTOMY WRIST
25109	EXC TENDON FOREARM&/WRIST FLEXOR/EXTENSOR EA
25111	EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY
25112	EXCISION GANGLION WRIST DORSAL/VOLAR RECURRENT

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
25130	EXCISION/CURETTAGE CYST/TUMOR CARPAL BONES
25210	CARPECTOMY 1 BONE
25230	RADICAL STYLOIDECTOMY SEPARATE PROCEDURE
25240	EXCISION DISTAL ULNA PARTIAL/COMPLETE
25275	RPR TENDON SHEATH EXTENSOR F/ARM&/WRIST W/GRAFT
25295	TNOLS FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA
25608	OPTX DSTL RADL I-ARTIC FX/EPIPHYSL SEP 2 FRAG
26045	FASCIOTOMY PALMAR OPEN PARTIAL
26055	TENDON SHEATH INCISION
26075	ARTHRT EXPL DRG/RMVL LOOSE/FB MTCARPHLNGL JT EA
26080	ARTHRT EXPL DRG/RMVL LOOSE/FB IPHAL JT EA
26110	ARTHROTOMY BIOPSY INTERPHALANGEAL JOINT EACH
26111	EX TUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5CM/>
26113	EX TUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5CM/>
26121	FASCT PALM W/WO Z-PLASTY TISSUE REARGMT/SKN GRFT
26123	FASCT PRTL PALMAR 1 DGT PROX IPHAL JT W/WO RPR
26160	EXC LESION TDN SHTH/JT CAPSL HAND/FNGR
26180	EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH
26215	EXC/CURETTAGE CYST/TUMOR PHALANX FINGER W/AGRAFT
26236	PARTIAL EXCISION DISTAL PHALANX FINGER
26320	REMOVAL IMPLANT FROM FINGER/HAND
26340	MANIPULATION FINGER JOINT UNDER ANES EACH JOINT
26350	RPR/ADVMNT FLXR TDN N/Z/2 W/O FR GRAFT EA TENDON
26356	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON
26357	RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON
26426	RPR XTNSR TDN CNTRL SLIP TISS W/LAT BAND EA FNGR
26432	CLTX DSTL XTNSR TDN INSJ W/WO PERCUTAN PINNING
26433	REPAIR EXTENSOR TENDON DISTAL INSERTION W/O GRF
26437	REALIGNMENT EXTENSOR TENDON HAND EACH TENDON
26480	TR/TRNSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN
26525	CAPSULECTOMY/CAPSULOTOMY IPHAL JOINT EACH
26530	ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH
26540	RPR COLTRL LIGM MTCARPHLNGL/IPHAL JT
26541	RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/TDN/FSCAL GRF

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
26542	RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/LOCAL TISS
26842	ARTHRD CRP/MTACRPL JT THMB W/WO INT FIXJ W/AGRFT
26850	ARTHRODESIS METACARPOPHALANGEAL JT W/WO INT FIXJ
26860	ARTHRODESIS INTERPHALANGEAL JT W/WO INT FIXJ
26951	AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR
26952	AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP
27048	EXC TUMOR SOFT TISSUE PELVIS & HIP SUBFASC <5CM
27062	EXCISION TROCHANTERIC BURSA/CALCIFICATION
27120	ACETABULOPLASTY
27125	HEMIARTHROPLASTY HIP PARTIAL
27134	REVJ TOT HIP ARTHRP BTH W/WO AGRFT/ALGRFT
27137	REVJ TOT HIP ARTHRP ACTBLR W/WO AGRFT/ALGRFT
27138	REVJ TOT HIP ARTHRP FEM ONLY W/WO ALGRFT
27324	BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP
27327	EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM
27328	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC <5CM
27332	ARTHRT W/EXC SEMILUNAR CRTLG KNEE MEDIAL/LAT
27339	EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC 5 CM/>
27340	EXCISION PREPATELLAR BURSA
27347	EXCISION LESION MENISCUS/CAPSULE KNEE
27372	REMOVAL FOREIGN BODY DEEP THIGH/KNEE
27437	ARTHROPLASTY PATELLA W/O PROSTHESIS
27438	ARTHROPLASTY PATELLA W/PROSTHESIS
27440	ARTHROPLASTY KNEE TIBIAL PLATEAU
27441	ARTHRP KNEE TIBIAL PLATEAU DBRDMT&PRTL SYNVCT
27442	ARTHROPLASTY FEM CONDYLES/TIBIAL PLATEAU KNEE
27443	ARTHRP FEM CONDYLES/TIBL PLATU KNE DBRDMT&PRTL
27445	ARTHROPLASTY KNEE HINGE PROSTHESIS
27446	ARTHRP KNEE CONDYLE&PLATEAU MEDIAL/LAT CMPRT
27447	ARTHRP KNE CONDYLE&PLATU MEDIAL&LAT COMPARTMENTS
27486	REVJ TOTAL KNEE ARTHRP W/WO ALGRFT 1 COMPONENT
27487	REVJ TOT KNEE ARTHRP FEM&ENTIRE TIBIAL COMPONE
27620	ARTHRT ANKLE W/EXPL W/WO BX W/WO RMVL LOOSE/FB

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
27632	EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3 CM/>
27638	EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/ALGRAFT
27685	LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX
27690	TR/TRNSPL 1 TDN W/MUSC REDIRION/REROUTING SUPFC
27696	RPR PRIM DISRUPTED LIGM ANKLE BTH COLTRL LIGMS
27702	ARTHROPLASTY ANKLE W/IMPLANT
28022	ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNGL JT
28035	RELEASE TARSAL TUNNEL
28041	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>
28043	EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM
28045	EXC TUMOR SOFT TISSUE FOOT/TOE SUBFASC <1.5CM
28047	RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>
28060	FASCIECTOMY PLANTAR FASCIA PARTIAL SPX
28086	SYNOVECTOMY TENDON SHEATH FOOT FLEXOR
28088	SYNOVECTOMY TENDON SHEATH FOOT EXTENSOR
28090	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT
28092	EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA
28103	EXC/CURETTAGE CYST/TUMOR TALUS/CALCANEUS ALGRFT
28104	EXC/CURTG BONE CYST/B9 TUMORTARSAL/METATARSAL
28108	EXC/CURTG CST/B9 TUM PHALANGES FOOT
28110	OSTECTOMY PRTL 5TH METAR HEAD SPX
28111	OSTECTOMY COMPLETE 1ST METATARSAL HEAD
28112	OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4
28113	OSTECTOMY COMPLETE 5TH METATARSAL HEAD
28118	OSTECTOMY CALCANEUS
28119	OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS
28120	PARTIAL EXCISION BONE TALUS/CALCANEUS
28122	PRTL EXC B1 TARSAL/METAR B1 XCP TALUS/CALCANEUS
28124	PARTICAL EXCISION BONE PHALANX TOE
28126	RESECTION PARTIAL/COMPLETE PHALANGEAL BASE EACH
28153	RESECTION CONDYLE DISTAL END PHALANX EACH TOE
28160	HEMIPHALANGECTOMY/INTERPHALANGEAL JOINT EXC TOE
28208	REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON
28250	DIVISION PLANTAR FASCIA & MUSCLE SPX

