



Reduced Prior Authorization Requirements

We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

Code	Description
10121	10121-INCISION & REMOVAL FOREIGN BODY SUBQ TISSCOMPL
10180	10180-INCISION & DRAINAGE COMPLEX PO WOUND INFECTION
11000	11000-DBRDMT EXTENSV ECZEMA/INFECT SKN UP 10% BDY SURF
11010	11010-DBRDMT W/RMVL FM FX&/DISLC SKIN&SUBQ TISSUS
11012	11012-DBRDMT FX&/DISLC SUBQ T/M/F BONE
11440	11440-EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M 0.5CM/<
11441	11441-EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 0.6-1.0CM
11443	11443-EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 2.1-3.0CM
11444	11444-EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 3.1-4.0CM
11446	11446-EXC B9 LESION MRGN XCP SK TG F/E/E/N/L/M >4.0CM
11450	11450-EXCISION HI DRADENITIS AXILLARY SMPL/INTRM RPR
11451	11451-EXCISION HI DRADENITIS AXILLARY COMPLEX REPAIR
11462	11462-EXCISION HI DRADENITIS INGUINAL SMPL/INTRM RPR
11463	11463-EXCISION HI DRADENITIS INGUINAL COMPLEX REPAIR
11470	11470-EXCISION H/P/P/U SIMPLE/INTERMEDIATE REPAIR
11471	11471-EXCISION H/P/P/U COMPLEX REPAIR
11601	11601-EXCISION MAL LESION TRUNK/ARM/LEG 0.6-1.0 CM
11602	11602-EXCISION MAL LESION TRUNK/ARM/LEG 1.1-2.0 CM
11603	11603-EXCISION MAL LESION TRUNK/ARM/LEG 2.1-3.0 CM/<
11604	11604-EXCISION MAL LESION TRUNK/ARM/LEG 3.1-4.0 CM
11620	11620-EXCISION MALIGNANT LESION S/N/H/F/G 0.5 CM/<
11621	11621-EXCISION MALIGNANT LESION S/N/H/F/G 0.6-1.0 CM
11622	11622-EXCISION MALIGNANT LESION S/N/H/F/G 1.1-2.0 CM
11623	11623-EXCISION MALIGNANT LESION S/N/H/F/G 2.1-3.0 CM/<
11624	11624-EXCISION MALIGNANT LESION S/N/H/F/G 3.1-4.0 CM
11626	11626-EXCISION MALIGNANT LESION S/N/H/F/G >4.0 CM
11640	11640-EXCISION MALIGNANT LESION F/E/E/N/L 0.5 CM/<
11641	11641-EXCISION MALIGNANT LESION F/E/E/N/L 0.6-1.0 CM
11642	11642-EXCISION MALIGNANT LESION F/E/E/N/L 1.1-2.0 CM
11643	11643-EXCISION MALIGNANT LESION F/E/E/N/L 2.1-3.0 CM
11644	11644-EXCISION MALIGNANT LESION F/E/E/N/L 3.1-4.0 CM
11646	11646-EXCISION MALIGNANT LESION F/E/E/N/L >4.0 CM
11750	11750-EXCISION NAIL MATRIX PERMANENT REMOVAL
11755	11755-BIOPSY NAIL UNIT SEPARATE PROCEDURE
11760	11760-REPAIR NAIL BED
11770	11770-EXCISION PILONIDAL CYST/SINUS SIMPLE
11772	11772-EXCISION PILONIDAL CYST/SINUS COMPLICATED
12031	12031-REPAIR INTERMEDIATE S/A/T/E 2.5 CM/<

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12032	12032-REPAIR INTERMEDIATE S/A/T/E 2.6-7.5 CM
12034	12034-REPAIR INTERMEDIATE S/A/T/E 7.6-12.5 CM
12035	12035-REPAIR INTERMEDIATE S/A/T/E 12.6-20.0CM
12037	12037-REPAIR INTERMEDIATE S/A/T/E >30.0 CM
12041	12041-REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.5CM/<
12042	12042-REPAIR INTERMEDIATE N/H/F/XTRNL GENT 2.6-7.5 CM
12051	12051-REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.5 CM/<
12052	12052-REPAIR INTERMEDIATE F/E/E/N/L&/MUC 2.6-5.0 CM
13100	13100-REPAIR COMPLEX TRUNK 1.1-2.5 CM
13120	13120-REPAIR COMPLEX SCALP/ARM/LEG 1.1-2.5 CM
13121	13121-REPAIR COMPLEX SCALP/ARM/LEG 2.6-7.5 CM
13131	13131-REPAIR COMPLEX F/C/C/M/N/AX/G/H/F 1.1-2.5 CM
13151	13151-REPAIR COMPLEX EYELID/NOSE/EAR/LIP 1.1-2.5 CM
13152	13152-REPAIR COMPLEX EYELID/NOSE/EAR/LIP 2.6-7.5 CM
15100	15100-SPLIT AGRFT T/A/L 1ST 100 CM/&/1% BDY INFT/CHLD
15120	15120-SPLIT AGRFT F/S/N/H/F/G/M/D GT 1ST 100 CM/</1 %
15220	15220-FTH/GFT FREE W/DIRECT CLOSURE S/A/L 20 CM/<
15240	15240-FTH/GFT FR W/DIRCLSR F/C/C/M/N/AX/G/H/F 20 CM/<
15260	15260-FTH/GFT FREE W/DIRECT CLOSURE N/E/E/L 20 SQ CM/<
15576	15576-FRMJ DIRECT/TUBED PEDICLE W/WOTR E/N/E/L/NTROAL
15760	15760-GRAFT COMPOSITE W/PRIMARY CLOSURE DONOR AREA
15770	15770-GRAFT DERMA-FAT-FASCIA
15850	15850-REMOVAL SUTURES UNDER ANESTHESIA SAME SURGEON
17000	17000-DESTRUCTION PREMALIGNANT LESION 1ST
17004	17004-DESTRUCTION PREMALIGNANT LESION 15/>
17110	17110-DESTRUCTION BENIGN LESIONS UP TO 14
17111	17111-DESTRUCTION BENIGN LESIONS 15/>
17311	17311-MOHS MICROGRAPHIC H/N/H/F/G 1ST STAGE 5 BLOCKS
17313	17313-MOHS TRUNK/ARM/LEG 1ST STAGE 5 BLOCKS
19101	19101-BIOPSY BREAST OPEN INCISIONAL
19110	19110-NIPPLE EXPLORATION
19112	19112-EXCISION LACTIFEROUS DUCT FISTULA
19120	19120-EXC CYST/ABERRANT BREAST TISSUE OPEN 1/> LESION
19125	19125-EXC BREAST LES PREOP PLMT RAD MARKER OPEN 1 LES
20200	20200-BIOPSY MUSCLE SUPERFICIAL
20205	20205-BIOPSY MUSCLE DEEP
20220	20220-BIOPSY BONE TROCAR/NEEDLE SUPERFICIAL
20225	20225-BIOPSY BONE TROCAR/NEEDLE DEEP
20240	20240-BIOPSY BONE OPEN SUPERFICIAL
20245	20245-BIOPSY BONE OPEN DEEP

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20520	20520-REMOVAL FOREIGN BODY MUSCLE/TENDON SHEATH SIMPLE
20525	20525-RMVL FOREIGN BODY MUSCLE/TENDON SHEATH DEEP/COMP
20526	20526-INJECTION THERAPEUTIC CARPAL TUNNEL
20551	20551-INJECTION SINGLE TENDON ORIGIN/INSERTION
20552	20552-INJECTION SINGLE/MLT TRIGGER POINT 1/2 MUSCLES
20553	20553-INJECTION SINGLE/MLT TRIGGER POINT 3/> MUSCLES
20600	20600-ARTHROCENTESIS ASPIR&/INJ SMALL JT/BURSA W/O US
20605	20605-ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/O US
20606	20606-ARTHROCENTESIS ASPIR&/INJ INTERM JT/BURS W/US
20610	20610-ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/O US
20611	20611-ARTHROCENTESIS ASPIR&/INJ MAJOR JT/BURSA W/US
20612	20612-ASPIRATION&/INJECTION GANGLION CYST ANY LOCATJ
20693	20693-ADJUSTMENT/REVJ XTRNL FIXATION SYSTEM REQ ANES
20694	20694-REMOVAL EXTERNAL FIXATION SYSTEM UNDER ANES
21011	21011-EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ <2CM
21012	21012-EXCISION TUMOR SOFT TISS FACE/SCALP SUBQ 2 CM/>
21013	21013-EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL <2CM
21014	21014-EXC TUMOR SOFT TISS FACE&SCALP SUBFASCIAL 2 CM/>
21030	21030-EXC BENIGN TUMOR/CYST MAXL/ZYGOMA ENCL & CURTG
21031	21031-EXCISION TORUS MANDIBULARIS
21040	21040-EXCISION BENIGN TUMOR/CYST MANDIBLE ENCL & CURT
21046	21046-EXC BENIGN TUMOR/CYST MNDBL INTRA-ORAL OSTEO
21048	21048-EXC BENIGN TUMOR/CYST MAXL INTRA-ORAL OSTEO
21315	21315-CLOSED TX NASAL FRACTURE W/O STABILIZATION
21325	21325-OPEN TREATMENT NASAL FRACTURE UNCOMPLICATED
21330	21330-OPEN TX NASAL FX COMP W/INT&/XTRNL SKELETAL FI
21335	21335-OPEN TX NASAL FX W/CONCOMITANT OPTX FXD SEPTUM
21336	21336-OPEN TX NASAL SEPTAL FRACTURE W/WO STABILIZATION
21337	21337-CLOSED TX NASAL SEPTAL FRACT W/WO STABILIZATION
21356	21356-OPEN TX DEPRESSED ZYGOMATIC ARCH FRACTURE
21365	21365-OPEN TX COMP FX MALAR W/INTERNAL FX&MULT SURG
21385	21385-OPEN TX ORBITAL FLOOR BLOWOUT FX TRANSANTRAL
21390	21390-OPTX ORB FLOOR BLWT FX PRI/BITAL APPR W/ALLPLSTC
21407	21407-OPEN TX FX ORBIT EXCEPT BLOWOUT W/IMPLANT
21550	21550-BIOPSY SOFT TISSUE NECK/THORAX
21554	21554-EXC TUMOR SOFT TISSUE NECK/THORAX SUBFASC 5 CM/>
21555	21555-EXC TUMOR SOFT TISSUE NECK/ANT THORAX SUBQ <3CM
21556	21556-EXC TUMOR SOFT TISS NECK/THORAX SUBFASCIAL <5CM
21557	21557-RAD RESECT TUMOR SOFT TISS NECK/ANT THORAX <5CM
21920	21920-BIOPSY SOFT TISSUE BACK/FLANK SUPERFICIAL

