



Medicare and DSNP: Prior authorization and site of service expansion

Refer to the [Medicare and DSNP: Prior authorization and site of service expansion](#) notice for further information.

Effective Date: May 1, 2022

Applicable Codes

CPT Code	Description
0191T	INSERTION EYE FLUID DRAINAGE DEVICE
15823	EXCESSIVE SKIN AND FAT REMOVAL, UPPER EYELID
44388	COLONOSCOPY
44389	COLONOSCOPY WITH BIOPSY
44391	COLONOSCOPY FOR BLEEDING
44408	COLONOSCOPY THROUGH STOMA WITH DECOMPRESSION
45330	DIAGNOSTIC SIGMOIDOSCOPY
45378	DIAGNOSTIC COLONOSCOPY
45379	COLONOSCOPY W/FB REMOVAL
45380	COLONOSCOPY AND BIOPSY
45381	COLONOSCOPY, SUBMUCOUS INJ
45382	COLONOSCOPY/CONTROL BLEEDING
45384	COLONOSCOPY, LESION REMOVAL BY HOT BIOPSY FORCEPS
45385	COLONOSCOPY, LESION REMOVAL BY SNARE TECHNQ
45386	COLONOSCOPY DILATE STRICTURE
45388	COLONOSCOPY FLX ABLATION TUMOR POLYP/OTHER LES
45389	COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT
45390	COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION
45393	COLONOSCOPY FLEXIBLE WITH DECOMPRESSION
62270	SPINAL FLUID TAP, DIAGNOSTIC
62321	NJX DX/THER SBST INTRLMNR CRV/THRC W/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
64405	N BLOCK INJ, OCCIPITAL
64418	N BLOCK INJ, SUPRASCAPULAR
64483	INJ ANESTH LOWER SPINE, SINGLE
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level -

CPT Code	Description
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
64510	N BLOCK, STELLATE GANGLION
64633	DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRV
64635	DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMB
65855	EYE REPAIR SURGERY W/ LASER
66180	IMPLANT EYE SHUNT
66183	INSERT ANTER DRAINAGE DEV W/O EXTRAOC RESERVOIR
66982	CATARACT REMVL W/ INSRT OF LENS, 1 STG, CMPLX
66984	CATARACT REMOVAL W/ INSRT OF LENS, 1 STAGE
67036	REMOVAL OF INNER EYE FLUID
67040	LASER TREATMENT OF RETINA
67041	VIT FOR MACULAR PUCKER
67042	VIT FOR MACULAR HOLE
67108	REPAIR DETACHED RETINA, VITRECTOMY
67113	REPAIR RETINAL DETACHMENT, COMPLEX
67145	TREATMENT OF RETINA
67210	TREATMENT OF RETINAL LESION
67228	TREATMENT OF RETINAL LESION
67900	REPAIR BROW DEFECT
67904	REPAIR UPPER EYELID, REPAIR UPPER TENDON
67917	REPAIR EYELID DEFECT
G0105	COLOREC CANCR SCR; COLNSCPY HI RISK
G0121	COLOREC CNCR SCR;COLNSCPY NO HI RSK

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