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
28285	CORRECTION HAMMERTOE
28288	OSTC PRTL EXOSTC/CONDYLC METAR HEAD
28289	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/O IMPLT
28291	HALLUX RIGIDUS W/CHEILECTOMY 1ST MP JT W/IMPLT
28292	CORRJ HLX VLGS BNCTY SESMDC RESCJ PROX PHLX BASE
28295	CORRJ HLX VLGS BNCTY SESMDC PROX METAR OSTEOT
28296	CORRJ HLX VLGS BNCTY SESMDC DSTL METAR OSTEOT
28297	CORRJ HLX VLGS BNCTY SESMDC JOINT ARTHRODESIS
28298	CORRJ HLX VLGS BNCTY SESMDC PROX PHLX OSTEOT
28299	CORRJ HLX VLGS BNCTY SESMDC W/DOUBLE OSTEOTOMY
28306	OSTEOT W/WO LNGTH SHRT/CORRJ 1ST METAR
28312	OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE
28315	SESAMOIDECTOMY FIRST TOE SPX
28322	RPR NON/MALUNION METARSAL W/WO BONE GRAFT
28344	RECONSTRUCTION TOE POLYDACTYLY
28755	ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT
29806	SURGICAL ARTHROSCOPY SHOULDER CAPSULORRHAPHY
29807	SURGICAL ARTHROSCOPY SHOULDER REPAIR SLAP LESION
29819	SURGICAL ARTHROSCOPY SHOULDER REMOVAL LOOSE/FB
29820	SURGICAL ARTHROSCOPY SHOULDER PRTL SYNOVECTOMY
29821	SURGICAL ARTHROSCOPY SHOULDER COMPL SYNOVECTOMY
29822	SURGICAL ARTHROSCOPY SHOULDER LMTD DBRDMT 1/2
29823	SURGICAL ARTHROSCOPY SHOULDER XTNSV DBRDMT 3+
29824	SURGICAL ARTHROSCOPY SHOULDER DSTL CLAVICULC
29825	SURGICAL ARTHROSCOPY SHOULDER W/LSS&RESCJ ADS
29826	SURGICAL ARTHROSCOPY SHO W/CORACOACRM LIGM RLS
29827	SURGICAL ARTHROSCOPY SHOULDER W/ROTATOR CUFF RPR
29828	SURGICAL ARTHROSCOPY SHOULDER BICEPS TENODESIS
29844	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL
29845	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE
29847	ARTHROSCOPY WRIST SURG INT FIXJ FX/INSTABILITY
29848	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM
29861	ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG
29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX
29871	ARTHROSCOPY KNEE SURG INFECTION LAVAGE&DRAINAGE
29873	ARTHROSCOPY KNEE SURGICAL WITH LATERAL RELEASE
29874	ARTHROSCOPY KNEE SURG REMOVAL LOOSE/FOREIGN BODY
29875	ARTHROSCOPY KNEE SURG SYNOVECTOMY LIMITED SPX
29876	ARTHROSCOPY KNEE SURG SYNOVECTOMY MAJ 2/>CMPRT
29877	ARTHRS KNEE SURG DEBRIDEMENT/SHVG ARTCLR CRTLG
29879	ARTHRS KNE SURG ABRASION ARTHRP/MLT DRLG/MICROFX
29880	ARTHRS KNEE SURG MENISCECTOMY MED&LAT W/SHAVING
29881	ARTHRS KNEE SURG W/MENISCECTOMY MED/LAT W/SHVG
29882	ARTHROSCOPY KNE SURG MENISCUS RPR MEDIAL/LATERAL
29883	ARTHROSCOPY KNE SURG MENISCUS RPR MEDIAL&LATERAL
29884	ARTHROSCOPY KNEE SURG LYSIS ADHESIONS W/WO MNPJ
29885	ARTHRS KNEE SURG DRLG OSTEO DISS GRFG W/WO FIXJ
29886	ARTHRS KNEE SURG DRILLING NTC OSTEO DISS LESION
29887	ARTHRS KNEE SURG DRLG OSTEO DISS LES W/INT FIXJ
29888	ARTHRS AIDED ANT CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ
29889	ARTHRS AIDED PST CRUCIATE LIGM RPR/AGMNTJ/RCNSTJ
29891	ARTHRS ANKLE EXC OSTCHNDRL DFCT TALUS&/TIB DRLG
29892	ARTHRS AID RPR LES/TALAR DOME FX/TIBL PLAFOND FX
29893	ENDOSCOPIC PLANTAR FASCIOTOMY
29894	ARTHROSCOPY ANKLE W/REMOVAL LOOSE/FOREIGN BODY
29895	ARTHROSCOPY ANKLE SURGICAL SYNOVECTOMY PARTIAL
29897	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT LIMITED
29898	ARTHROSCOPY ANKLE SURGICAL DEBRIDEMENT EXTENSIVE
29899	ARTHROSCOPY ANKLE SURGICAL W/ANKLE ARTHRODESIS
29914	ARTHROSCOPY HIP W/FEMOROPLASTY
29915	ARTHROSCOPY HIP W/ACETABULOPLASTY
29916	ARTHROSCOPY HIP W/LABRAL REPAIR
30115	EXCISION NASAL POLYP EXTENSIVE
30130	EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE
30140	SUBMUCOUS RESCJ INFERIOR TURBINATE PRTL/COMPL

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
30220	INSERTION NASAL SEPTAL PROSTHESIS BUTTON
30520	SEPTOPLASTY/SUBMUCOUS RESECJ W/WO CARTILAGE GRF
30580	REPAIR FISTULA OROMAXILLARY
30802	ABLTJ SOF TISS INF TURBS UNI/BI SUPFC INTRAMURAL
30930	FRACTURE NASAL INFERIOR TURBINATE THERAPEUTIC
31030	SINUSOTOMY MAXILLARY RAD W/O RMVL ANTROCH POLYPS
31200	ETHMOIDECTOMY INTRANASAL ANTERIOR
31528	LARYNGOSCOPY W/WO TRACHEOSCOPY W/DILATION IN
31535	LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY
31536	LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE
31540	LARYNGOSCOPY EXC TUM&/STRIPPING CORDS/EPIGLOTT
31541	LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP
33206	INS NEW/RPLCMT PRM PACEMAKR W/TRANS ELTRD ATRIAL
33207	INS NEW/RPLC PRM PACEMAKER W/TRANSV ELTRD VENTR
33208	INS NEW/RPLCMT PRM PM W/TRANSV ELTRD ATRIAL&VENT
33212	INS PM PLS GEN W/EXIST SINGLE LEAD
33213	INS PACEMAKER PULSE GEN ONLY W/EXIST DUAL LEADS
33214	UPG PACEMAKER SYS CONVERT 1CHMBR SYS 2CHMBR SYS
33224	INSJ ELTRD CAR VEN SYS ATTCH PREV PM/DFB PLS GEN
33225	INSJ ELTRD CAR VEN SYS TM INSJ DFB/PM PLS GEN
33227	REMVL PERM PM PLSE GEN W/REPL PLSE GEN SNGL LEAD
33228	REMVL PERM PM PLS GEN W/REPL PLSE GEN 2 LEAD SYS
33229	REMVL PERM PM PLS GEN W/REPL PLSE GEN MULT LEAD
33230	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST DUAL LEADS
33231	INSJ IMPLNTBL DEFIB PULSE GEN W/EXIST MULTILEADS
33240	INSJ IMPLNTBL DEFIB PULSE GEN W/1 EXISTING LD
33249	INSJ/RPLCMT PERM DFB W/TRNSVNS LDS 1/DUAL CHMBR
33250	ABLATION ARRHYTHMOGENIC FOCI/PATHWAY W/O BYPASS
33263	RMVL IMPLTBL DFB PLSE GEN W/RPLCMT PLSE GEN 2 LD
33264	RMVL IMPLTBL DFB PLS GEN W/RPLCMT PLS GEN MLT LD
33270	INS/RPLCMNT PERM SUBQ IMPLTBL DFB W/SUBQ ELTRD
36581	RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP
36582	RPLCMT COMPL TUN CTR VAD W/SUBQ PORT
36901	INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
36902	INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP
37220	REVASCULARIZATION ILIAC ARTERY ANGIOP 1ST VSL
37221	REVSC OPN/PRQ ILIAC ART W/STNT PLMT & ANGIOPLSTY
37224	REVSC OPN/PRG FEM/POP W/ANGIOPLASTY UNI
37225	REVSC OPN/PRQ FEM/POP W/ATHRC/ANGIOP SM VSL
37226	REVSC OPN/PRQ FEM/POP W/STNT/ANGIOP SM VSL
37227	REVSC OPN/PRQ FEM/POP W/STNT/ATHRC/ANGIOP SM VSL
37228	REVSC OPN/PRQ TIB/PERO W/ANGIOPLASTY UNI
37229	REVSC OPN/PRQ TIB/PERO W/ATHRC/ANGIOP SM VSL
37230	REVSC OPN/PRQ TIB/PERO W/STNT/ANGIOP SM VSL
37231	REVSC OPN/PRQ TIB/PERO W/STNT/ATHR/ANGIOP SM VSL
37242	VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I
37243	VASCULAR EMBOLIZE/OCCLUDE ORGAN TUMOR INFARCT
37254	REVSC EVASC IVT ANGIOP UNI SF LES 1ST VSL
37256	REVSC EVASC IVT ANGIOP UNI CPLX LES 1ST VSL
37258	REVSC EVASC IVT ST PLMT UNI SF LES 1ST VSL
37260	REVSC EVASC IVT ST PLMT UNI CPLX LES 1ST VSL
37263	REVSC EVASC FPVT ANGIOP UNI SF LES 1ST VSL
37265	REVSC EVASC FPVT ANGIOP UNI CPLX LES 1ST VSL
37267	REVSC EVASC FPVT ST PLMT UNI SF LES 1ST VSL
37269	REVSC EVASC FPVT ST PLMT UNI CPLX LES 1ST VSL
37271	REVSC EVASC FPVT ATHRC UNI SF LES 1ST VSL
37273	REVSC EVASC FPVT ATHRC UNI CPLX LES 1ST VSL
37275	REVSC EVASC FPVT ST ATHRC UNI SF LES 1ST VSL
37277	REVSC EVASC FPVT ST ATHRC UNI CPLX LES 1ST VSL
37280	REVSC EVASC TPVT ANGIOP UNI SF LES 1ST VSL
37282	REVSC EVASC TPVT ANGIOP UNI CPLX LES 1ST VSL
37284	REVSC EVASC TPVT ST PLMT UNI SF LES 1ST VSL
37286	REVSC EVASC TPVT ST PLMT UNI CPLX LES 1ST VSL
37288	REVSC EVASC TPVT ATHRC UNI SF LES 1ST VSL
37290	REVSC EVASC TPVT ATHRC UNI CPLX LES 1ST VSL
37292	REVSC EVASC TPVT ST ATHRC UNI SF LES 1ST VSL
37294	REVSC EVASC TPVT ST ATHRC UNI CPLX LES 1ST VSL
37296	REVSC EVASC IMVT ANGIOP UNI SF LES 1ST VSL