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21930	21930-EXCISION TUMOR SOFT TISSUE BACK/FLANK SUBQ <3CM
21932	21932-EXC TUMORSOFT TISS BACK/FLANK SUBFASCIAL <5CM
21933	21933-EXC TUMORSOFT TISS BACK/FLANK SUBFASCIAL 5 CM/>
22900	22900-EXC TUMORSOFT TISSUE ABDL WALL SUBFASCIAL <5CM
22901	22901-EXC TUMORSOFT TISSUE ABDL WALL SUBFASCIAL 5CM/>
22902	22902-EXC TUMORSOFT TISSUE ABDOMINAL WALL SUBQ <3CM
22903	22903-EXC TUMORSOFT TISSUE ABDOMINAL WALL SUBQ 3 CM/>
23071	23071-EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ 3 CM/>
23075	23075-EXCISION TUMOR SOFT TISSUE SHOULDER SUBQ <3CM
23076	23076-EXC TUMORSOFT TISS SHOULDER SUBFASC <5CM
23140	23140-EXC/CURTG BONE CYST/BENIGN TUMOR CLAV/SCAPULA
23150	23150-EXC/CURTG BONE CYST/BENIGN TUMOR PROX HUMERUS
23405	23405-TENOTOMY SHOULDER AREA 1 TENDON
23415	23415-CORACOACROMIAL LIGAMENT RELEAS W/WOACROMIOPLASTY
23430	23430-TENODESIS LONG TENDON BICEPS
23615	23615-OPEN TREATMENT PROXIMAL HUMERAL FRACTURE
23630	23630-OPEN TREATMENT GRTER HUMERAL TUBEROSITY FRACTURE
24000	24000-ARTHRT ELBOW W/EXPLORATION DRAINAGE/REMOVAL FB
24006	24006-ARTHRT ELBOW CAPSULAR EXCISION CAPSULAR RLS SPX
24065	24065-BIOPSY SOFT TISSUE UPPER ARM/ELBOW SUPERFICIAL
24066	24066-BIOPSY SOFT TISSUE UPPER ARM/ELBOW AREA DEEP
24071	24071-EXC TUMORSOFT TISSUE UPPER ARM/ELBOW SUBQ 3CM/>
24073	24073-EXC TUMORSOFT TISS UPPER ARM/ELBW SUBFASC 5CM/>
24075	24075-EXC TUMORSOFT TISS UPPER ARM/ELBOW SUBQ <3CM
24076	24076-EXC TUMORSOFT TISS UPR ARM/ELBOW SUBFASC <5CM
24101	24101-ARTHRT ELBOW W/JNT EXPL W/WOBX W/WORMVL LOOSE/FB
24105	24105-EXCISION OLECRANON BURSA
24110	24110-EXCISION/CURTG BONE CYST/BENIGN TUMOR HUMERUS
24120	24120-EXC/CURTG BONE CYST/BENIGN TUMOR H/N RDS/OLECRN
24147	24147-PARTIAL EXCISION BONE OLECRANON PROCESS
24200	24200-RMVL FOREIGN BODY UPPER ARM/ELBOW SUBCUTANEOUS
24201	24201-REMOVAL FOREIGN BODY UPPER ARM/ELBOW DEEP
24310	24310-TENOTOMY OPEN ELBOW TO SHOULDER EACH TENDON
24340	24340-TENODESIS BICEPS TENDON ELBOW SEPARATE PROCEDURE
24357	24357-TENOTOMY ELBOW LATERAL/MEDIAL PERCUTANEOUS
24358	24358-TNOT ELBOW LATERAL/MEDIAL DEBRIDE OPEN
24515	24515-OPTX HUMERAL SHFT FX W/PLATE/SCREWS W/WOCERCLAGE
24516	24516-TX HUMRAL SHAFT FX W/INSJ IMED IMPLT W/W CERCLGE
24615	24615-OPEN TX ACUTE/CHRONIC ELBOW DISLOCATION
24665	24665-OPEN TX RADIAL HEAD/NECK FRACTURE

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24666	24666-OPEN TX RADIAL HEAD/NECK FRACTURE PROSTHETIC
25000	25000-INCISION EXTENSOR TENDON SHEATH WRIST
25071	25071-EXC TUMORSOFT TISS FOREARM AND/WRIST SUBQ 3CM/>
25073	25073-EXC TUMORSFT TISS FOREARM&/WRIST SUBFASC 3CM/>
25075	25075-EXC TUMORSOFT TISSUE FOREARM &/WRIST SUBQ <3CM
25076	25076-EXC TUMORSOFT TISS FOREARM&/WRIST SUBFASC <3CM
25085	25085-CAPSULOTOMY WRIST
25105	25105-ARTHROTOMY WRIST JOINT WITH SYNOVECTOMY
25107	25107-ARTHROTOMY DSTL RADIOULNAR JOINT RPR CARTILAGE
25110	25110-EXCISION LESION TENDON SHEATH FOREARM&/WRIST
25111	25111-EXCISION GANGLION WRIST DORSAL/VOLAR PRIMARY
25112	25112-EXCISION GANGLION WRIST DORSAL/VOLAR RECURRENT
25118	25118-SYNOVECTOMY EXTENSOR TENDON SHTH WRIST 1 CMPRT
25120	25120-EXCISION/CURETTAGE CYST/TUMOR RADIUS/ULNA
25130	25130-EXCISION/CURETTAGE CYST/TUMOR CARPAL BONES
25151	25151-PARTIAL EXCISION BONE RADIUS
25210	25210-CARPECTOMY 1 BONE
25215	25215-CARPECTOMY ALL BONES PROXIMAL ROW
25230	25230-RADICAL STYLOIDECTOMY SEPARATE PROCEDURE
25240	25240-EXCISION DISTAL ULNA PARTIAL/COMPLETE
25260	25260-RPR TDN/MUSC FLXR F/ARM&/WRST PRIM 1 EA TDN/MU
25270	25270-RPR TDN/MUSC XTNSR F/ARM&/WRIST PRIM 1 EA TDN
25275	25275-RPR TENDON SHEATH EXTENSOR F/ARM&/WRIST W/GRAFT
25280	25280-LNGTH/SHRT FLXR/XTNSR TDN F/ARM&/WRIST 1 EA TDN
25290	25290-TNOT FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA
25295	25295-TNOLS FLXR/XTNSR TENDON FOREARM&/WRIST 1 EA
25350	25350-OSTEOTOMY RADIUS DISTAL THIRD
25445	25445-ARTHROPLASTY W/PROSTHETIC REPLACEMENT TRAPEZIUM
25545	25545-OPEN TREATMENT OF ULNAR SHAFT FRACTURE
25605	25605-CLTX DSTL RDL FX/EPIPHYSL SEP W/MANJ WHEN PERF
25606	25606-PERQSKEL FIXJ DISTAL RADIAL FX/EPIPHYSL SEP
25607	25607-OPTX DSTL RADL X-ARTIC FX/EPIPHYSL SEP
25608	25608-OPTX DSTL RADLI-ARTIC FX/EPIPHYSL SEP 2 FRAG
25609	25609-OPTX DSTL RADLI-ARTIC FX/EPIPHYSL SEP 3 FRAG
25628	25628-OPEN TX CARPAL SCAPHOID NAVICULAR FRACTURE
25645	25645-OPEN TX CARPAL BONE FRACTURE OTH/THN SCAPHOID EA
25652	25652-OPEN TREATMENT ULNAR STYLOID FRACTURE
25810	25810-ARTHRODESIS WRIST W/ILIAC/OTHER AUTOGRAFT
25825	25825-ARTHRODESIS WRIST LIMITED W/AUTOGRAFT
26011	26011-DRAINAGE FINGER ABSCESS COMPLICATED

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26020	26020-DRAINAGE TENDON SHEATH DIGIT&/PALM EACH
26045	26045-FASCIOTOMY PALMAR OPEN PARTIAL
26055	26055-TENDON SHEATH INCISION
26070	26070-ARTHRT EXPL DRG/RMVL LOOSE/FB CARP/MTCRPLJT
26075	26075-ARTHRT EXPL DRG/RMVL LOOSE/FB MTCARPHLNGLJT EA
26080	26080-ARTHRT EXPL DRG/RMVL LOOSE/FB IPHALJT EA
26105	26105-ARTHROTOMY BIOPSY MTCARPHLNGL JOINT EACH
26110	26110-ARTHROTOMY BIOPSY INTERPHALANGEAL JOINT EACH
26111	26111-EXTUM/VASC MALF SFT TISS HAND/FNGR SUBQ 1.5CM/>
26113	26113-EXTUM/VASC MAL SFT TIS HAND/FNGR SUBFSC 1.5CM/>
26115	26115-EXC TUM/VASC MAL SFT TISS HAND/FNGR SUBQ <1.5CM
26116	26116-EXC TUM/VAS MAL SFT TIS HAND/FNGR SUBFASC<1.5CM
26121	26121-FASCT PALM W/WO Z-PLASTY TISSUE REARGMT/SKN GRFT
26123	26123-FASCT PRTL PALMAR 1 DGT PROX IPHALJT W/WO RPR
26160	26160-EXC LESION TDN SHTH/JT CAPSL HAND/FNGR
26180	26180-EXCISION TENDON FINGER FLEXOR/EXTENSOR EACH
26200	26200-EXCISION/CURETTAGE CYST/TUMOR METACARPAL
26210	26210-EXCISION/CURETTAGE CYST/TUMOR PHALANX FINGER
26215	26215-EXC/CURETTAGE CYST/TUMOR PHALANX FINGER W/AGRAFT
26236	26236-PARTIAL EXCISION DISTAL PHALANX FINGER
26320	26320-REMOVAL IMPLANT FROM FINGER/HAND
26356	26356-RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON
26357	26357-RPR/ADVMNT FLXR TDN ZONE 2 W/O FR GRFT EA TENDON
26392	26392-RMVL SYNTH ROD & INSJ FLXR TDN GRF H/F EA ROD
26410	26410-REPAIR EXTENSOR TENDON HAND W/O GRAFT EACH
26418	26418-REPAIR EXTENSOR TENDON FINGER W/O GRAFT EACH
26420	26420-REPAIR EXTENSOR TENDON FINGER W/GRAFT EACH
26426	26426-RPR XTNSR TDN CNTRL SLIP TISS W/LAT BAND EA FNGR
26432	26432-CLTX DSTL XTNSR TDN INSJ W/WO PERCUTAN PINNING
26433	26433-REPAIR EXTENSOR TENDON DISTAL INSERTION W/O GRF
26437	26437-REALIGNMENT EXTENSOR TENDON HAND EACH TENDON
26440	26440-TENOLYSIS FLEXOR TENDON PALM/FINGER EACH TENDON
26442	26442-TENOLYSIS FLEXOR TENDON PALM&FINGER EACH TENDO
26445	26445-TENOLYSIS EXTENSOR TENDON HAND/FINGER EACH
26455	26455-TENOTOMY FLEXOR FINGER OPEN EACH TENDON
26480	26480-TR/TRNSPL TDN CARP/MTCRPL HAND W/O FR GRF EA TDN
26502	26502-RCNSTJ TDN PULLEY EA TDN W/TDN/FSCAL GRF SPX
26516	26516-CAPSULODESIS MTCARPHLNGL JOINT SINGLE DIGIT
26520	26520-CAPSULECTOMY/CAPSULOTOMY MTCARPHLNGL JOINT EACH
26525	26525-CAPSULECTOMY/CAPSULOTOMY IPHAL JOINT EACH

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26530	26530-ARTHROPLASTY METACARPOPHALANGEAL JOINT EACH
26535	26535-ARTHROPLASTY INTERPHALANGEAL JOINT EACH
26540	26540-RPR COLTRL LIGM MTCARPHLNGL/IPHALJT
26541	26541-RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/TDN/FSCAL GRF
26542	26542-RCNSTJ COLTRL LIGM MTCARPHLNGL 1 W/LOCAL TISS
26567	26567-OSTEOTOMY PHALANX FINGER EACH
26608	26608-PRQSKELETAL FIXJ METACARPAL FX EACH BONE
26615	26615-OPEN TX METACARPAL FRACTURE SINGLE EA BONE
26650	26650-PRQSKELETAL FIX CARPO/METACARPAL FX DISLC THUMB
26665	26665-OPEN TX CARPOMETACARPAL FRACTURE DISLOCATE THUMB
26676	26676-PRQSKEL FIXJ CARPO/MTCRPL DISLC THMB MANJ EA JT
26715	26715-OPEN TREATMENT METACARPOPHALANGEAL DISLOCATION
26727	26727-PRQSKEL FIXJ PHLNGL SHFT FX PROX/MIDDLE PX/F/T
26735	26735-OPEN TX PHALANGEAL SHAFT FRACTURE PROX/MIDDLE EA
26742	26742-CLTX ARTCLR FX INVG MTCARPHLNGL/IPHALJT W/MANJ
26746	26746-OPEN TX ARTICULAR FRACTURE MCP/IP JOINT EA
26756	26756-PRQSKEL FIXJ DSTL PHLNGL FX FNGR/THMB EA
26765	26765-OPEN TX DISTAL PHALANGEAL FRACTURE EACH
26841	26841-ARTHRD CARPO/METACARPAL JT THUMB W/WO INT FIXJ
26850	26850-ARTHRODESIS METACARPOPHALANGEAL JT W/WO INT FIXJ
26860	26860-ARTHRODESIS INTERPHALANGEAL JT W/WO INT FIXJ
26862	26862-ARTHRODESIS IPHAL JT W/WO INT FIXJ W/AUTOGRAFT
26910	26910-AMP MTCRPL W/FINGER/THUMB W/WO INTEROSS TRANSFER
26951	26951-AMP F/TH 1/2 JT/PHALANX W/NEURECT W/DIR CLSR
26952	26952-AMP F/TH 1/2 JT/PHALANX W/NEURECT LOCAL FLAP
27006	27006-TENOTOMY ABDUCTORS&/EXTENSOR HIP OPEN SPX
27043	27043-EXCISION TUMOR SOFT TISSUE PELVIS&HIP SUBQ 3CM/>
27045	27045-EXC TUMOR SOFT TISSUE PELVIS& HIP SUBFASC 5CM/>
27047	27047-EXC TUMOR SOFT TISSUE PELVIS& HIP SUBQ <3CM
27048	27048-EXC TUMOR SOFT TISSUE PELVIS& HIP SUBFASC <5CM
27062	27062-EXCISION TROCHANTERIC BURSA/CALCIFICATION
27093	27093-INJECTION HIP ARTHROGRAPHY W/O ANESTHESIA
27095	27095-INJECTION HIP ARTHROGRAPHY W/ANESTHESIA
27310	27310-ARTHRT KNE W/EXPL DRG/RMVL FB
27323	27323-BIOPSY SOFT TISSUE THIGH/KNEE AREA SUPERFICIAL
27324	27324-BIOPSY SOFT TISSUE THIGH/KNEE AREA DEEP
27327	27327-EXCISION TUMOR SOFT TISSUE THIGH/KNEE SUBQ <3CM
27328	27328-EXC TUMOR SOFT TISSUE THIGH/KNEE SUBFASC <5CM
27329	27329-RAD RESECT TUMOR SOFT TISSUE THIGH/KNEE <5CM
27331	27331-ARTHRT KNE W/JT EXPL BX/RMVL LOOSE/FB