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
37298	REVSC EVASC IMVT ANGIOP UNI CPLX LES 1ST VSL
37609	LIGATION/BIOPSY TEMPORAL ARTERY
37700	LIG&DIV LONG SAPH VEIN SAPHFEM JUNCT/INTERRUPJ
37718	LIG DIV & STRIPPING SHORT SAPHENOUS VEIN
37722	LIG DIV&STRPG LONG SAPH SAPHFEM JUNCT KNE/BELW
37780	LIGJ & DIV SHORT SAPH VEIN SAPHENOPOP JUNCT SPX
40812	EXC LESION MUCOSA & SBMCSL VESTIBULE SMPL RPR
41110	EXCISION LESION TONGUE W/O CLOSURE
41112	EXC LESION TONGUE W/CLSR ANTERIOR TWO-THIRDS
41113	EXC LESION TONGUE W/CLSR POSTERIOR ONE-THIRD
42440	EXCISION SUBMANDIBULAR SUBMAXILLARY GLAND
42800	BIOPSY OROPHARYNX
42810	EXC BRANCHIAL CLEFT CYST CONFINED SKN&SUBQ TIS
42821	TONSILLECTOMY & ADENOIDECTOMY AGE 12/>
42826	TONSILLECTOMY PRIMARY/SECONDARY AGE 12/>
46220	EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS
46221	HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS
46250	HEMORRHOIDECTOMY XTRNL 2/> COLUMN/GROUP
46255	HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP
46257	HEMORRHOID NTRNL & XTRNL 1 COLUMN W/FISSURECTO
46261	HRHC NTRNL & XTRNL 2/> COLUMN/GROUP W/FISSU
46270	SURG TX ANAL FISTULA SUBQ
46505	CHEMODENERVATION INTERNAL ANAL SPHINCTER
46612	ANOSC RMVL MULT TUMORS CAUTERY/SNARE
46946	INT HRHC BY LIGATION 2+ HROID W/O IMG GDN
52000	CYSTOURETHROSCOPY
52005	CYSTOURETHROSCOPY W/URETERAL CATHETERIZATION
52204	CYSTOURETHROSCOPY WITH BIOPSY
52234	CYSTO W/REMOVAL OF TUMORS SMALL
52235	CYSTOURETHROSCOPY W/DEST &/RMVL MED BLADDER TUM
52260	CYSTOURETHROSCOPY W/DIL BLADDER GENERAL ANESTH
52265	CYSTOURETHROSCOPY W/DIL BLADDER LOCAL ANESTHESIA
52275	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE
52276	CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
52281	CYSTO CALIBRATION DILAT URTL STRIX/STENOSIS
52283	CYSTOURETHROSCOPY W/STEROID INJECTION STRICTURE
52285	CYSTOURETHROSCOPY TX FEMALE URETHRAL SYNDROME
52287	CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER
52300	CYSTO W/RESCJ/FULG ORTHOPIC URETEROCELE UNI/BI
52310	CYSTO W/SIMPLE REMOVAL STONE & STENT
52315	CYSTO W/COMPLEX REMOVAL STONE & STENT
52332	CYSTO W/INSERT URETERAL STENT
52352	CYSTO W/URETEROSCOPY W/RMVL/MANJ STONES
52356	CYSTO/URETERO W/LITHOTRIPSY &INDWELL STENT INSRT
52441	CYSTO INSJ PERM ADJTBL TRANSPROSTATIC 1 IMPLANT
52442	CYSTO INSJ PERM ADJTBL TRANSPROSTATIC IMPLANT EA
52500	TRANSURETHRAL RESECTION BLADDER NECK
53260	EXC/FULGURATION URETHRAL POLYP DSTL URETHRA
53270	EXCISION OR FULGURATION SKENES GLANDS
53850	TRURL DSTRJ PRSTATE TISS MICROWAVE THERMOTH
54001	SLITTING PREPUCE DORSAL/LAT SPX XCP NEWBORN
54055	DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION
54060	DSTRJ LESION PENIS SIMPLE SURG EXCISION
54110	EXCISION OF PENILE PLAQUE
54161	CIRCUMCISION AGE >28 DAYS
54164	FRENULOTOMY PENIS
54300	PENIS STRAIGHTENING CHORDEE
54360	PLASTIC RPR PENIS CORRECT ANGULATION
54530	ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH
54700	I&D EPIDIDYMIS TESTIS&/SCROTAL SPACE
54840	EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY
54860	EPIDIDYMECTOMY UNILATERAL
55040	EXCISION HYDROCELE UNILATERAL
55041	EXCISION HYDROCELE BILATERAL
55110	SCROTAL EXPLORATION
55120	REMOVAL FOREIGN BODY SCROTUM
55500	EXC HYDROCELE SPRMATIC CORD UNI SPX
56442	HYMENOTOMY SIMPLE INCISION

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
56620	VULVECTOMY SIMPLE PARTIAL
56740	EXCISION BARTHOLINS GLAND OR CYST
57000	COLPOTOMY W/EXPLORATION
57295	REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP
57461	COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX
57513	CAUTERY CERVIX LASER ABLATION
57700	CERCLAGE UTERINE CERVIX NONOBSTETRICAL
58560	HYSTEROSCOPY DIV/RESCJ INTRAUTERINE SEPTUM
58561	HYSTEROSCOPY REMOVAL LEIOMYOMATA
58565	HYSTEROSCOPY BI TUBE OCCLUSION W/PERM IMPLNTS
62320	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN
62322	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN
62323	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN
62324	NJX DX/THER SBST INTRLMNR CRV/THRC W/O IMG GDN
62325	NJX DX/THER SBST INTRLMNR CRV/THRC W/IMG GDN
62326	NJX DX/THER SBST INTRLMNR LMBR/SAC W/O IMG GDN
62327	NJX DX/THER SBST INTRLMNR LMBR/SAC W/IMG GDN
64483	NJX AA&/STRD TFRML EPI LUMBAR/SACRAL 1 LEVEL
64520	INJECTION ANES LMBR/THRC PARAVERTBRL SYMPATHETIC
64585	REVJ/RMVL PERPH NEUROSTIMULATOR ELECTRODE ARRAY
64610	DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR
64620	DSTRJ NEUROLYTIC AGENT INTERCOSTAL NERVE
64640	DSTRJ NEUROLYTIC AGENT OTHER PERIPHERAL NERVE
64702	NEUROPLASTY DIGITAL 1/BOTH SAME DIGIT
64718	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW
64719	NEUROPLASTY &/TRANSPOSITION ULNAR NERVE WRIST
64721	NEUROPLASTY &/TRANSPOS MEDIAN NRV CARPAL TUNNE
64776	EXC NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT
64782	EXC NEUROMA HAND/FOOT XCP DIGITAL NERVE
64788	EXC NEUROFIBROMA/NEUROLEMMOMA CUTAN NRV
64831	SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE
64835	SUTURE 1 NERVE MEDIAN MOTOR THENAR
65400	EXCISION LESION CORNEA XCP PTERYGIUM
65420	EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
65426	EXCISION/TRANSPOSITION PTERYGIUM W/GRAFG
65435	RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION
65436	RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT
65710	KERATOPLASTY ANTERIOR LAMELLAR
65730	KERATOPLASTY PENTRG EXCEPT APHAKIA/PSEUDOPHAKIA
65750	KERATOPLASTY PENETRAING APHAKIA
65755	KERATOPLASTY PENETRATING PSEUDOPHAKIA
65756	KERATOPLASTY ENDOTHELIAL
65778	PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES
65779	PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED
65780	OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE
65815	PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN
65855	TRABECULOPLASTY BY LASER SURGERY
65875	SEVERING ADS ANT SEG INCAL SPX POST SYNECHIAE
65920	RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE
66170	FSTLJ SCLERA GLAUCOMA TRABECULECT AB EXTERNO
66172	FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING
66185	REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT
66682	SUTURE IRIS CILIARY BODY SPX RETRIEVAL SUTURE
66710	CILIARY BODY DSTRJ CYCLOPHOTOCOAG TRANSSCERAL
66711	ECP CILIARY BODY DSTRJ W/O RMVL CRYSTALLINE LENS
66761	IRIDOTOMY/IRRIDECTOMY LASER SURG PER SESSION
66821	POST-CATARACT LASER SURGERY
66840	RMVL LENS MATERIAL ASPIR TQ 1/> STAGES
66982	XCAPSL CTRC RMVL INSJ IO LENS PROSTH CPLX WO ECP
66984	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/O ECP
66988	XCAPSL CTRC RMVL INSJ IO LENS PROSTH W/ECP
67010	RMVL VITREOUS ANT APPR SUBTOT RMVL MECH VITRECT
67036	VITRECTOMY MECHANICAL PARS PLANA
67039	VITRECTOMY MCHNL PARS PLNA FOCAL ENDOLASER PC
67040	VTRECTOMY MCHNL PARS PLNA ENDOLASER PANRTA PC
67041	VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE
67042	VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA
67043	VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
67400	ORBITOTOMY W/O BONE FLAP EXPL W/WO BIOPSY
67412	ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION
67445	ORBITOTOMY BONE FLAP/WINDOW LAT RMVL BONE DCMPRN
67840	EXC LESION EYELID W/O CLSR/W/SIMPLE DIR CLOSURE
67875	TEMPORARY CLOSURE EYELIDS SUTURE
67935	SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK
67971	RCNSTJ EYELID FULL THICKNESS </TWO-THIRDS 1 STG
67973	RCNSTJ EYELID FULL THICKNESS LOWER EYELID 1 STG
68100	BIOPSY CONJUNCTIVA
68110	EXCISION LESION CONJUNCTIVA </1 CM
68115	EXCISION LESION CONJUNCTIVA >1 CM
68135	DESTRUCTION LESION CONJUNCTIVA
68440	SNIP INCISION LACRIMAL PUNCTUM
68700	PLASTIC REPAIR CANALICULI
68720	DACRYOCSTORHINOSTOMY
68750	CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT
68815	PROBE NASOLACRIMAL DUCT W/WO IRRG INSJ TUBE/STNT
69090	EAR PIERCING
69140	EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL
69145	EXCISION SOFT TIS LESION EXTERNAL AUDITORY CANAL
69205	RMVL FB XTRNL AUDITORY CANAL ANES
69310	RECONSTRUCTION EXTERNAL AUDITORY CANAL SPX
69320	RCNSTJ XTRNL AUD CANAL CONGENITAL ATRESIA 1 STG
69424	VENTILATING TUBE RMVL REQUIRING GENERAL ANES
69440	MIDDLE EAR EXPL THRU POSTAUR/EAR CANAL INC
69641	TMPP MASTOIDECTOMY W/O OSSICULAR CHAIN RECNSTJ
69643	TMPP MASTOIDECT NTC/RCNSTED WALL W/O OCR
69644	TMPP MASTOIDECT NTC/RCNSTED CANAL WALL OCR
69645	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/O OCR
69646	TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/OCR
69660	STAPEDECTOMY/STAPEDOTOMY
69661	STAPEDECTOMY/STAPEDOTOMY W/FOOTPLATE DRILL OUT
69662	REVISION STAPEDECTOMY/STAPEDOTOMY
70336	MRI TEMPOROMANDIBULAR JOINT