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27332	27332-ARTHRT W/EXCSEMILUNAR CRTLG KNEE MEDIAL/LAT
27334	27334-ARTHROTOMY W/SYNOVECTOMY KNEE ANTERIOR/POSTERIOR
27335	27335-ARTHRT W/SYNVCT KNE ANT&POST W/POP AREA
27337	27337-EXCISON TUMOR SOFT TISSUE THIGH/KNEE SUBQ 3 CM/>
27339	27339-EXC TUMORSOFT TISSUE THIGH/KNEE SUBFASC 5 CM/>
27340	27340-EXCISION PREPATELLAR BURSA
27345	27345-EXCISION SYNOVIAL CYST POPLITEAL SPACE
27347	27347-EXCISION LESION MENISCUS/CAPSULE KNEE
27372	27372-REMOVAL FOREIGN BODY DEEP THIGH/KNEE
27403	27403-ARTHROTOMY W/MENISCUS REPAIR KNEE
27407	27407-REPAIR PRIMARY TORN LIGM&/CAPSULE KNEE CRUCIAT
27418	27418-ANTERIOR TIBIAL TUBERCLEPLASTY
27613	27613-BIOPSY SOFT TISSUE LEG/ANKLE AREA SUPERFICIAL
27614	27614-BIOPSY SOFT TISSUE LEG/ANKLE AREA DEEP
27618	27618-EXC TUMORSOFT TISSUE LEG/ANKLE SUBQ <3CM
27619	27619-EXC TUMORSOFT TISSUE LEG/ANKLE SUBFASCIAL <5CM
27620	27620-ARTHRT ANKLE W/EXPL W/WO BX W/WO RMVL LOOSE/FB
27626	27626-ARTHROTOMY W/SYNOVECTOMY ANKLE TENOSYNOVECTOMY
27632	27632-EXCISION TUMOR SOFT TISSUE LEG/ANKLE SUBQ 3 CM/>
27634	27634-EXC TUMORSOFT TISSUE LEG/ANKLE SUBFASC 5 CM/>
27638	27638-EXC/CURETTAGE CYST/TUMOR TIBIA/FIBULA W/ALGRAFT
27640	27640-PARTIAL EXCISION BONE TIBIA
27658	27658-REPAIR FLEXOR TENDON LEG PRIMARY W/O GRAFT EACH
27665	27665-RPR EXTENSOR TENDON LEG SECONDRY W/WO GRAFT EACH
27685	27685-LNGTH/SHRT TENDON LEG/ANKLE 1 TENDON SPX
27705	27705-OSTEOTOMY TIBIA
27720	27720-REPAIR NONUNION/MALUNION TIBIA W/O GRAFT
28005	28005-INCISION BONE CORTEX FOOT
28010	28010-TENOTOMY PERCUTANEOUS TOE SINGLE TENDON
28011	28011-TENOTOMY PERCUTANEOUS TOE MULTIPLE TENDON
28020	28020-ARTHRT W/EXPL DRG/RMVL LOOSE/FB NTRTRSL/TARS JT
28022	28022-ARTHRT W/EXPL DRG/RMVL LOOSE/FB MTTARPHLNGL JT
28035	28035-RELEASE TARSAL TUNNEL
28039	28039-EXCISION TUMOR SOFT TIS FOOT/TOE SUBQ 1.5 CM/>
28041	28041-EXC TUMORSOFT TISSUE FOOT/TOE SUBFASC 1.5 CM/>
28043	28043-EXCISION TUMOR SOFT TISSUE FOOT/TOE SUBQ <1.5CM
28045	28045-EXC TUMORSOFT TISSUE FOOT/TOE SUBFASC <1.5CM
28047	28047-RAD RESECTION TUMOR SOFT TISSUE FOOT/TOE 3 CM/>
28055	28055-NEURECTOMY INTRINSIC MUSCULATURE OF FOOT
28060	28060-FASCIECTOMY PLANTAR FASCIA PARTIAL SPX

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

28080	28080-EXCISION INTERDIGITAL MORTON NEUROMA SINGLE EACH
28086	28086-SYNOVECTOMY TENDON SHEATH FOOT FLEXOR
28088	28088-SYNOVECTOMY TENDON SHEATH FOOT EXTENSOR
28090	28090-EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT FOOT
28092	28092-EXC LESION TENDON SHEATH/CAPSULE W/SYNVCT TOE EA
28100	28100-EXCISION/CURETTAGE CYST/TUMOR TALUS/CALCANEUS
28104	28104-EXC/CURTG BONE CYST/B9 TUMOR TARSAL/METATARSAL
28108	28108-EXC/CURTG CST/B9 TUM PHALANGES FOOT
28110	28110-OSTECTOMY PRTL 5TH METAR HEAD SPX
28111	28111-OSTECTOMY COMPLETE 1ST METATARSAL HEAD
28112	28112-OSTECTOMY COMPLETE OTHER METATARSAL HEAD 2/3/4
28113	28113-OSTECTOMY COMPLETE 5TH METATARSAL HEAD
28118	28118-OSTECTOMY CALCANEUS
28119	28119-OSTECTOMY CALCANEUS SPUR W/WO PLNTAR FASCIAL RLS
28120	28120-PARTIAL EXCISION BONE TALUS/CALCANEUS
28124	28124-PARTIAL EXCISION BONE PHALANX TOE
28126	28126-RESECTION PARTIAL/COMPLETE PHALANGEAL BASE EACH
28153	28153-RESECTION CONDYLE DISTAL END PHALANX EACH TOE
28160	28160-HEMIPHALANGECTOMY/INTERPHALANGEAL JOINT EXC TOE
28190	28190-REMOVAL FOREIGN BODY FOOT SUBCUTANEOUS
28192	28192-REMOVAL FOREIGN BODY FOOT DEEP
28193	28193-REMOVAL FOREIGN BODY FOOT COMPLICATED
28208	28208-REPAIR TENDON EXTENSOR FOOT 1/2 EACH TENDON
28234	28234-TENOTOMY OPEN EXTENSOR FOOT/TOE EACH TENDON
28250	28250-DIVISION PLANTAR FASCIA & MUSCLE SPX
28280	28280-SYNDACTYLIZATION TOES
28286	28286-CORRECTION COCK-UP 5TH TOE W/PLASTIC CLOSURE
28288	28288-OSTC PRTL EXOSTC/CONDYLC METAR HEAD
28306	28306-OSTEOT W/WO LNTH SHRT/CORRJ 1ST METAR
28310	28310-OSTEOT SHRT CORRJ PROX PHALANX 1ST TOE
28312	28312-OSTEOT SHRT CORRJ OTH PHALANGES ANY TOE
28313	28313-RCNSTJ ANGULAR DFRM TOE SOFT TISS PX ONLY
28315	28315-SESAMOIDECTOMY FIRST TOE SPX
28475	28475-CLTX METAR FX W/MANJ
28476	28476-PRQSKEL FIXJ METAR FX W/MANJ
28525	28525-OPEN TX FRACTURE PHALANX/PHALANGES NOT GREAT TOE
28645	28645-OPEN TX METATARSOPHALANGEAL JOINT DISLOCATION
28666	28666-PRQSKEL FIXJ INTERPHALANGEAL JOINT DISLC W/MANJ
28675	28675-OPEN TREATMENT INTERPHALANGEAL JOINT DISLOCATION
28755	28755-ARTHRODESIS GREAT TOE INTERPHALANGEAL JOINT

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

28760	28760-ARTHRO W/XTNSR HALLUCIS LONGUS TR 1ST METAR NCK
28825	28825-AMPUTATION TOE INTERPHALANGEAL JOINT
29906	29906-ARTHROSCOPY SUBTALAR JOINT WITH DEBRIDEMENT
30000	30000-DRAINAGE ABSCESS/HEMATOMA NASAL INT APPROACH
30020	30020-DRAINAGE ABSCESS/HEMATOMA NASAL SEPTUM
30100	30100-BIOPSY INTRANASAL
30110	30110-EXCISION NASAL POLYP SIMPLE
30115	30115-EXCISION NASAL POLYP EXTENSIVE
30117	30117-EXCISION/DESTRUCTION INTRANASAL LESION INT APPR
30118	30118-EXCISION/DESTRUCTION INTRANASAL LESION XTRNL
30130	30130-EXCISION INFERIOR TURBINATE PARTIAL/COMPLETE
30220	30220-INSERTION NASAL SEPTAL PROSTHESIS BUTTON
30310	30310-REMOVAL FOREIGN BODY INTRANASAL GENERAL ANES
30580	30580-REPAIR FISTULA OROMAXILLARY
30630	30630-REPAIR NASAL SEPTAL PERFORATIONS
30801	30801-ABL TJ SOFT TISS INFERIOR TURBINATES UNI/BI SUPFC
30802	30802-ABL TJ SOFT TISS INF TURBS UNI/BI SUPFC INTRAMURAL
30930	30930-FRACTURE NASAL INFERIOR TURBINATE THERAPEUTIC
31020	31020-SINUSOTOMY MAXILLARY ANTROTOMY INTRANASAL
31030	31030-SINUSOTOMY MAXILLARY RAD W/O RMVL ANTROCH POLYPS
31032	31032-SINUSOTOMY MAX ANTRT RAD W/RMVL ANTROCH POLYPS
31200	31200-ETHMOIDECTOMY INTRANASAL ANTERIOR
31205	31205-ETHMOIDECTOMY EXTRANASAL TOTAL
31525	31525-LARYNGOSCOPY W/WO TRACHEOSCOPY DX EXCEPT NEWBORN
31526	31526-LARYNGOSCOPY W/WO TRACHEOSCOPY W/MICRO/TELESCOPE
31530	31530-LARYNGOSCOPY W/FOREIGN BODY REMOVAL
31535	31535-LARYNGOSCOPY DIRECT OPERATIVE W/BIOPSY
31536	31536-LARYNGOSCOPY W/BIOPSY MICROSCOPE/TELESCOPE
31540	31540-LARYNGOSCOPY EXC TUM&/STRIPPING CORDS/EPIGLOTT
31541	31541-LARGSC EXC TUM&/STRPG CORDS/EPIGL MCRSCP/TLSCP
31545	31545-LARGSC MICRO/TELESCOPE RMVL LES VOCAL CORD FLAP
31570	31570-LARYNGOSCOPE INJECTION VOCAL CORD THERAPEUTIC
31571	31571-LARGSC W/NJX VOCAL CORD THER W/MICRO/TELESCOPE
31574	31574-LARYNGOSCOPY FLEXIBLE W/INJECTION AGMNTJ UNI
31575	31575-LARYNGOSCOPY FLEXIBLE FIBEROPTIC DIAGNOSTIC
31576	31576-LARYNGOSCOPY FLEXIBLE FIBEROPTIC W/BIOPSY
31578	31578-LARYNGOSCOPY FLEXIBLE FIBEROPTIC REMOVAL LESION
31591	31591-LARYNGOPLASTY MEDIALIZATION UNLIATERAL
31611	31611-CONSTJ TRACHEOESOPHGL FSTL&INSJ SP PROSTH
31622	31622-BRNCHSC INCL FLUOR GDNCE DX W/CELL WASHG SPX