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
70450	CT HEAD/BRAIN W/O CONTRAST MATERIAL
70460	CT HEAD/BRAIN W/CONTRAST MATERIAL
70470	CT HEAD/BRAIN W/O & W/CONTRAST MATERIAL
70472	CT CERE PRFUJ ALYS C+ W/CT/CTA SAME ANATOMY
70473	CT CERE PRFUJ ALYS C+ W/O CT/CTA SAME ANATOMY
70480	CT ORBIT SELLA/POST FOSSA/EAR W/O CONTRAST MATRL
70481	CT ORBIT SELLA/POST FOSSA/EAR W/CONTRAST MATRL
70482	CT ORBIT SELLA/POST FOSSA/EAR W/O & W/CONTR MATR
70486	CT MAXILLOFACIAL W/O CONTRAST MATERIAL
70487	CT MAXILLOFACIAL W/CONTRAST MATERIAL
70488	CT MAXILLOFACIAL W/O & W/CONTRAST MATERIAL
70490	CT SOFT TISSUE NECK W/O CONTRAST MATERIAL
70491	CT SOFT TISSUE NECK W/CONTRAST MATERIAL
70492	CT SOFT TISSUE NECK W/O & W/CONTRAST MATERIAL
70496	CT ANGIOGRAPHY HEAD W/CONTRAST/NONCONTRAST
70498	CT ANGIOGRAPHY NECK W/CONTRAST/NONCONTRAST
70540	MRI ORBIT FACE &/NECK W/O CONTRAST
70542	MRI ORBIT FACE & NECK W/CONTRAST MATERIAL
70543	MRI ORBIT FACE & NECK W/O & W/CONTRAST MATRL
70544	MRA HEAD W/O CONTRST MATERIAL
70545	MRA HEAD W/CONTRAST MATERIAL
70546	MRA HEAD W/O & W/CONTRAST MATERIAL
70547	MRA NECK W/O CONTRST MATERIAL
70548	MRA NECK W/CONTRAST MATERIAL
70549	MRA NECK W/O &W/CONTRAST MATERIAL
70551	MRI BRAIN BRAIN STEM W/O CONTRAST MATERIAL
70552	MRI BRAIN BRAIN STEM W/CONTRAST MATERIAL
70553	MRI BRAIN BRAIN STEM W/O W/CONTRAST MATERIAL
70554	MRI BRAIN FUNCTIONAL W/O PHYSICIAN ADMNISTRATION
70555	MRI BRAIN FUNCTIONAL W/PHYSICIAN ADMNISTRATION
71250	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/O CNTRST
71260	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX W/CONTRAST
71270	DIAGNOSTIC COMPUTED TOMOGRAPHY THORAX C-/C+
71271	COMPUTED TOMOGRAPHY THORAX LW DOSE LNG CA SCR C-

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
71275	CT ANGIOGRAPHY CHEST W/CONTRAST/NONCONTRAST
71550	MRI CHEST W/O CONTRAST MATERIAL
71551	MRI CHEST W/CONTRAST MATERIAL
71552	MRI CHEST W/O & W/CONTRAST MATERIAL
71555	MRA CHEST W/O & W/CONTRAST MATERIAL
72125	CT CERVICAL SPINE W/O CONTRAST MATERIAL
72126	CT CERVICAL SPINE W/CONTRAST MATERIAL
72127	CT CERVICAL SPINE W/O &W/CONTRAST MATERIAL
72128	CT THORACIC SPINE W/O CONTRAST MATERIAL
72129	CT THORACIC SPINE W/CONTRAST MATERIAL
72130	CT THORACIC SPINE W/O & W/CONTRAST MATERIAL
72131	CT LUMBAR SPINE W/O CONTRAST MATERIAL
72132	CT LUMBAR SPINE W/CONTRAST MATERIAL
72133	CT LUMBAR SPINE W/O & W/CONTRAST MATERIAL
72141	MRI SPINAL CANAL CERVICAL W/O CONTRAST MATRL
72142	MRI SPINAL CANAL CERVICAL W/CONTRAST MATRL
72146	MRI SPINAL CANAL THORACIC W/O CONTRAST MATRL
72147	MRI SPINAL CANAL THORACIC W/CONTRAST MATRL
72148	MRI SPINAL CANAL LUMBAR W/O CONTRAST MATERIAL
72149	MRI SPINAL CANAL LUMBAR W/CONTRAST MATERIAL
72156	MRI SPINAL CANAL CERVICAL W/O & W/CONTR MATRL
72157	MRI SPINAL CANAL THORACIC W/O & W/CONTR MATRL
72158	MRI SPINAL CANAL LUMBAR W/O & W/CONTR MATRL
72159	MRA SPINAL CANAL W/WO CONTRAST MATERIAL
72191	CT ANGIOGRAPHY PELVIS W/CONTRAST/NONCONTRAST
72192	CT PELVIS W/O CONTRAST MATERIAL
72193	CT PELVIS W/CONTRAST MATERIAL
72194	CT PELVIS W/O & W/CONTRAST MATERIAL
72195	MRI PELVIS W/O CONTRAST MATERIAL
72196	MRI PELVIS W/CONTRAST MATERIAL
72197	MRI PELVIS W/O & W/CONTRAST MATERIAL
72198	MRA PELVIS W/WO CONTRAST MATERIAL
73200	CT UPPER EXTREMITY W/O CONTRAST MATERIAL
73201	CT UPPER EXTREMITY W/CONTRAST MATERIAL

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
73202	CT UPPER EXTREMITY W/O & W/CONTRAST MATERIAL
73206	CT ANGIOGRAPHY UPPER EXTREMITY
73218	MRI UPPER EXTREMITY OTH THAN JT W/O CONTR MATRL
73219	MRI UPPER EXTREMITY OTH THAN JT W/CONTR MATRL
73220	MRI UPPER EXTREM OTHER THAN JT W/O & W/CONTRAS
73221	MRI ANY JT UPPER EXTREMITY W/O CONTRAST MATRL
73222	MRI ANY JT UPPER EXTREMITY W/CONTRAST MATRL
73223	MRI ANY JT UPPER EXTREMITY W/O & W/CONTR MATRL
73225	MRA UPPER EXTREMITY W/WO CONTRAST MATERIAL
73700	CT LOWER EXTREMITY W/O CONTRAST MATERIAL
73701	CT LOWER EXTREMITY W/CONTRAST MATERIAL
73702	CT LOWER EXTREMITY W/O & W/CONTRAST MATRL
73706	CT ANGIOGRAPHY LOWER EXTREMITY
73718	MRI LOWER EXTREM OTH/THN JT W/O CONTR MATRL
73719	MRI LOWER EXTREM OTH/THN JT W/CONTRAST MATRL
73720	MRI LOWER EXTREM OTH/THN JT W/O & W/CONTR MATR
73721	MRI ANY JT LOWER EXTREM W/O CONTRAST MATRL
73722	MRI ANY JT LOWER EXTREM W/CONTRAST MATERIAL
73723	MRI ANY JT LOWER EXTREM W/O & W/CONTRAST MATRL
73725	MRA LOWER EXTREMITY W/WO CONTRAST MATERIAL
74150	CT ABDOMEN W/O CONTRAST MATERIAL
74160	CT ABDOMEN W/CONTRAST MATERIAL
74170	CT ABDOMEN W/O CONTRAST FLWD BY CONTRAST MATRL
74174	CTA ABD&PLVS W/CNTRST & IMG POSTPROCESSING
74175	CTA ABDOMEN W/CONTRAST&IMG POSTPROCESSING
74176	CT ABDOMEN & PELVIS W/O CONTRAST MATERIAL
74177	CT ABDOMEN & PELVIS W/CONTRAST MATERIAL
74178	CT ABD&PLV W/O CNTRST 1/BTH FLWD CNTRST 1/BTH
74181	MRI ABDOMEN W/O CONTRAST MATERIAL
74182	MRI ABDOMEN W/CONTRAST MATERIAL
74183	MRI ABDOMEN W/O CONTRAST FLWD BY W/CONTRAST
74185	MRA ABDOMEN W/WO CONTRAST MATERIAL
74261	CT COLONOGRPHY DX IMAGE POSTPROCESS W/O CONTRAST
74262	CT COLONOGRPHY DX IMAGE POSTPROCESS W/CONTRAST

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
74263	CT COLONOGRAPHY SCREENING IMAGE POSTPROCESSING
75557	CARDIAC MRI MORPHOLOGY & FUNCTION W/O CONTRAST
75559	CARDIAC MRI W/O CONTRAST W/STRESS IMAGING
75561	CARDIAC MRI W/WO CONTRAST & FURTHER SEQ
75563	CARDIAC MRI W/W/O CONTRAST W/STRESS
75571	CT HEART NO CONTRAST QUANT EVAL CORONRY CALCIUM
75572	CT HEART CONTRAST EVAL CARDIAC STRUCTURE&MORPH
75573	CT HEART C+ CARDIAC STRUX&MORPH CGEN HRT DS
75574	CTA HRT CORNRY ART/BYPASS GRFTS CONTRST 3D POST
75580	N-INVAS EST C FFR AUGMNT SW ALYS CTA I&R PHY/QHP
75635	CTA ABDL AORTA&BI ILIOFEM W/CONTRAST&POSTP
76380	CT LIMITED/LOCALIZED FOLLOW UP STUDY
76390	MRI SPECTROSCOPY
76391	MAGNETIC RESONANCE ELASTOGRAPHY
77021	MRI GUIDANCE NEEDLE PLACEMENT RS&I
77046	MRI BREAST WITHOUT CONTRAST MATERIAL UNILATERAL
77047	MRI BREAST WITHOUT CONTRAST MATERIAL BILATERAL
77048	MRI BREAST W/OUT&WITH CONTRAST W/CAD UNILATERAL
77049	MRI BREAST WITHOUT&WITH CONTRAST W/CAD BILATERAL
77084	MRI BONE MARROW BLOOD SUPPLY
78429	MYOCRD IMG PET METAB EVAL SINGLE STUDY CNCRNT CT
78430	MYOCRD IMG PET PRFUJ 1STD REST/STRESS CNCRNT CT
78431	MYOCRD IMG PET PRFUJ MLT STD RST&STRS CNCRNT CT
78432	MYOCRD IMG PET PRFUJ W/METAB DUAL RADIOTRACER
78433	MYOCRD IMG PET PRFUJ W/METAB 2RTRACER CNCRNT CT
78451	MYOCARDIAL SPECT SINGLE STUDY AT REST OR STRESS
78452	MYOCARDIAL SPECT MULTIPLE STUDIES
78453	MYOCARDIAL PERFUSION PLANAR 1 STUDY REST/STRESS
78454	MYOCARDIAL PERFUSION PLANAR MULTIPLE STUDIES
78459	MYOCRD IMG PET METAB EVAL SINGLE STUDY
78466	MYOCARDIAL IMAGING INFARCT AVID PLANAR QUAL/QUAN
78468	MYOCRD IMG INFARCT AVID PLNR EJEC FXJ 1ST PS TQ
78469	MYOCRD INFARCT AVID PLNR TOMOG SPECT W/WO QUANTJ
78472	CARD BLOOD POOL GATED PLANAR 1 STUDY REST/STRESS

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
78473	CARD BL POOL GATED MLT STDY WAL MOTN EJECT FRACT
78481	CARD BL POOL PLANAR 1 STDY WAL MOTN EJECT FRACT
78483	CARD BL POOL PLNR MLT STDY WAL MOTN EJECT FRACT
78491	MYOCRD IMG PET PRFUJ SINGLE STUDY REST/STRESS
78492	MYOCRD IMG PET PRFUJ MULTIPLE STUDY REST&STRESS
78494	CARD BL POOL GATED SPECT REST WAL MOTN EJCT FRCT
78608	BRAIN IMAGING PET METABOLIC EVALUATION
78609	BRAIN IMAGING PET PERFUSION EVALUATION
78811	PET IMAGING LIMITED AREA CHEST HEAD/NECK
78812	PET IMAGING SKULL BASE TO MID-THIGH
78813	PET IMAGING WHOLE BODY
78814	PET IMAGING CT FOR ATTENUATION LIMITED AREA
78815	PET IMAGING CT ATTENUATION SKULL BASE MID-THIGH
78816	PET IMAGING FOR CT ATTENUATION WHOLE BODY
81162	BRCA1 BRCA2 GENE ALYS FULL SEQ FULL DUP/DEL ALYS
81163	BRCA1 BRCA2 GENE ANALYSIS FULL SEQUENCE ANALYSIS
81164	BRCA1 BRCA2 GENE ANALYSIS FULL DUP/DEL ANALYSIS
81277	CYTOGENOMIC NEOPLASIA MICROARRAY ANALYSIS
81412	ASHKENAZI JEWISH ASSOC DSRDRS GEN SEQ ANAL 9 GEN
81471	X-LINKED INTELLECTUAL DBLT DUP/DEL GENE ANALYS
81518	ONCOLOGY BREAST MRNA GENE EXPRESSION 11 GENES
81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES
81520	ONC BREAST MRNA GENE XPRSN PRFL HYBRD 58 GENES
81521	ONC BREAST MRNA MICRORA GENE XPRSN PRFL 70 GENES
81522	ONCOLOGY BREAST MRNA GENE XPRSN PRFL 12 GENES
81523	ONC BRST MRNA NEXT GNRJ SEQ GEN XPRSN 70 CNT&31
81541	ONC PRST8 MRNA GENE XPRSN PRFL RT-PCR 46 GENES
81542	ONC PRST8 MRNA MICRORA GENE XPRSN PRFL 22 GENES
81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG
81552	ONC UVEAL MLNMA MRNA GENE XPRSN PRFL 15 GENES
81558	TRNSPLJ REJ KDN MRNA GENE XPRSN PRFLG QPCR 139
81595	CARDIOLOGY HRT TRNSPL MRNA GENE EXPRESS 20 GENES
90935	HEMODIALYSIS PROCEDURE W/ PHYS/QHP EVALUATION
90937	HEMODIALYSIS PX REPEAT EVAL W/WO REVJ DIALYS RX

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
90945	DIALYSIS OTHER/THAN HEMODIALYSIS 1 PHYS/QHP EVAL
90947	DIALYSIS OTH/THN HEMODIALY REPEAT PHYS/QHP EVALS
93350	ECHO TTHRC R-T 2D W/WO M-MODE COMPLETE REST&ST
93351	ECHO TTHRC R-T 2D W/WO M-MODE REST&STRS CONT ECG
93452	L HRT CATH W/NJX L VENTRICULOGRAPHY IMG S&I
93453	R & L HRT CATH W/NJX L VENTRICULOG IMG S&I
93454	CATH PLACEMENT & NJX CORONARY ART ANGIO IMG S&I
93455	CATH PLMT & NJX CORONARY ART/GRFT ANGIO IMG S&I
93456	CATH PLMT R HRT & ARTS W/NJX & ANGIO IMG S&I
93457	CATH PLMT R HRT/ARTS/GRFTS W/NJX& ANGIO IMG S&I
93458	CATH PLMT L HRT & ARTS W/NJX & ANGIO IMG S&I
93459	CATH PLMT L HRT/ARTS/GRFTS WNJX & ANGIO IMG S&I
93460	R & L HRT CATH WINJX HRT ART& L VENTR IMG
93461	R& L HRT CATH W/INJEC HRT ART/GRFT& L VENT I
93653	COMPRE EP EVAL ABLTJ 3D MAPG TX SVT
93656	COMPRE EP EVAL ABLTJ ATR FIB PULM VEIN ISOLATION
95805	MLT SLEEP LATENCY/MAINT OF WAKEFULNESS TSTG
95807	SLEEP STD REC VNTJ RESPIR ECG/HRT RATE&O2 ATTN
95808	POLYSOM ANY AGE SLEEP STAGE 1-3 ADDL PARAM ATTND
95810	POLYSOM 6/>YRS SLEEP 4/> ADDL PARAM ATTND
95811	POLYSOM 6/>YRS SLEEP W/CPAP 4/> ADDL PARAM ATTND
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN
97152	BEHAVIOR ID SUPPORT ASSMT BY 1 TECH EA 15 MIN
97153	ADAPTIVE BEHAVIOR TX BY PROTOCOL TECH EA 15 MIN
97154	GROUP ADAPTIVE BHV TX BY PROTOCOL TECH EA 15 MIN
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN
97156	FAMILY ADAPT BHV TX GDN PHYS/QHP EA 15 MIN
97157	MULTIPLE FAM GROUP BHV TX GDN PHYS/QHP EA 15 MIN
97158	GRP ADAPT BHV PRTCL MODIFCAJ PHYS/QHP EA 15 MIN
A4226	SPL MAINT INS IP DR ADJ USING TX CONT G SENS WK
A4238	SPL ALW ADJ NI CGM 1 MONTH SUPPLY = 1 UOS
A4239	SPLY ALW NONADJUNC NONIMPL CGM 1 MO SPLY= 1 UOS
A9274	EXTERNAL AMB INSULIN DEL SYSTEM DISPOSABLE EA
A9277	TRANSMITTER; EXT USE WITH NONDME INTRSTL CGM