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

31623	31623-BRNCHSC BRUSHING/PROTECTED BRUSHINGS
31624	31624-BRNCHSC W/BRNCL ALVEOLAR LAVAGE
31625	31625-BRONCHOSCOPY BRONCHIAL/ENDOBRNCL BX 1+ SITES
31628	31628-BRONCHOSCOPY W/TRANSBRONCHIAL LUNG BX 1 LOBE
32405	32405-BIOPSY LUNG/MEDIASTINUM PERCUTANEOUS NEEDLE
32555	32555-THORACENTESIS NEEDLE/CATH PLEURA W/IMAGING
32557	32557-PERQ DRAINAGE PLEURA INSERT CATH W/IMAGING
33215	33215-RPSG PREV IMPLTED PM/DFB R ATR/R VENTR ELECTRODE
33216	33216-INSJ 1 TRANSVNS ELTRD PERM PACEMAKER/IMPLTBL DFB
36000	36000-INTRODUCTION NEEDLE/INTRACATHETER VEIN
36010	36010-INTRO CATHETER SUPERIOR/INFERIOR VENA CAVA
36012	36012-SLCTV CATH PLMT VEN SYS 2ND ORDER/> SLCTV BRANC
36215	36215-SLCTV CATHJ EA 1ST ORD THRC/BRCH/CPHLC BRNCH
36246	36246-SLCTV CATHJ 2ND ORDER ABDL PEL/LXTR ART BRNCH
36556	36556-INSJ NON-TUNNELED CENTRAL VENOUS CATH AGE 5 YR/>
36569	36569-INSJ PRPH CVC W/O SUBQ PORT/PMP AGE 5 YR/>
36571	36571-INSJ PRPH CTR VAD W/SUBQ PORT AGE 5 YR/>
36581	36581-RPLCMT COMPL TUN CVC W/O SUBQ PORT/PMP
36582	36582-RPLCMT COMPL TUN CTR VAD W/SUBQ PORT
36589	36589-RMVL TUN CVC W/O SUBQ PORT/PMP
36821	36821-ARTERIOVENOUS ANASTOMOSIS OPEN DIRECT
36901	36901-INTRO CATH DIALYSIS CIRCUIT DX ANGRPH FLUOR S&I
36902	36902-INTRO CATH DIALYSIS CIRCUIT W/TRLUML BALO ANGIOP
37607	37607-LIG/BANDING ANGIOACCESS ARTERIOVENOUS FISTULA
37609	37609-LIGATION/BIOPSY TEMPORAL ARTERY
37761	37761-LIG PRFRATR VEIN SUBFSCAL OPEN INCL US GID 1 LEG
37765	37765-STAB PHLEBT VARICOSE VEINS 1 XTR 10-20 STAB INCS
37766	37766-STAB PHLEBT VARICOSE VEINS 1 XTR > 20 INCS
37785	37785-LIGJ DIVJ &/EXCJ VARICOSE VEIN CLUSTER 1 LEG
38222	38222-DIAGNOSTIC BONE MARROW BIOPSIES & ASPIRATIONS
38500	38500-BX/EXC LYMPH NODE OPEN SUPERFICIAL
38505	38505-BX/EXC LYMPH NODE NEEDLE SUPERFICIAL
38510	38510-BX/EXC LYMPH NODE OPEN DEEP CERVICAL NODE
38520	38520-BX/EXC LYMPH NODE OPN DP CRV NODE W/EXC FAT PAD
38525	38525-BX/EXC LYMPH NODE OPEN DEEP AXILLARY NODE
38740	38740-AXILLARY LYMPHADENECTOMY SUPERFICIAL
38760	38760-INGUINOFEM LMPHADECSUPFC W/CLOQUETS NODE SPX
40520	40520-EXC LIP V-EXC W/PRIM DIR LINR CLSR
40525	40525-EXC LIP FULL THKNS RCNSTJ W/LOCAL FLAP
40810	40810-EXC LES MUCOSA & SBMCSL VESTIBULE MOUTH W/ORPR

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

40812	40812-EXC LESION MUCOSA & SBMCSL VESTIBULE SMPL RPR
40814	40814-EXC LESION MUCOSA & SBMCSL VESTIBULE CPLX RPR
40816	40816-EXC LESION MUCOSA&SBMCSL VESTIBULE CPLX EXC MUSC
41105	41105-BIOPSY TONGUE POSTERIOR ONE-THIRD
41110	41110-EXCISION LESION TONGUE W/O CLOSURE
41112	41112-EXC LESION TONGUE W/CLSR ANTERIOR TWO-THIRDS
41113	41113-EXC LESION TONGUE W/CLSR POSTERIOR ONE-THIRD
41116	41116-EXCISION LESION FLOOR MOUTH
41520	41520-FRENOPLASTY SURG REVJ FRENUM EG W/Z-PLASTY
42100	42100-BIOPSY PALATE UVULA
42104	42104-EXC LESION PALATE UVULA W/O CLOSURE
42106	42106-EXC LESION PALATE UVULA W/SMPL PRIM CLOSURE
42107	42107-EXC LESION PALATE UVULA W/LOCAL FLAP CLOSURE
42330	42330-SIALOT SUBMNDBLR SUBLNGL/PRTD UNCOMP INTRAORAL
42335	42335-SIALOLITHOTOMY SUBMNDBLR SUBMAX COMP INTRAORAL
42405	42405-BIOPSY SALIVARY GLAND INCISIONAL
42408	42408-EXC SUBLINGUAL SALIVARY CYST RANULA
42410	42410-EXC PRTD TUM/PRTD GLND LAT LOBE W/O NRV DSJ
42415	42415-EXC PRTD TUM/PRTD GLND LAT DSJ&PRSRV FACIAL NR
42420	42420-EXC PRTD TUM/PRTD GLND TOT DSJ&PRSRV FACIAL NR
42425	42425-EXCISION PAROTID TUMOR/GLAND TOTAL EN BLOC RMVL
42440	42440-EXCISION SUBMANDIBULAR SUBMAXILLARY GLAND
42450	42450-EXISION OF SUBLINGUAL GLAND
42500	42500-PLSTC RPR SALIVARY DUX SIALODOCHOPLASTY PRIM
42800	42800-BIOPSY OROPHARYNX
42804	42804-BIOPSY NASOPHARYNX VISIBLE LESION SIMPLE
42808	42808-EXCISION/DESTRUCTION LESION PHARYNX ANY METHOD
42810	42810-EXC BRANCHIAL CLEFT CYST CONFINED SKN&SUBQ TIS
42831	42831-ADENOIDECTOMY PRIMARY AGE 12/>
42870	42870-EXC/DSTRJ LINGUAL TONSIL ANY METHOD SPX
43200	43200-ESOPHAGOSCOPY FLEXIBLE TRANSORAL DIAGNOSTIC
43202	43202-ESOPHAGOSCOPY FLEXIBLE TRANSORAL WITH BIOPSY
43220	43220-ESOPHAGOSCOPY FLEX BALLOON DILAT <30 MM DIAM
43226	43226-ESOPHAGOSCOPY FLEXIBLE GUIDE WIRE DILATION
43236	43236-ESOPHAGOGASTRODUODENOSCOPY SUBMUCOSAL INJECTION
43237	43237-ESOPHAGOGASTRODUODENOSCOPY US SCOPE W/ADJ STRXRS
43238	43238-EGD INTRMURAL US NEEDLE ASPIRATE/BIOPSY ESOPHAGS
43240	43240-EGD TRANSORAL TRANSMURAL DRAINAGE PSEUDOCYST
43241	43241-EGD INTRALUMINAL TUBE/CATHETER INSERTION
43245	43245-EGD DILATION GASTRIC/DUODENAL STRICTURE

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

43246	43246-EGD PERCUTANEOUS PLACEMENT GASTROSTOMY TUBE
43247	43247-EGD FLEXIBLE FOREIGN BODY REMOVAL
43248	43248-EGD INSERT GUIDE WIRE DILATOR PASSAGE ESOPHAGUS
43250	43250-EGD FLEX REMOVAL LESION(S) BY HOT BIOPSY FORCEPS
43251	43251-EGD REMOVAL TUMOR POLYP/OTHER LESION SNARE TECH
43255	43255-EGD TRANSORAL CONTROL BLEEDING ANY METHOD
43259	43259-EDG US EXAM SURGICAL ALTER STOM DUODENUM/JEJUNUM
43260	43260-ERCP DX COLLECTION SPECIMEN BRUSHING/WASHING
43261	43261-ERCP W/BIOPSY SINGLE/MULTIPLE
43265	43265-ERCP DESTRUCTION/LITHOTRIPSY CALCULI ANY METHOD
43450	43450-DILATION ESOPH UNGUIDED SOUND/BOUGIE 1/MULT PASS
43453	43453-DILATION ESOPHAGUS GUIDE WIRE
44340	44340-REVJ COLOSTOMY SMPL RLS SUPFC SCAR SPX
44360	44360-ENDOSCOPY UPPER SMALL INTESTINE
44361	44361-ENDOSCOPY UPPER SMALL INTESTINE W/BIOPSY
44376	44376-ENTEROSC>2ND PRTN W/ILEUM W/WO COLLJ SPEC SPX
44377	44377-ENTEROSC>2ND PRTN W/ILEUM W/BX SINGLE/MULTIPLE
44380	44380-ILEOSCOPY THRU STOMA DX W/COLLJ SPEC WHEN PRFMD
44382	44382-ILEOSCOPY STOMA W/BXSINGLE/MULTIPLE
44385	44385-NDSC EVAL INTSTINAL POUCH DX W/COLLJ SPEC SPX
44386	44386-NDSC EVAL INTSTINAL POUCH W/BX SINGLE/MULTIPLE
44388	44388-COLONOSCOPY STOMA DX INCLUDING COLLJ SPEC SPX
44389	44389-COLONOSCOPY STOMA W/BIOPSY SINGLE/MULTIPLE
44392	44392-COLONOSCOPY STOMA RMVL LES BY HOT BIOPSY FORCEPS
44394	44394-COLONOSCOPY STOMA W/RMVL TUM POLYP/OTH LES SNARE
44705	44705-PREPARE FECAL MICROBIOTA FOR INSTILLATION
45100	45100-BX ANORECTAL WALL ANAL APPROACH
45171	45171-EXC RCT TUM NOT INCL MUSCULARIS PROPRIA
45172	45172-EXC RCT TUM INCL MUSCULARIS PROPRIA
45305	45305-PROCTOSGMDSCRIGID W/BXSINGLE/MULTIPLE
45334	45334-SIGMOIDOSCOPY FLX CONTROL BLEEDING
45335	45335-SGMDSC FLX DIREDSBMCSL NJX ANY SBST
45340	45340-SIGMOIDOSCOPY FLX TNDSC BALO DILAT
45341	45341-SIGMOIDOSCOPY FLX NDSC US XM
45342	45342-SIGMOIDOSCOPY FLX TNDSC US GID NDLASPIR/BX
45379	45379-COLONOSCOPY FLX W/REMOVAL OF FOREIGN BODY(S)
45381	45381-COLSC FLX WITH DIRECTED SUBMUCOSAL NJX ANY SBST
45386	45386-COLSC FLEXIBLE W/TRANSENDOSCOPIC BALLOON DILAT
45389	45389-COLONOSCOPY FLX WITH ENDOSCOPIC STENT PLACEMENT
45390	45390-COLONOSCOPY FLX W/ENDOSCOPIC MUCOSAL RESECTION