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
A9278	RECEIVER; EXT USE NONDME INTRSTL SYSTEM CGM
A9607	LUTETIUM LU 177 VIPIVOTIDE TETRAXETAN THER 1 MCI
C8937	CMP-AID DETN INCL CMP ALG ANALYS BR MRI IMG DATA
E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ
E0766	ELEC STIM DVC U CANCER TX INCL ALL ACC ANY TYPE
E0782	INFUSION PUMP IMPLANTABLE NON-PROGRAMMABLE
E0783	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE
E0784	EXTERNAL AMBULATORY INFUSION PUMP INSULIN
E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPL
E0787	EXTERNAL AMB INFUS PUMP INSULIN DOS RATE ADJ
E1810	DYN ADJUSTBL KNEE EXT & FLX DEVC INTERFCE MATL
E2102	ADJUNCTIVE NONIMPLANTED CGM/RECEIVER
E2103	NONADJUNCTIVE NONIMPLANTED CGM/RECEIVER
G0235	PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED
G0252	PET IMAG INIT DX BREST CA&/SURG PLAN NOT COV MCR
G0260	INJ PROC SI JNT;ANES STEROID&/TX AGT&ARTHROGRPH
L0220	THORACIC RIB BELT CUSTOM FABRICATED
L2330	ADD LOW EXT LACER MOLD PT MDL CSTM ORTHOSIS ONLY
L5828	ADD ENDO KNEE-SHIN FL SWING&STANCE PHASE CNTRL
L5848	ADD ENDOSKEL KNEE-SHIN SYS FLUID STANCE EXTENSN
L5856	ADD LOW EXT PROS KNEE-SHIN SYS SWING&STANCE PHSE
L5858	ADD LW EXT PROS KNEE SHIN SYS STANCE PHASE ONLY
L5968	ADD LW LIMB PROSTH MX-AXIAL ANK W/SWING PHASE
L5973	ENDOSKEL ANK FOOT SYS MICRPROCSS CONTROL PWR SRC
L5980	ALL LOWER EXTREMITY PROSTHESES FLEX-FOOT SYSTEM
L5981	ALL LOWER EXTREM PROSTH FLEX-WALK SYSTEM/EQUAL
L5987	ALL LW XTRM PRSTH SHNK FT SYS W/VRTCL LOAD PYLN
L6000	PARTIAL HAND THUMB REMAINING
L6010	PARTIAL HAND LITTLE & OR RING FINGER REMAINING
L6020	PARTIAL HAND NO FINGER REMAINING
L6200	ELB DISARTC MOLD SOCKT OUTSIDE LOCK HINGE FORARM
L6920	WRST DISARTIC OTTO BOCK/=SWTCH CNTRL TERM DEVICE
L6925	WRST DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM DEVC

Prior authorization is no longer required when provided to members younger than 18 years of age.

Procedure Code	Procedure Code Description
L6930	BELOW ELBOW OTTO BOCK/=SWITCH CNTRL TERM DEVICE
L6935	BELOW ELBOW OTTO BOCK/=MYOELEC CNTRL TERM DEVICE
L6940	ELBOW DISARTIC OTTO BOCK/=SWITCH CNTRL TERM DEVC
L6945	ELB DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM DEVC
L6950	ABOVE ELBOW OTTO BOCK/=SWITCH CNTRL TERM DEVC
L6955	ABOVE ELBOW OTTO BOCK/=MYOELEC CNTRL TERM DEVC
L6960	SHLDR DISARTIC OTTO BOCK/=SWTCH CNTRL TERM DEVC
L6965	SHOULDR DISARTIC OTTO BOCK/=MYOELEC CNTRL TERM
L6970	INTERSCAP-THOR OTTO BOCK/=SWTCH CNTRL TERM DEVC
L6975	INTERSCAP-THOR OTTO BOCK/=MYOELEC CNTRL TERM DVC
L7040	PREHENSILE ACTUATOR SWITCH CONTROLLED
L7170	ELECTRONIC ELBOW HOSMER/EQUAL SWITCH CONTROLLED
L8683	RF TRNSMT USE W/IMPLANTABLE NEUROSTIM RF RECV
Q4100	SKIN SUBSTITUTE NOT OTHERWISE SPECIFIED
S0201	PARTIAL HOSPITALIZATION SERVICES< 24 HR PER DIEM
S3854	GENE EXPRESSION PROFILING PANL MGMT BREAST CA TX
S3865	COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY
S3870	CGH MICROARRAY TEST DD ASD &/OR INTELL DISABILTY
S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY
S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY
S9339	HOME THERAPY; PERITONEAL DIALYSIS PER DIEM

Advance notification is still encouraged to help members younger than 18 connect to care management services.

Procedure Code	Procedure Code Description
77014	CT GUIDANCE RADIATION THERAPY FLDS PLACEMENT
77331	SPEC DOSIM ONLY PRESCRIBED TREATING PHYS
77370	SPEC MEDICAL RADJ PHYSICS CONSLTJ
77371	RADIATION DELIVERY STEREOTACTIC CRANIAL COBALT
77372	RADIATION DELIVERY STEREOTACTIC CRANIAL LINEAR
77373	STEREOTACTIC BODY RADIATION TREATMENT DELIVERY
77385	INTENSITY MODULATED RADIATION TX DLVR SIMPLE
77386	INTENSITY MODULATED RADIATION TX DLVR COMPLEX
77387	GUIDANCE FOR LOCLZJ TARGET VOL FOR RADJ TX DLVR
77399	UNLISTD PX MED RADJ PHYSIC DOSIM&TX DEV&SPEC SVC
77401	RADIATION TX DELIVERY SUPERFICIAL&/ORTHO VOLTAGE
77402	RADIATION TREATMENT DELIVERY LEVEL 1
77407	RADIATION TREATMENT DELIVERY LEVEL 2
77412	RADIATION TREATMENT DELIVERY LEVEL 3
77470	SPECIAL TREATMENT PROCEDURE
77520	PROTON TX DELIVERY SIMPLE W/O COMPENSATION
77522	PROTON TX DELIVERY SIMPLE W/COMPENSATION
77523	PROTON TX DELIVERY INTERMEDIATE
77525	PROTON TX DELIVERY COMPLEX
79445	RP THERAPY INTRA-ARTERIAL PARTICULATE ADMN
G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS CMPL TX 1 SESS
G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS
G6001	ULTRASONIC GUID PLACEMENT RADIATION TX FIELDS
G6002	STEREOSCOPIC X-RAY GUID LOCALIZ TRG VOL DEL RT
G6003	RAD TX DEL 2 TX AREA PORT/PL OPP PORTS:TO 5 MEV
G6004	RAD TX DEL 1 TX AREA PORT/PL OPP PORTS: 6-10 MEV
G6005	RAD TX DEL 1 TX AREA PORT/PL OPP PORTS: 11-19 ME
G6006	RAD TX DEL 1 TX AREA PORT/PL OPP PORTS: 20 ME/>
G6007	RT DEL 2 SEP AR 3/> PT 1 TX AR MX BLKS:TO 5 MEV
G6008	RT DEL 2 SEP AR 3/> PT 1 TX AR MX BLKS:6-10 MEV
G6009	RT DEL 2 SEP AR 3/> PT 1 TX AR MX BLKS:11-19 MEV
G6010	RT DEL 2 SEP AR 3/> PT 1 TX AR MX BLKS:20 MEV/>
G6011	RAD TX DEL 3/> SEP TX AR CSTM BLOCKING; TO 5 MEV

Advance notification is still encouraged to help members younger than 18 connect to care management services.