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

45398	45398-COLONOSCOPY FLEXIBLE WITH BAND LIGATION(S)
45505	45505-PROCTOPLASTY PROLAPSE MUCOUS MEMBRANE
45541	45541-PROCTOPEXY PERINEAL APPROACH
45560	45560-REPAIR RECTOCELE SEPARATE PROCEDURE
45905	45905-DILAT ANAL SPHNCTR SPX UNDER ANES OTH/THN LOCAL
45915	45915-RMVL FECAL IMPACTION/FB SPX UNDER ANES
45990	45990-ANRCT XM SURG REQ ANES GENERAL SPI/EDRL DX
46020	46020-PLACEMENT SETON
46030	46030-REMOVAL ANAL SETON OTHER MARKER
46040	46040-I&D ISCHIORECTAL&/PERIRECTAL ABSCESS SPX
46045	46045-I&D INTRAMURAL IM/ABSC TRANSANAL ANES
46050	46050-I&D PERIANAL ABSCESS SUPERFICIAL
46060	46060-I&D ISCHIORCT/INTRAMURAL ABSC W/WO SETON
46080	46080-SPHINCTEROTOMY ANAL DIVISION SPHINCTER SPX
46083	46083-INCISION THROMBOSED HEMORRHOID EXTERNAL
46200	46200-FISSURECTOMY INCL SPHINCTEROTOMY WHEN PERFORMED
46220	46220-EXCISION SINGLE EXTERNAL PAPILLA OR TAG ANUS
46221	46221-HEMORRHOIDECTOMY INTERNAL RUBBER BAND LIGATIONS
46230	46230-EXCISION MULTIPLE EXTERNAL PAPILLAE/TAGS ANUS
46250	46250-HEMORRHOIDECTOMY XTRNL 2/> COLUMN/GROUP
46255	46255-HEMORRHOIDECTOMY NTRNL & XTRNL 1 COLUMN/GROUP
46257	46257-HEMORRHOID NTRNL & XTRNL 1 COLUMN W/FISSURECTO
46258	46258-HRHC 1 COL/GRP W/FSTULECTMY INCL FSSRECTOMY
46261	46261-HRHC NTRNL & XTRNL 2/> COLUMN/GROUP W/FISSU
46262	46262-HRHC 2/> COL/GRP W/FSTULECTMY INCL FSSRECTMY
46270	46270-SURG TX ANAL FISTULA SUBQ
46275	46275-SURG TX ANAL FISTULA INTERSPHINCTERIC
46280	46280-TX ANAL FSTL TRANS/SUPRA/XTRASPHNCTR INCL SETON
46285	46285-SURG TX ANAL FISTULA 2ND STAGE
46288	46288-CLSR ANAL FSTL W/RCT ADVMNT FLAP
46320	46320-EXC THROMBOSED HEMORRHOID XTRNL
46505	46505-CHEMODENERVATION INTERNAL ANAL SPHINCTER
46606	46606-ANOSCOPY W/BX SINGLE/MULTIPLE
46612	46612-ANOSCRMVL MULT TUMORS CAUTERY/SNARE
46615	46615-ANOSCOPY ABLATION LESION
46706	46706-REPAIR ANAL FISTULA W/FIBRIN GLUE
46707	46707-REPAIR ANORECTAL FISTULA PLUG
46750	46750-SPHNCTROP ANAL INCONTINENCE/PROLAPSE ADULT
46910	46910-DSTRJ LESION ANUS SMPL ELTRDISCCATION
46917	46917-DSTRJ LESION ANUS SIMPLE LASER SURG

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

46924	46924-DSTRJ LESION ANUS EXTENSIVE
46930	46930-DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY
46945	46945-HRHC NTRNL LIG OTH THAN RBBR BAND 1 COL/GRP
46946	46946-HRHC NTRNL LIG OTH THAN RBBR BAND 2/> COL/GRP
46947	46947-HEMORRHOIDOPEXY STAPLING
49082	49082-ABDOM PARACENTESIS DX/THER W/O IMAGING GUIDANCE
49180	49180-BX ABDL/RETROPERITONEAL MASS PRQ NEEDLE
49250	49250-UMBILECTOMY OMPHALECTOMY EXC UMBILICUS SPX
49422	49422-REMOVAL TUNNELED INTRAPERITONEAL CATHETER
49521	49521-RPR RECRT INGUN HERNIA ANY AGE INCARCERATED
49525	49525-RPR INGUN HERNIA SLIDING ANY AGE
49550	49550-RPR 1ST FEM HRNA ANY AGE REDUCIBLE
49553	49553-RPR 1ST FEM HERNIA ANY AGE INCARCERATED
49570	49570-RPR EPIGASTRIC HERNIA REDUCIBLE SPX
49572	49572-RPR EPIGASTRIC HERNIA INCARCERATED
49656	49656-LAPS RPR RECURRENT INCISIONAL HERNIA REDUCIBLE
49900	49900-SEC ABDOMINAL WALL SUTURE EVISCERATION/DEHSN
50575	50575-RNL NDSC NFROT/PLOT W/ENDOPYELOTOMY
51102	51102-ASPIRATION BLADDER INSERT SUPRAPUBIC CATHETER
51702	51702-INSJ TEMP NDWELLG BLADDER CATHETER SIMPLE
51715	51715-NDSC NJX IMPLT MATRL URT&/BLDR NCK
51720	51720-BLADDER INSTILLATION ANTICARCINOGENIC AGENT
51726	51726-BLADDER PRESSURE MEASUREMENT DURING FILLING
51728	51728-COMPLX CYSTOMETROGRAM VOIDING PRESSURE STUDIES
51729	51729-COMPLX CYSTOMETRO W/VOID PRESS & URETHRAL PROFIL
52001	52001-CYSTO W/IRRIG & EVAC MULTIPLE OBSTRUCTING CLOTS
52007	52007-CYSTO W/URTRL CATHJ BRUSH BX URTR&/RENAL PELVIS
52214	52214-CYSTO W/DESTRUCTION OF LESIONS
52265	52265-CYSTOURETHROSCOPY W/DIL BLADDER LOCAL ANESTHESIA
52275	52275-CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE
52276	52276-CYSTOURETHROSCOPY W/INTERNAL URETHROTOMY MALE
52282	52282-CYSTOURETHROSCOPY INSERTION PERM URETHRAL STENT
52283	52283-CYSTOURETHROSCOPY W/STEROID INJECTION STRICTURE
52285	52285-CYSTOURETHROSCOPY TX FEMALE URETHRAL SYNDROME
52287	52287-CYSTOURETHROSCOPY INJ CHEMODENERVATION BLADDER
52300	52300-CYSTO W/RESCJ/FULG ORTHOPIC URETEROCELE UNI/BI
52315	52315-CYSTO W/COMPLEX REMOVAL STONE & STENT
52320	52320-CYSTOURETHROSCOPY W/RMVL URETERAL CALCULUS
52325	52325-CYSTO FRAGMENTATION URETERAL STONE
52327	52327-CYSTO W/SUBURTRIC NJX IMPLT MATRL

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

52330	52330-CYSTO MANJ W/O RMVL URETERAL STONE
52341	52341-CYSTO W/TX URETERAL STRICTURE
52344	52344-CYSTO W/URTROSCOPY W/TX URETERAL STRICTURE
52354	52354-CYSTO/PYELOSCOPY BX&/FULGURATION PELVIC LESION
52450	52450-TRANSURETHRAL INCISION PROSTATE
52500	52500-TRANSURETHRAL RESECTION PROSTATE
52630	52630-TRURL RESCJ RESIDUAL/REGROWTH OBSTR PRSTATE TISS
52640	52640-TRURL RESCJ POSTOP BLADDER NECK CONTRACTURE
53020	53020-MEATOTOMY CUTTING MEATUS SPX EXCEPT INFANT
53230	53230-EXC URETHRAL DIVERTICULUM SPX FEMALE
53260	53260-EXC/FULGURATION URETHRAL POLYP DSTL URETHRA
53265	53265-EXC/FULGURATION URETHRAL CARUNCLE
53270	53270-EXCISION OR FULGURATION SKENES GLANDS
53440	53440-SLING OPERATION CORRJ MALE URINARY INCONTINENCE
53445	53445-INSJ INFLATABLE URETHRAL/BLADDER NECK SPHINCTER
53450	53450-URETHROMEATOPLASTY W/MUCOSAL ADVANCEMENT
53500	53500-URETHROLSS TRVG SEC OPN W/CSTO
53605	53605-DILAT URETHRAL STRIX/VESICAL NCK DILAT MALE ANES
53665	53665-DILAT FEMALE URETHRA GENERAL/CNDJ SPINAL ANES
54001	54001-SLITTING PREPUCE DORSAL/LAT SPX XCP NEWBORN
54055	54055-DSTRJ LESION PENIS SIMPLE ELECTRODESICCATION
54057	54057-DSTRJ LESION PENIS SIMPLE LASER
54060	54060-DSTRJ LESION PENIS SIMPLE SURG EXCISION
54100	54100-BIOPSY PENIS SEPARATE PROCEDURE
54150	54150-CIRCUMCISION W/CLAMP/OTH DEV W/BLOCK
54162	54162-LYSIS/EXCISION PENILE POSTCIRCUMCISION ADHESIONS
54163	54163-REPAIR INCOMPLETE CIRCUMCISION
54164	54164-FRENULOTOMY PENIS
54300	54300-PENIS STRAIGHTENING CHORDEE
54360	54360-PLASTIC RPR PENIS CORRECT ANGULATION
54450	54450-FORESKN MANJ W/LSS PREPUTIAL ADS&STRETCHING
54512	54512-EXC XTRPARENCHYMAL LESION TESTIS
54530	54530-ORCHIECTOMY RADICAL TUMOR INGUINAL APPROACH
54600	54600-RDCTJ TORSION TESTIS W/WO FIXJ CLAT TESTIS
54620	54620-FIXATION CONTRALATERAL TESTIS SEPARATE PROCEDURE
54640	54640-ORCHIOPEXY INGUINAL APPROACH W/WO HERNIA RPR
54700	54700-I&D EPIDIDYMIS TESTIS&/SCROTAL SPACE
54830	54830-EXCISION LOCAL LESION EPIDIDYMIS
54840	54840-EXCISION SPERMATOCELE W/WO EPIDIDYMECTOMY
54860	54860-EPIDIDYMECTOMY UNILATERAL

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

55041	55041-EXCISION HYDROCELE BILATERAL
55060	55060-RPR TUNICA VAGINALIS HYDROCELE BOTTLE TYPE
55100	55100-DRAINAGE SCROTAL WALL ABSCESS
55110	55110-SCROTAL EXPLORATION
55120	55120-REMOVAL FOREIGN BODY SCROTUM
55500	55500-EXC HYDROCELE SPERMATIC CORD UNI SPX
55520	55520-EXC LESION SPERMATIC CORD SEPARATE PROCEDURE
55540	55540-EXC VARICOCELE/LIGATION VEINS W/HERNIA RPR
56405	56405-I&D VULVA/PERINEAL ABSCESS
56420	56420-I&D OF BARTHOLINS GLAND ABSCESS
56440	56440-MARSUPIALIZATION BARTHOLINS GLAND CYST
56441	56441-LYSIS LABIAL ADHESIONS
56442	56442-HYMENOTOMY SIMPLE INCISION
56501	56501-DESTRUCTION LESIONS VULVA SIMPLE
56515	56515-DESTRUCTION LESIONS VULVA EXTENSIVE
56605	56605-BIOPSY VULVA/PERINEUM 1 LESION SPX
56620	56620-VULVECTOMY SIMPLE PARTIAL
56700	56700-PRTL HYMENECTOMY/REVJ HYMENAL RING
56740	56740-EXC BARTHOLINS GLAND/CYST
56810	56810-PERINEOPLASTY RPR PERINEUM NONOBSTETRICAL SPX
56821	56821-COLPOSCOPY VULVA W/BIOPSY
57000	57000-COLPOTOMY W/EXPLORATION
57061	57061-DESTRUCTION VAGINAL LESIONS SIMPLE
57065	57065-DESTRUCTION VAGINAL LESIONS EXTENSIVE
57100	57100-BIOPSY VAGINAL MUCOSA SIMPLE
57105	57105-BIOPSY VAGINAL MUCOSA EXTENSIVE
57106	57106-VAGINECTOMY PARTIAL REMOVAL VAGINAL WALL
57135	57135-EXCISION VAGINAL CYST/TUMOR
57240	57240-ANT COLPORRHAPHY CYSTOCELE W/WO RPR URETHROCELE
57250	57250-POST COLPORRHAPHY RECTOCELE W/WO PERINEORRHAPHY
57260	57260-COMBINED ANTEROPOSTERIOR COLPORRHAPHY
57268	57268-REPAIR ENTEROCELE VAGINAL APPROACH SPX
57282	57282-COLPOPEXY VAGINAL EXTRAPERITONEAL APPROACH
57283	57283-COLPOPEXY VAGINAL INTRAPERITONEAL APPROACH
57287	57287-RMVL/REVJ SLING STRESS INCONTINENCE
57295	57295-REVJ/RMVL PROSTHETIC VAGINAL GRAFT VAGINAL APP
57300	57300-CLSR RECTOVAGINAL FISTULA VAGINAL/TRANSANAL APPR
57410	57410-PELVIC EXAMINATION W/ANESTHESIA OTHER THAN LOCAL
57415	57415-REMOVAL IMPACTED VAG FB SPX W/ANES OTH/THN LOCAL
57420	57420-COLPOSCOPY ENTIRE VAGINA W/CERVIX IF PRESENT