Procedure Code	Procedure Code Description
G6012	RAD TX DEL 3/> SEP TX AR CSTM BLOCKING; 6-10 MEV
G6013	RAD TX DEL 3/> SEP TX AR CSTM BLOCKING;11-19 MEV
G6014	RAD TX DEL 3/> SEP TX AR CSTM BLOCKING;20 MEV/>
G6015	INTENSITY MODULATED TX DEL 1/MX FLDS PER TX SESS
G6016	COMP-BASED BEAM MOD TX DEL I PLND TX 3 > HR SESS
G6017	INTRA-FRAC LOC & TRACKING TARGET/PT M EA FRAC TX
J0640	INJECTION LEUCOVORIN CALCIUM PER 50 MG
J0641	INJECTION LEVOLEUCOVORIN NOS 0.5 MG
J0642	INJECTION LEVOLEUCOVORIN 0.5 MG
J1326	INJECTION ZOLBETUXIMAB CLZB 2 MG
J1448	INJECTION TRILACICLIB 1MG
J1952	LEUPROLIDE INJECTABLE CAMCEVI, 1 MG
J2468	INJECTION PALONOSETRON HCL POSFREA 25 MCG
J9000	INJECTION DOXORUBICIN HCL 10 MG
J9003	LEUPROLIDE INJECTABLE 1 MG
J9011	INJECTION DATOPOTAMAB DERUXTECAN-DLNK 1 MG
J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL
J9017	INJECTION ARSENIC TRIOXIDE 1 MG
J9019	INJECTION ASPARAGINASE ERWINAZE 1000 IU
J9020	INJECTION ASPARAGINASE 10000 UNITS
J9021	INJECT ASPARAGINASE RECOMBINANT (RYLAZE) 0.1 MG
J9022	INJECTION ATEZOLIZUMAB 10 MG
J9023	INJECTION AVELUMAB 10 MG
J9024	INJECTION ATEZOLIZUMAB 5 MG & HYALURONIDASE TQJS
J9025	INJECTION AZACITIDINE 1 MG
J9026	INJECTION TARLATAMAB-DLLE 1 MG
J9027	INJECTION CLOFARABINE 1 MG
J9028	INJ NOGAPENDEKIN ALFA INBAKICEPT-PMLN IVES 1 MCG
J9029	IVES INSTAL NADOFARAGN FIRADENOVC-VNCG PER THR D
J9030	BCG LIVE INTRAVESICAL INSTILLATION 1 MG
J9032	INJECTION BELINOSTAT 10 MG
J9033	INJECTION BENDAMUSTINE HCL 1 MG
J9034	INJECTION BENDAMUSTINE HCL BENDEKA 1 MG

Advance notification is still encouraged to help members younger than 18 connect to care management services.

Procedure Code	Procedure Code Description
J9036	INJECTION BENDAMUSTINE HYDROCHLORIDE 1 MG
J9039	INJECTION BLINATUMOMAB 1 MICROGRAM
J9040	INJECTION BLEOMYCIN SULFATE 15 UNITS
J9041	INJECTION BORTEZOMIB 0.1 MG
J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG
J9043	INJECTION CABAZITAXEL 1 MG
J9045	INJECTION CARBOPLATIN 50 MG
J9046	INJ BORTEZOMIB NOT THER EQUIV TO J9041 0.1 MG
J9047	INJECTION CARFILZOMIB 1 MG
J9048	INJ BTZ FRESENIUS KABI NOT TX EQV TO J9041 0.1MG
J9049	INJ BORTEZOMB HOSPIRA NOT TX EQV TO J9041 0.1 MG
J9050	INJECTION CARMUSTINE 100 MG
J9051	INJECTION BORTEZOMIB NOT TE TO J9041 0.1 MG
J9052	INJECTION CARMUSTINE NOT THR EQV TO J9050 100 MG
J9053	INJECTION BELANTAMAB MAFODOTIN-BLMF 0.1 MG
J9054	INJECTION BORTEZOMIB BORUZU 0.1 MG
J9055	INJECTION CETUXIMAB 10 MG
J9056	INJECTION BENDAMUSTINE HCL VIVIMUSTA 1 MG
J9057	INJECTION COPANLISIB 1 MG
J9060	INJECTION CISPLATIN POWDER OR SOLUTION 10 MG
J9061	INJECTION, AMIVANTAMAB-VMJW 2 MG
J9062	INJECTION AMIVANTAMAB 5 MG & HYALURONIDASE-LPUJ
J9063	INJECTION MIRVETUXIMAB SORAVTANSINE-GYNX 1 MG
J9064	INJECTION CABAZITAXEL NOT TE TO J9043 1 MG
J9065	INJECTION CLADRIBINE PER 1 MG
J9071	INJECTION CYCLOPHOSPHAMIDE AUROMEDICS 5 MG
J9072	INJECTION CYCLOPHOSPHAMIDE FRINDOVYX 5 MG
J9073	INJECTION CYCLOPHOSPHAMIDE DR REDDYS 5 MG
J9074	INJECTION CYCLOPHOSPHAMIDE SANDOZ 5 MG
J9075	INJECTION CYCLOPHOSPHAMIDE NOS 5 MG
J9076	INJECTION CYCLOPHOSPHAMIDE BAXTER 5 MG
J9100	INJECTION CYTARABINE 100 MG
J9118	INJECTION CALASPARGASE PEGOL-MKNL 10 UNITS

Advance notification is still encouraged to help members younger than 18 connect to care management services.

Procedure Code	Procedure Code Description
J9119	INJECTION CEMIPLIMAB-RWLC 1 MG
J9120	INJECTION DACTINOMYCIN 0.5 MG
J9130	DACARBAZINE 100 MG
J9144	INJECTION DARATUMUMAB 10 MG & HYALURONIDASE-FIHJ
J9145	INJECTION DARATUMUMAB 10 MG
J9150	INJECTION DAUNORUBICIN 10 MG
J9151	INJ DAUNORUBICIN CITRATE LIPOSOMAL FORM 10 MG
J9153	INJECTION LIPOSOMAL 1 MG DNR & 2.27 MG CA
J9161	INJECTION DENILEUKIN DIFTITOX CXDL 1 MCG
J9165	INJECTION DIETHYLSTILBESTROL DIPHOSPHATE 250 MG
J9171	INJECTION DOCETAXEL 1 MG
J9172	INJECTION DOCETAXEL DOCIVYX 1 MG
J9173	INJECTION DURVALUMAB 10 MG
J9174	INJECTION DOCETAXEL BEIZRAY 1MG
J9175	INJECTION ELLIOTTS B SOLUTION 1 ML
J9176	INJECTION ELOTUZUMAB 1 MG
J9177	INJECTION ENFORTUMAB VEDOTIN-EJFV 0.25 MG
J9178	INJECTION EPIRUBICIN HCL 2 MG
J9179	INJECTION ERIBULIN MESYLATE 0.1 MG
J9181	INJECTION ETOPOSIDE 10 MG
J9183	GEMCITABINE INTRAVESICAL SYSTEM 225 MG
J9184	INJECTION GEMCITABINE HCL AVYXA 200 MG
J9185	INJECTION FLUDARABINE PHOSPHATE 50 MG
J9190	INJECTION FLUOROURACIL 500 MG
J9196	INJ GEMCITABINE HCI NOT THR EQUIV J9201 200 MG
J9198	INJ GEMCITABINE HYDROCHLORDE INFUGEM 100 MG
J9200	INJECTION FLOXURIDINE 500 MG
J9201	INJECTION GEMCITABINE HCL NOS 200 MG
J9203	INJECTION GEMTUZUMAB OZOGAMICIN 0.1 MG
J9204	INJECTION MOGAMULIZUMAB-KPKC 1 MG
J9205	INJECTION IRINOTECAN LIPOSOME 1 MG
J9206	INJECTION IRINOTECAN 20 MG
J9207	INJECTION IXABEPILONE 1 MG

Advance notification is still encouraged to help members younger than 18 connect to care management services.