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

57421	57421-COLPOSCOPY ENTIRE VAGINA W/VAGINA/CERVIX BX
57425	57425-LAPAROSCOPY COLPOPEXY SUSPENSION VAGINAL APEX
57452	57452-COLPOSCOPY CERVIX UPPER/ADJACENT VAGINA
57454	57454-COLPOSCOPY CERVIX BX CERVIX & ENDOCRV CURRETAGE
57456	57456-COLPOSCOPY CERVIX ENDOCERVICAL CURETTAGE
57461	57461-COLPOSCOPY CERVIX VAG ELTRD CONIZATION CERVIX
57500	57500-BIOPSY CERVIX SINGLE/MULT/EXCISION OF LESION SPX
57510	57510-CAUTERY CERVIX ELECTRO/THERMAL
57511	57511-CAUTERY CERVIX CRYOCAUTERY INITIAL/REPEAT
57513	57513-CAUTERY CERVIX LASER ABLATION
57520	57520-CONIZATION CERVIX W/WO D&CRPR KNIFE/LASER
57530	57530-TRACHELECTOMY CERVI CECTOMY AMP CERVIX SPX
57700	57700-CERCLAGE UTERINE CERVIX NONOBSTETRICAL
57800	57800-DILATION CERVICAL CANAL INSTRUMENTAL SPX
58100	58100-ENDOMETRIAL BX W/WO ENDOCERVIX BX W/O DILAT SPX
58120	58120-DILATION & CURETTAGE DX&/THER NONOBSTETRIC
58560	58560-HYSTEROSCOPY DIV/RESCJ INTRAUTERINE SEPTUM
58561	58561-HYSTEROSCOPY REMOVAL LEIOMYOMATA
58562	58562-HYSTEROSCOPY REMOVAL IMPACTED FOREIGN BODY
58700	58700-SALPINGECTOMY COMPLETE/PARTIAL UNI/BI SPX
58925	58925-OVARIAN CYSTECTOMY UNI/BI
59150	59150-LAPS TX ECTOPIC PREG W/O SALPING&/OOPHORECTOMY
59151	59151-LAPS TX ECTOPIC PREG W/SALPING&/OOPHORECTOMY
62281	62281-INJX/INFUS NEUROLYT SUBST EPIDURAL CERV/THORACIC
64561	64561-PRQIMPLTJ NEUROSTIMELTRD SACRAL NRVE W/IMAGING
64585	64585-REVJ/RMVL PERIPHERAL NEUROSTIMULATOR ELECTRODE
64600	64600-DSTRJ TRIGEMINAL NRV SUPRAORB INFRAORB BRANCH
64610	64610-DSTRJ NEURLYTIC TRIGEM NRV 2/3 DIV RADIO MONITOR
64702	64702-NEUROPLASTY DIGITAL 1/BOTH SAME DIGIT
64718	64718-NEUROPLASTY &/TRANSPOSITION ULNAR NERVE ELBOW
64719	64719-NEUROPLASTY &/TRANSPOSITION ULNAR NERVE WRIST
64774	64774-EXC NEUROMA CUTAN NRV SURGLY IDENTIFIABLE
64776	64776-EXC NEUROMA DIGITAL NERVE 1 OR BOTH SAME DIGIT
64782	64782-EXC NEUROMA HAND/FOOT XCP DIGITAL NERVE
64784	64784-EXC NEUROMA MAJOR PERIPHERAL NRV XCP SCIATIC
64788	64788-EXC NEUROFIBROMA/NEUROLEMMOMA CUTAN NRV
64795	64795-BIOPSY NERVE
64831	64831-SUTURE DIGITAL NERVE HAND/FOOT 1 NERVE
64835	64835-SUTURE 1 NERVE MEDIAN MOTOR THENAR
65275	65275-RPR LAC CORNEA NONPERFOR W/WO RMVL FOREIGN BODY

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

65400	65400-EXCISION LESION CORNEA XCP PTERYGIUM
65420	65420-EXCISION/TRANSPOSITION PTERYGIUM W/O GRAFT
65435	65435-RMVL CORNEAL EPITHELIUM W/WO CHEMOCAUTERIZATION
65436	65436-RMVL CORNEAL EPITHELIUM W/APPL CHELATING AGENT
65710	65710-KERATOPLASTY ANTERIOR LAMELLAR
65750	65750-KERATOPLASTY PENETRAING APHAKIA
65755	65755-KERATOPLASTY PENETRATING PSEUDOPHAKIA
65756	65756-KERATOPLASTY ENDOTHELIAL
65778	65778-PLACE AMNIOTIC MEMBRA OCULAR SURFACE W/O SUTURES
65779	65779-PLACE AMNIOTIC MEMBRANE OCULAR SURFACE SUTURED
65780	65780-OCULAR SURFACE RECONSTRUCTION AMNIOTIC MEMBRANE
65815	65815-PARACEN ANT CHAM RMVL BLOOD W/WO IRRIG&/AIR IN
65820	65820-GONIOTOMY
65850	65850-TRABECULOTOMY AB EXTERNO
66172	66172-FSTLJ SCLERA GLC TRBEC AB EXTERNO SCARRING
66185	66185-REVJ AQUEOUS SHUNT EXTRAOCULAR RESERVOIR W/GRAFT
66250	66250-REVJ/RPROPRATIVE WOUND ANTERIOR SEGMENT
66710	66710-CILIARY BODY DSTRJ CYCLOPHOTO COAG TRANSSCERAL
66825	66825-REPOSITIONING IO LENS PROSTHESIS REQ INC SPX
66840	66840-RMVL LENS MATERIAL ASPIR TQ 1/> STAGES
66850	66850-RMVL LENS MATERIAL PHACOFAGMENTATION ASPIR
66852	66852-RMVL LENS MATERIAL PARS PLANA W/WO VITRECTOMY
66983	66983-ICAPSULAR CATARACT XTRJ IN SJ IO LENS PRSTH 1 STG
66985	66985-INSJ IO LENS PROSTHESIS NOT W/CONCURRENT RMVL
66986	66986-EXCHANGE INTRAOCULAR LENS
67015	67015-ASPIRATION/RELEASE VITREOUS SUBRETINAL/CHOROIDAL
67025	67025-INJ SUBSTITUTE PARS PLANA/LIMBL W/WO ASPIR SPX
67039	67039-VITRECTOMY MCHNL PARS PLNA FOCAL ENDOLASER PC
67041	67041-VITRECTOMY PARS PLANA REMOVE PRERETINAL MEMBRANE
67042	67042-VITRECTOMY PARS PLANA REMOVE INT MEMB RETINA
67043	67043-VITRECTOMY PARS PLANA REMOVE SUBRETINAL MEMBRANE
67101	67101-RPR RETINAL DTCHMNT 1/>SES CRYOTX/DTHRM INCL DRG
67105	67105-RPR RETINAL DTCHMNT 1/>SES PC INCL SUBRETI DRG
67107	67107-REPAIR RETINAL DETACHMENT SCLERAL BUCKLING
67108	67108-RPR RETINAL DTCHMNT W/VITRECTOMY ANY METH
67110	67110-RPR RETINAL DTCHMNT INJECTION AIR/OTHER GAS
67113	67113-RPR COMPLEX RETINA DETACH VITRECT & MEMBRANE PEEL
67120	67120-RMVL IMPLNT MATL POSTERIOR SEGMENT EXTRAOCULAR
67121	67121-RMVL IMPLT MATRL POSTERIOR SEGMENT INTRAOCULAR
67145	67145-PROPH RTA DTCHMNT W/O DRG 1/> SESS



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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

67210	67210-DSTRJ LOCLZD LESION RETINA 1/>SESS PC
67218	67218-DSTRJ LESION RETINA 1/>SESS RADJ IMPLTJ
67220	67220-DSTRJ LESION CHOROID PC 1/>SESS
67221	67221-DSTRJ LESION CHOROID PHOTODYNAMIC THERAPY
67345	67345-CHEMODENERVATION EXTRAOCULAR MUSCLE
67400	67400-ORBITOTOMY W/O BONE FLAP EXPLW/WO BIOPSY
67412	67412-ORBITOTOMY W/O BONE FLAP W/REMOVAL LESION
67414	67414-ORBITOTOMY W/O BONE FLAP W/RMVL BONE DCMPRN
67420	67420-ORBITOTOMY BONE FLAP/WINDOW LAT RMVL LESION
67445	67445-ORBITOTOMY BONE FLAP/WINDOW LAT RMVL BONE DCMPRN
67550	67550-ORBITAL IMPLANT INSERTION
67560	67560-ORBITAL IMPLANT REMOVAL/REVISION
67700	67700-BLEPHAROTOMY DRAINAGE ABSCESS EYELID
67800	67800-EXCISION CHALAZION SINGLE
67801	67801-EXCISION CHALAZION MULTIPLE SAME LID
67805	67805-EXCISION CHALAZION MULTIPLE DIFFERENT LIDS
67808	67808-EXC CHALAZION ANES REQ HOSPIZATION SINGLE/MULT
67840	67840-EXC LESION EYELID W/O CLSR/W/SIMPLE DIR CLOSURE
67875	67875-TEMPORARY CLOSURE EYELIDS SUTURE
67880	67880-CONSTJ INTERMARGIN ADHES/TARSORRH/CANTHORRHAPY
67935	67935-SUTR WND EYELID/MARGIN/TARSUS/CONJUNC FULL THICK
67938	67938-REMOVAL EMBEDDED FOREIGN BODY EYELID
67971	67971-RCNSTJ EYELID FULL THICKNESS </TWO-THIRDS 1 STG
67973	67973-RCNSTJ EYELID FULL THICKNESS LOWER EYELID 1 STG
67975	67975-RCNSTJ EYELID FULL THICKNESS SECOND STAGE
68100	68100-BIOPSY CONJUNCTIVA
68110	68110-EXCISION LESION CONJUNCTIVA </1 CM
68115	68115-EXCISION LESION CONJUNCTIVA > 1 CM
68320	68320-CONJUNCTIVOPLASTY W/GRF/XTNSV REARRANGEMENT
68440	68440-SNIP INCISION LACRIMAL PUNCTUM
68700	68700-PLASTIC REPAIR CANALICULI
68720	68720-DACRYOCSTORHINOSTOMY
68750	68750-CONJUNCTIVORHINOSTOMY INSJ TUBE/STENT
68811	68811-PROBE NASOLACRIMAL DUCT W/WO IRRIG REQ GEN ANES
68815	68815-PROBE NASOLACRIMAL DUCT W/WO IRRIG INSJ TUBE/STNT
69110	69110-EXCISION EXTERNAL EAR PARTIAL SIMPLE REPAIR
69140	69140-EXCISION EXOSTOSIS EXTERNAL AUDITORY CANAL
69145	69145-EXCISION SOFT TIS LESION EXTERNAL AUDITORY CANAL
69222	69222-DEBRIDEMENT MASTOIDECTOMY CAVITY CMLPX
69310	69310-RECONSTRUCTION EXTERNAL AUDITORY CANAL SPX

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

69421	69421-MYRINGOTOMY ASPIR&/EUSTACHIAN TUBE NFLTJ ANES
69424	69424-VENTILATING TUBE RMVL REQUIRING GENERAL ANES
69433	69433-TYMPANOSTOMY LOCAL/TOPICAL ANESTHESIA
69440	69440-MIDDLE EAR EXPL THRU POSTAUR/EAR CANAL INC
69450	69450-TYMPANOLYSIS TRANSCANAL
69505	69505-MASTOIDECTOMY MODIFIED RADICAL
69550	69550-EXCISION AURAL GLOMUS TUMOR TRANSCANAL
69602	69602-REVJ MASTOIDECTOMY RSLTG MODF RAD MSTDC
69610	69610-TYMPANIC MEMB RPR W/WO PREPJ PERFOR PATCH
69620	69620-MYRINGOPLASTY
69632	69632-TYMPNOPLSTY W/O MSTDC 1ST/REVJ W/OSICLE RECNSTJ
69633	69633-TYMPANOPLASTY W/O MASTOIDEK 1ST/REVJ PROSTH TORP
69635	69635-TYMPP ANTRT/MASTOID W/O OSSICULAR CHAIN RECNSTJ
69636	69636-TYMPP ANTRT/MASTOID W/OSSICULAR CHAIN RECNSTJ
69641	69641-TMPP MASTOIDECTOMY W/O OSSICULAR CHAIN RECNSTJ
69642	69642-TMPP MASTOIDECTOMY W/OSSICULAR CHAIN RECNSTJ
69643	69643-TMPP MASTOIDECT NTC/RCNSTED WALL W/O OCR
69644	69644-TMPP MASTOIDECT NTC/RCNSTED CANAL WALL OCR
69645	69645-TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/O OCR
69646	69646-TYMPANOPLASTY MASTOIDECTOMY RAD/COMPL W/OCR
69650	69650-STAPES MOBILIZATION
69660	69660-STAPEDECTOMY/STAPEDOTOMY
69661	69661-STAPEDECTOMY/STAPEDOTOMY W/FOOTPLATE DRILL OUT
69662	69662-REVISION STAPEDECTOMY/STAPEDOTOMY
69801	69801-LABYRINTHOTOMY TRANSCANAL
69805	69805-ENDOLYMPHATIC SAC W/O SHUNT
69806	69806-ENDOLYMPHATIC SAC SHUNT
G0289	G0289-SCOPE KNEE REMV FB/SHAV TM OTH SURG DIFF CMPRTMT
20604	20604-ARTHROCNT ASPIR&/INJ SMALL JT/BURSAW/US REC RPRT
20912	20912-CARTILAGE GRAFT NASAL SEPTUM
23480	23480-OSTEOTOMY CLAVICLE W/WO INTERNAL FIXATION
23700	23700-MANJ W/ANES SHOULDER JOINT W/FIXATION APPARATUS
24102	24102-ARTHROTOMY ELBOW W/SYNOVECTOMY
24130	24130-EXCISION RADIAL HEAD
24300	24300-MANIPULATION ELBOW UNDER ANESTHESIA
24366	24366-ARTHROPLASTY RADIAL HEAD W/IMPLANT
24586	24586-OPTX PERIARTICULAR FRACTURE &/DISLOCATION ELBO
25109	25109-EXC TENDON FOREARM&/WRIST FLEXOR/EXTENSOR EA
25624	25624-CLOSED TX CARPAL SCAPHOID FRACTURE W/MANJ
26500	26500-RCNSTJ TENDON PULLEY EACH W/LOCAL TISSUES SPX

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

26842	26842-ARTHRO CRP/MTACRPLJT THMB W/WO INT FIXJ W/AGRFT
27570	27570-MANIPULATION KNEE JOINT UNDER GENERAL ANESTHESIA
27756	27756-PRQ SKELETAL FIXATION TIBIAL SHAFT FRACTURE
27788	27788-CLTX DSTL FIBULAR FX LAT MALLS W/MANJ
28103	28103-EXC/CURETTAGE CYST/TUMOR TALUS/CALCANEUS ALGRFT
28225	28225-TENOLYSIS EXTENSOR FOOT SINGLE TENDON
28272	28272-CAPSULOTOMY IPHAL JOINT EACH JOINT SPX
28496	28496-PRQ SKEL FIXJ FX GRT TOE PHLX/PHLG W/MANJ
28515	28515-CLTX FX PHLX/PHLG OTH/THN GRT TOE W/MANJ
29800	29800-ARTHRS TEMPOROMANDIBULR JT DX W/WO SYNVAL BX SPX
29804	29804-ARTHROSCOPY TEMPOROMANDIBULAR JOINT SURGICAL
31528	31528-LARYNGOSCOPY W/WO TRACHEOSCOPY W/DILATION IN
31529	31529-LARYNGOSCOPY W/WO TRACHEOSCOPY DILATION SUBSQ
31652	31652-BRNCHSC EBUS GUIDED SAMPL 1/2 NODE STATION/STRUX
33241	33241-REMOVAL IMPLANTABLE DEFIB PULSE GENERATOR ONLY
35045	35045-DIR RPR RUPTD ANEURYSM RADIAL/ULNAR ARTERY
36590	36590-RMVL TUN CTR VAD W/SUBQ PORT/PMP CTR/PRPH INSJ
37242	37242-VASCULAR EMBOLIZATION OR OCCLUSION ARTERIAL RS&I
37248	37248-TRLML BALO ANGIOP OPEN/PERQW/IMG S&I 1ST VEIN
38221	38221-BONE MARROW BIOPSY NEEDLE/TROCAR
40530	40530-RESCJ LIP > ONE-FOURTH W/O RCNSTJ
41825	41825-EXC LESION/TUMOR DENTOALVEOLAR STRUX W/O RPR
42140	42140-UVULECTOMY EXCISION UVULA
42650	42650-DILATION SALIVARY DUCT
43191	43191-ESOPHAGOSCOPY RIGID TRANSORAL DIAGNOSTIC BRUSH
43195	43195-ESOPHAGOSCOPY RIGID TRANSORAL BALLOON DILATION
43197	43197-ESOPHAGOSCOPY FLEXIBLE TRANSNASAL DIAGNOSTIC
43214	43214-ESOPHAGOSCOPY DILATE ESOPHAGUS BALLOON 30 MM
43229	43229-ESOPHAGOSCOPY FLEX TRANSORAL LESION ABLATION
43233	43233-EGD ESOPHAGUS BALLOON DILATION 30 MM OR LARGER
43242	43242-EGD INTRMURAL NEEDLE ASPIR/BIOP ALTERED ANATOMY
43253	43253-EGD US GUIDED TRANSMURAL INJXN/FIDUCIAL MARKER
43254	43254-EGD TRANSORAL ENDOSCOPIC MUCOSAL RESECTION
43270	43270-EGD ABLATE TUMOR POLYP/LESION W/DILATION& WIRE
43274	43274-ERCP STENT PLACEMENT BILIARY/PANCREATIC DUCT
43275	43275-ERCP REMOVE FOREIGN BODY/STENT BILIARY/PANC DUCT
43276	43276-ERCP BILIARY/PANC DUCT STENT EXCHANGE W/DIL& WIRE
44364	44364-ENTEROSCOPY > 2ND PRTN W/RMVL LESION SNARE
44369	44369-ENTEROSCOPY > 2ND PRTN ABLTJ LESION
44381	44381-ILEOSCOPY STOMA W/BALLOON DILATION

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

45190	45190-DESTRUCTION RECTAL TUMOR TRANSANAL APPROACH
45346	45346-SIGMOIDOSCOPY FLX ABLATION TUMOR POLYP/OTH LES
45349	45349-SGMDSC FLX WITH ENDOSCOPIC MUCOSAL RESECTION
45350	45350-SIGMOIDOSCOPY FLX WITH WITH BAND LIGATION(S)
45910	45910-DILAT RCT STRIX SPX UNDER ANES OTH/THN LOCAL
46607	46607-ANOSCOPY DX W/HRA & CHEMAGNTS ENHANCEMENT W/BX
46610	46610-ANOSCOPY W/RMVL LESION CAUTERY
46940	46940-CURTG/CAUT ANAL FISSURE W/DILAT SPHNCTR SPX 1ST
49083	49083-ABDOM PARACENTESIS DX/THER W/IMAGING GUIDANCE
50430	50430-NJX PX ANTEGRDE NFROSGRM & /URTRGRM NEW ACCESS
50435	50435-EXCHANGE NEPHROSTOMY CATHETER PRQ W/IMG GIDRS&I
50688	50688-CHNG URTROST TUBE/XTRNLLY ACCESSIBLE STENT ILEAL
51710	51710-CHANGE CYSTOSTOMY TUBE COMPLICATED
54110	54110-EXCISION OF PENILE PLAQUE
57130	57130-EXCISION VAGINAL SEPTUM
57505	57505-ENDOCERVICAL CURETTAGE W/DILATION & CURETTAGE
57720	57720-TRACHELORRHAPHY PLSTC RPR UTERINE CERVIX VAG
58263	58263-VAG HYST 250 GM/< W/RMVL TUBE OVARY W/RPR NTRCL
64642	64642-CHEMODENERVATION ONE EXTREMITY 1-4 MUSCLE
64644	64644-CHEMODENERVATION 1 EXTREMITY 5 OR MORE MUSCLES
64646	64646-CHEMODENERVATION OF TRUNK MUSCLE 1-5 MUSCLES
64647	64647-CHEMODENERVATION OF TRUNK 6 OR MORE MUSCLES
65772	65772-CRNL RELAXING INC CORRJ INDUCED ASTIGMATISM
65800	65800-PARACENTESIS ANT CHAMB EYE ASPIR AQUEOUS SPX
65865	65865-SEVERING ADS ANT SEG INCAL TQ SPX GONIOSYNECHIAE
65875	65875-SEVERING ADS ANT SEG INCAL SPX POST SYNECHIAE
65920	65920-RMVL IMPLANTED MATERIAL ANTERIO SEGMENT EYE
66682	66682-SUTURE IRIS CILIARY BODY SPX RETRIEVAL SUTURE
66711	66711-CILIARY BODY DSTRJ CYCLOPHOTOACOAG ENDOSCOPIC
67005	67005-RMVL VITREOUS ANT APPR PARTIAL REMOVAL
67314	67314-STRABISMUS RECESSIION/RESCJ 1 VER MUSC
67316	67316-STRABISMUS RECESSIION/RESCJ 2/MORE VER MUSC
67318	67318-STRABISMUS ANY SUPERIOR OBLIQUE MUSCLE
68135	68135-DESTRUCTION LESION CONJUNCTIVA
69100	69100-BIOPSY EXTERNAL EAR
69320	69320-RCNSTJ XTRNL AUD CANAL CONGENITAL ATRESIA 1 STG
69666	69666-REPAIR OVAL WINDOW FISTULA
28295	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

46948	HEMORRHOIDECTOMY, INTERNAL, BY TRANSANAL HEMORRHOIDAL DEARTERIALIZATION, 2 OR MORE HEMORRHOID COLUMNS/GROUPS, INCLUDING ULTRASOUND GUIDANCE, WITH MUCOPEXY, WHEN PERFORMED (ADDED: DATE:)
42821	42821 - REMOVE TONSILS AND ADENOIDS
42826	42826 - REMOVAL OF TONSILS
43235	43235 - UPPR GI ENDOSCOPY DIAGNOSIS
43239	43239 - UPPER GI ENDOSCOPY BIOPSY - REMOVAL OF ETHMOID SINUS
43249	43249 - ESOPH ENDOSCOPY DILATION
45378	45378 - DIAGNOSTIC COLONOSCOPY
45380	45380 - COLONOSCOPY AND BIOPSY
45384	45384 - LESION REMOVE COLONOSCOPY
45385	45385 - LESION REMOVAL COLONOSCOPY
47000	47000 - NEEDLE BIOPSY OF LIVER
49585	49585 - RPR UMBIL HERN REDUC > 5 YR T
49587	49587 - RPR UMBIL HERN BLOCK > 5 YR
49650	49650 - LAP ING HERNIA REPAIR INIT
49651	49651 - LAP ING HERNIA REPAIR RECUR
49652	49652 - LAP VENT/ABD HERNIA REPAIR
49653	49653 - LAP VENT/ABD HERN PROC COMP
49654	49654 - LAP INC HERNIA REPAIR
49655	49655 - LAP INC HERN REPAIR COMP
50590	50590 - FRAGMENTING OF KIDNEY STONE
52000	52000 - CYSTOSCOPY
52005	52005 - CYSTOSCOPY & URETER CATHETER
52204	52204 - CYSTOSCOPY W/BIOPSY(S)
52224	52224 - CYSTOSCOPY AND TREATMENT
52234	52234 - CYSTOSCOPY AND TREATMENT
52235	52235 - CYSTOSCOPY AND TREATMENT
52260	52260 - CYSTOSCOPY AND TREATMENT
52281	52281 - CYSTOSCOPY AND TREATMENT
52310	52310 - CYSTOSCOPY AND TREATMENT
52332	52332 - CYSTOSCOPY AND TREATMENT
52351	52351 - CYSTOURETERO & OR PYELOSCOPE
52352	52352 - CYSTOURETERO W/STONE REMOVE
52353	52353 - CYSTOURETERO W/LITHOTRIPSY
52356	52356 - CYSTO/URETERO W/LITHOTRIPSY & INDWELL STENT INSRT
57288	57288 - REPAIR BLADDER DEFECT
64721	64721 - CARPAL TUNNEL SURGERY
66821	66821 - AFTER CATARACT LASER SURGERY
66982	66982 - CATARACT SURGERY COMPLEX
66984	66984 - CATARACT SURG W/IOL 1 STAGE