Procedure Code	Procedure Code Description
J9208	INJECTION IFOSFAMIDE 1 G
J9209	INJECTION MESNA 200 MG
J9211	INJECTION IDARUBICIN HCL 5 MG
J9212	INJECTION INTERFERON ALFACON-1 RECOMBINANT 1 MCG
J9213	INJECTION INTERFERON ALFA-2A RECOMBINANT 3 M U
J9214	INJECTION INTERFERON ALFA-2B RECOMBINANT 1 M U
J9215	INJECTION INTERFERON ALFA-N3 250,000 IU
J9218	LEUPROLIDE ACETATE PER 1 MG
J9219	LEUPROLIDE ACETATE IMPLANT 65 MG
J9223	INJECTION LURBINECTEDIN 0.1 MG
J9226	HISTRELIN IMPLANT SUPPRELIN LA 50 MG
J9227	INJECTION ISATUXIMAB-IRFC 10 MG
J9228	INJECTION IPILIMUMAB 1 MG
J9229	INJECTION INOTUZUMAB OZOGAMICIN 0.1 MG
J9230	INJECTION MECHLORETHAMINE HCL 10 MG
J9232	INJ DOCETAXEL HOSPIRA NOT THERAP EQV J9171 1 MG
J9245	INJECTION MELPHALAN HCI NOS 50 MG
J9246	INJECTION MELPHALAN EVOMELA 1 MG
J9248	INJECTION MELPHALAN HEPZATO 1 MG
J9249	INJECTION MELPHALAN APOTEX 1 MG
J9260	INJECTION METHOTREXATE SODIUM 50 MG
J9261	INJECTION NELARABINE 50 MG
J9262	INJECTION OMACETAXINE MEPESUCCINATE 0.01 MG
J9263	INJECTION OXALIPLATIN 0.5 MG
J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG
J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL
J9267	INJECTION PACLITAXEL 1 MG
J9268	INJECTION PENTOSTATIN 10 MG
J9269	INJECTION TAGRAXOFUSP-ERZS 10 MCG
J9270	INJECTION PLICAMYCIN 2.5 MG
J9271	INJECTION PEMBROLIZUMAB 1 MG
J9272	INJECTION, DOSTARLIMAB-GXLY 10 MG
J9273	INJECTION, TISOTUMAB VEDOTIN-TFTV, 1 MG

Advance notification is still encouraged to help members younger than 18 connect to care management services.

Procedure Code	Procedure Code Description
J9274	INJECTION TEBENTAFUSP-TEBN 1 MCG
J9275	INJECTION COSIBELIMAB IPDL 2 MG
J9276	INJECTION ZANIDATAMAB HRII 2 MG
J9277	INJECTION PEM 1 MG & BERAHYALURONIDASE ALFA-PMPH
J9278	INJECTION CARBOPLATIN AVYXA 1 MG
J9280	INJECTION MITOMYCIN 5 MG
J9281	MITOMYCIN PYELOCALYCEAL INSTILLATION 1 MG
J9282	MITOMYCIN INTRAVESICAL INSTILLATION 1 MG
J9285	INJECTION OLARATUMAB 10 MG
J9286	INJECTION GLOFITAMAB-GXBM 2.5 MG
J9289	INJECTION NIVOLUMAB 2 MG & HYALURONIDASE NVHY
J9292	INJECTION PEMETREXED DIPOTASSIUM 10MG
J9293	INJECTION MITOXANTRONE HCL PER 5 MG
J9294	INJECTN PEMETREXED HOSPIRA NOT EQUIV J9305 10 MG
J9295	INJECTION NECITUMUMAB 1 MG
J9296	INJECTN PEMETREXED ACCORD NOT EQUIV J9305 10 MG
J9297	INJ PEMETREXED SANDOZ NOT THR EQUIV J9305 10 MG
J9298	INJECTION NIVOLUMAB & RELATLIMAB-RMBW 3 MG/1 MG
J9299	INJECTION NIVOLUMAB 1 MG
J9302	INJECTION OFATUMUMAB 10 MG
J9303	INJECTION PANITUMUMAB 10 MG
J9304	INJECTION PEMETREXED PEMFEXY 10 MG
J9305	INJECTION PEMETREXED NOS10 MG
J9306	INJECTION PERTUZUMAB 1 MG
J9307	INJECTION PRALATREXATE 1 MG
J9308	INJECTION RAMUCIRUMAB 5 MG
J9309	INJECTION POLATUZUMAB VEDOTIN-PIIQ 1 MG
J9313	INJECTION MOXETUMOMAB PASUDOTOX-TDFK 0.01 MG
J9314	INJECTION PEMETREXED TEVA NOT EQUIV J9305 10 MG
J9316	INJ PERTUZUMAB TRASTUZUMAB & HYAL-ZZXF PER 10 MG
J9317	INJECTION SACITUZUMAB GOVITECAN-HZIY 2.5 MG
J9318	INJECTION ROMIDEPSIN NONLYOPHILIZED 0.1 MG
J9319	INJECTION ROMIDEPSIN LYOPHILIZED 0.1 MG

Advance notification is still encouraged to help members younger than 18 connect to care management services.

Procedure Code	Procedure Code Description
J9320	INJECTION STREPTOZOCIN 1 G
J9321	INJECTION EPCORITAMAB-BYSP 0.16 MG
J9322	INJ PEMETREXED BLUEPOINT NOT EQUIV J9305 10 MG
J9323	INJECTION PEMETREXED DITROMETHAMINE 10 MG
J9324	INJECTION PEMETREXED 10 MG
J9325	INJ TALIMOGENE LAHERPAREPVEC PER 1 M PLAQUE F U
J9326	INJECTION TELISOTUZUMAB VEDOTIN-TLLV 1 MG
J9328	INJECTION TEMOZOLOMIDE 1 MG
J9329	INJECTION TISLELIZUMAB-JSGR 1MG
J9330	INJECTION TEMSIROLIMUS 1 MG
J9331	INJECTION SIROLIMUS PROTEIN-BOUND PARTICLES 1 MG
J9341	INJECTION THIOTEPA TEPYLUTE 1 MG
J9342	INJECTION THIOTEPA NOS 1 MG
J9345	INJECTION RETIFANLIMAB-DLWR 1 MG
J9347	INJECTION TREMELIMUMAB-ACTL 1 MG
J9348	INJECTION NAXITAMAB-GQGK 1 MG
J9349	INJECTION TAFASITAMAB-CXIX 2 MG
J9350	INJECTION MOSUNETUZUMAB-AXGB 1 MG
J9351	INJECTION TOPOTECAN 0.1 MG
J9352	INJECTION TRABECTEDIN 0.1 MG
J9353	INJECTION MARGETUXIMAB-CMKB 5 MG
J9354	INJ ADO-TRASTUZUMAB EMTANSINE 1 MG
J9355	INJECTION TRASTUZUMAB EXCLUDES BIOSIMILAR 10 MG
J9356	INJECTION TRASTUZUMAB 10 MG & HYALURONIDASE-OYSK
J9357	INJECTION VALRUBICIN INTRAVESICAL 200 MG
J9358	INJECTION FAM-TRASTUZUMAB DERUXTECAN-NXKI 1 MG
J9359	INJECTION, LONCASTUXIMAB TESIRINE-LPYL, 0.075 MG
J9360	INJECTION VINBLASTINE SULFATE 1 MG
J9361	INJECTION EFBEMALENOGRASTIM ALFA-VUXW 0.5 MG
J9370	VINCRISTINE SULFATE 1 MG
J9380	INJECTION TECLISTAMAB-CQYV 0.5 MG
J9390	INJECTION VINORELBINE TARTRATE 10 MG
J9393	INJECT FULVESTRANT NOT THR EQUIV TO J9395 25 MG

Advance notification is still encouraged to help members younger than 18 connect to care management services.

Procedure Code	Procedure Code Description
J9394	INJ FUL FRESENIUS KABI NOT TX EQV TO J9395 25 MG
J9395	INJECTION FULVESTRANT 25 MG
J9400	INJECTION ZIV-AFLIBERCEPT 1 MG
J9600	INJECTION PORFIMER SODIUM 75 MG
J9601	INJECTION LINVOSELTAMAB-GCPT 1 MG
J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG
Q2017	INJECTION TENIPOSIDE 50 MG
Q2043	SIPULEUCEL-T AUTO CD54+
Q2050	INJECTION DOXORUBICIN HCL LIPOSOMAL NOS 10 MG
Q5107	INJECTION BEVACIZUMAB-AWWB BIOSIMILAR 10 MG
Q5112	INJECTION TRASTUZUMAB-DTTB BIOSIMILAR 10 MG
Q5113	INJECTION TRASTUZUMAB-PKRB BIOSIMILAR 10 MG
Q5114	INJECTION TRASTUZUMAB-DKST BIOSIMILAR 10 MG
Q5116	INJECTION TRASTUZUMAB-QYYP BIOSIMILAR 10 MG
Q5117	INJECTION TRASTUZUMAB-ANNS BIOSIMILAR 10 MG
Q5118	INJECTION BEVACIZUMAB-BVZR BIOSIMILAR 10 MG
Q5126	INJ BEVACIZUMAB-MALY BIOSIMILAR (ALYMSYS) 10 MG
Q5129	INJECTION BEVACIZUMAB-ADCD BIOSIMILAR 10 MG
Q5160	INJECTION BEVACIZUMAB-NWGD JOBEVNE BS 10 MG
Q5161	INJECTION DENOSUMAB-KYQQ BIOSIMILAR 1 MG
Q5162	INJECTION DENOSUMAB-NXXP BIOSIMILAR 1 MG
Q5165	INJECTION DENOSUMAB-MOBZ OZILTUS BIOSIMILAR 1 MG
Q5166	INJECTION DENOSUMAB-DESU OSVYRTI/JUBEREQ BS 1 MG
Q5167	INJECTION DENOSUMAB-QBDE ENOBY/XTRENBO BS 1 MG
Q5169	INJECTION PEGFILGRASTIM-UNNE ARMLUPEG BS 0.5 MG
Q5171	INJECTION DENOSUMAB-MOBZ BONCRESA BS 1 MG
S2095	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC PERQ METH USI