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

42820	42820 - REMOVE TONSILS AND ADENOIDS
42825	42825 - REMOVAL OF TONSILS
42830	42830 - REMOVAL OF ADENOIDS
57522	57522 - CONIZATION OF CERVIX
58353	58353 - ENDOMETR ABLATE THERMAL
58558	58558 - HYSTEROSCOPY BIOPSY
58563	58563 - HYSTEROSCOPY ABLATION
58565	58565 - HYSTEROSCOPY STERILIZATION
13101	13101-REPAIR OF WOUND OR LESION
13132	13132-REPAIR OF WOUND OR LESION 6
14040	14040-SKIN TISSUE REARRANGEMENT
14060	14060-SKIN TISSUE REARRANGEMENT
14301	14301-SKIN TISSUE REARRANGEMENT
21552	21552-EXC NECK LES SC = 3 CM
21931	21931-EXC BACK LES SC = 3 CM
21320	21320-TREATMENT OF NOSE FRACTURE
30140	30140-REMOVAL OF TURBINATE BONES
30520	30520-REPAIR OF NASAL SEPTUM
69436	69436-CREATE EARDRUM OPENING UROLOGY
69631	69631-REPAIR EARDRUM STRUCTURES
49505	49505-REPAIR INGUINAL HERNIA
20680	20680-REMOVAL OF SUPPORT IMPLANT
65426	65426-REMOVAL OF EYE LESION
65730	65730-CORNEAL TRANSPLAN
65855	65855-LASER SURGERY OF EYE
66170	66170-GLAUCOMA SURGERY
66761	66761-REVISION OF IRIS
67028	67028-INJECTION EYE DRUG
67036	67036-REMOVAL OF INNER EYE FLUID
67040	67040-LASER TREATMENT OF RETINA
67228	67228-TREATMENT OF RETINAL LESION
67311	67311-REVISE EYE MUSCLE
67312	67312-REVISE TWO EYE MUSCLES
54161	54161-CIRCUMCISION
55040	55040-REMOVAL OF HYDROCELE
55700	55700-BIOPSY OF PROSTATE
11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE
15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP, PARAMEDIAN FOREHEAD FLAP)
15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)
20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)
20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM
20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG, ILIZAROV, MONTICELLI TYPE)
20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)
20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE
20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)
21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT
21070	CORONOIDECTOMY (SEPARATE PROCEDURE)
23120	CLAVICULECTOMY; PARTIAL
23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE
23410	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE
23412	REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; CHRONIC
23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)
23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS
23450	CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION
23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)
23460	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK
23462	CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESSTRANSFER
23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK
23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY
23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;
23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)
24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CONTRACTURE RELEASE (SEPARATE PROCEDURE)
24305	TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON
24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUFF)
24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT
24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE
24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE
24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)
24359	TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN WITH TENDON REPAIR OR REATTACHMENT
24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION
24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)
24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)
24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA
25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY
25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); FLEXORS
25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER GRANULOMAS, RHEUMATOID ARTHRITIS); EXTENSORS, WITH OR WITHOUT TRANSPOSITION OF DORSAL RETINACULUM
25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON
25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON GRAFT(S) (INCLUDES OBTAINING GRAFT), EACH TENDON
25320	CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT REPAIR, TENDON TRANSFER OR GRAFT) (INCLUDES SYNOVECTOMY, CAPSULOTOMY AND OPEN REDUCTION) FOR CARPAL INSTABILITY
25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION
25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE STABILIZATION (EG, TENDON TRANSFER, TENDON GRAFT OR WEAVE, OR TENODESIS) WITH OR WITHOUT OPEN REDUCTION OF DISTAL RADIOULNAR JOINT
25360	OSTEOTOMY; ULNA
25365	OSTEOTOMY; RADIUS AND ULNA
25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING
25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT
25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)
25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)
25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)
25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR))(INCLUDES OBTAINING GRAFT AND NECESSARY FIXATION), EACH BONE
25440	REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT AND NECESSARY FIXATION)
25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS
25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/OR INTERCARPAL AND/OR CARPOMETACARPAL JOINTS)
25805	ARTHRODESIS, WRIST; WITH SLIDING GRAFT
25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)
25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT (EG, SAUVE-KAPANDJI PROCEDURE)
26350	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); PRIMARY OR SECONDARY WITHOUT FREE GRAFT, EACH TENDON
26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; PRIMARY, EACH TENDON
26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT
26536	ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT
26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE
27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROCEDURE)
27350	PATELLECTOMY OR HEMI PATELLECTOMY
27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY
27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT
27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY
27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT
27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL
27420	RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)
27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (EG, CAMPBELL, GOLDWAITE TYPE PROCEDURE)
27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR
27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)
27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR
27606	TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); GENERAL ANESTHESIA
27610	ARTHROTOMY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY
27612	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

27615	ARTHROTOMY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING
27625	ARTHROTOMY, WITH SYNOVECTOMY, ANKLE;
27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE
27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;
27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;
27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)
27654	REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT
27656	REPAIR, FASCIAL DEFECT OF LEG
27659	REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON
27664	REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON
27675	REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY
27676	REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY
27680	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON
27681	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS (THROUGH SEPARATE INCISION[S])
27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)
27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBIAL EXTENSORS INTO MIDFOOT)
27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG, ANTERIOR TIBIAL OR POSTERIOR TIBIAL THROUGH INTEROSSEOUS SPACE, FLEXOR DIGITORUM LONGUS, FLEXOR HALLUCIS LONGUS, OR PERONEAL TENDON TO MIDFOOT OR HINDFOOT)
27695	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL
27696	REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS
27698	REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)
27870	ARTHRODESIS, ANKLE, OPEN
28062	FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)
28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR BOSSING); TARSAL OR METATARSAL BONE, EXCEPT TALUS OR CALCANEUS
28200	REPAIR TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON
28202	REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)
28210	REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)
28220	TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON
28230	TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE PROCEDURE)
28232	TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

28238	RECONSTRUCTION (ADVANCEMENT), POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY TARSAL NAVICULAR BONE (EG, KIDNER TYPE PROCEDURE)
28270	CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT (SEPARATE PROCEDURE)
28300	OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION
28304	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS
28305	OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (EG, FOWLER TYPE)
28308	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; OTHER THAN FIRST METATARSAL, EACH
28309	OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; MULTIPLE (EG, SWANSON TYPE CAVUS FOOT PROCEDURE)
28320	REPAIR, NONUNION OR MALUNION; TARSAL BONES
28322	REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)
28705	ARTHRODESIS; PANTALAR
28715	ARTHRODESIS; TRIPLE
28725	ARTHRODESIS; SUBTALAR
28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;
28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY (EG, FLATFOOT CORRECTION)
28737	ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL NAVICULAR-CUNEIFORM (EG, MILLER TYPE PROCEDURE)
28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT
28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT
28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE
28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT
31572	LARYNGOSCOPY, FLEXIBLE; WITH ABLATION OR DESTRUCTION OF LESION(S) WITH LASER, UNILATERAL
46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, 2 OR MORE COLUMNS/GROUPS
47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY
47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY
49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)
49321	LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)
49322	LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN CYST) (SINGLE OR MULTIPLE)
49520	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE
49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE
49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE

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We are suspending review for site of service for the surgical codes listed here until May 31, 2020.

52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; SIMPLE OR SMALL (LESS THAN 2.5 CM)
52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; COMPLICATED OR LARGE (OVER 2.5 CM)
52601	TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, AND INTERNAL URETHROTOMY ARE INCLUDED)
52648	LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, INTERNAL URETHROTOMY AND TRANSURETHRAL RESECTION OF PROSTATE ARE INCLUDED IF PERFORMED)
52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION, INTERNAL URETHROTOMY AND TRANSURETHRAL RESECTION OF PROSTATE ARE INC
53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)
55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION SAMPLING, INCLUDING IMAGING GUIDANCE
55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE AND MONITORING)
55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, WITH OR WITHOUT CYSTOSCOPY
55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PROSTATE (VIA NEEDLE, ANY APPROACH), SINGLE OR MULTIPLE
60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS
60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT
61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE
62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR
62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC
62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING PREPARATION OF PUMP, WITH OR WITHOUT PROGRAMMING
62365	REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL OR EPIDURAL INFUSION
64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH
64402	INJECTION, ANESTHETIC AGENT; FACIAL NERVE
64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE
64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE
64413	INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS
64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE

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64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)
64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE
64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE
64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE
64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK
64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE
64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE
64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, SINGLE
64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)
64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE
64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)
64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S) (EG, MORTON'S NEUROMA)
64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION
64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)
64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS
64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING
64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)
64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE
64704	NEUROPLASTY; NERVE OF HAND OR FOOT
64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; OTHER THAN SPECIFIED
64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; SCIATIC NERVE
64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG, OPEN; LUMBAR PLEXUS
64726	DECOMPRESSION; PLANTAR DIGITAL NERVE
64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL
64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE
64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION
64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE

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69637	TYMpanoplasty with ANtrotomy or MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR CHAIN RECONSTRUCTION AND SYNTHETIC PROSTHESIS (EG, PARTIAL OSSICULAR REPLACEMENT PROSTHESIS [PORP], TOTAL
66987	EXTRACAPSULAR CATARACT REMOVAL
66988	EXTRACAPSULAR CATARACT REMOVAL
11402	11402 - EXC B9 LESION MRGN XCP SK TG T/A/L 1.1-2.0 CM
11422	11422 - EXC B9 LESION MRGN XCP SK TG S/N/H/F/G 1.1-2.0CM
11403	11403 - EXC B9 LESION MRGN XCP SK TG T/A/L 2.1-3.0 CM/<
11406	11406 - EXC B9 LESION MRGN XCP SK TG T/A/L >4.0 CM
31579	31579 - DIAGNOSTIC LARYNGOSCOPY
62270	62270 - SPINAL FLUID TAP, DIAGNOSTIC
62321	62321 - INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S)
27096	27096 - INJECT SACROILIAC JOINT
64490	64490 - INJ PARAVERT F JNT C/T 1 LEV
64493	64493 - INJ PARAVERT F JNT L/S 1 LEV
64479	64479 - INJ FORAMEN EPIDURAL C/T
11426	11426-EXC B9 LESION MRGN XCP SK TG S/N/H/F/G >4.0CM
11442	11442-EXC B9 LES MRGN XCP SK TG F/E/E/N/L/M 1.1-2.0CM
19000	19000-PUNCTURE ASPIRATION CYST BREAST
57460	57460-COLOSCOPY CERVIX VAG LOOP ELTRD BX CERVIX
64633	64633 - DSTR NROLYTC AGNT PARVERTEB FCT SNGL CRV6
64635	64635 - DSTR NROLYTC AGNT PARVERTEB FCT SNGL LMB6
17106	17106-DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM
17107	17107-DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM
17108	17108-DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM
22513	22513-PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULATION
22514	22514-PERQ VERT AGMNTJ CAVITY CRTJ UNI/BI CANNULJ LMBR
42145	42145-PALATOPHARYNGOPLASTY
63661	63661-RMVL SPINAL NSTIM ELTRD PRQ ARRAY INCL FLUOR
63663	63663-REVJ INCL RPLCMT NSTIM ELTRD PRQ RA INCL FLUOR
28285	CORRECTION HAMMERTOE
28289	HALLUX RIGIDUS CORRECT W/CHEILECTOMY 1ST MP JT
28291	HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL JOINT; WITH IMPLANT
28292	KELLER/MCBRIDE/MAYO PROCEDURE
28296	CORRJ HALLUX VALGUS W/WO SESMDC W/METAR OSTEOT
28297	CORRJ HALLUX VALGUS W/WO SESMDC LAPIDUS-TYP PX
28298	CORRJ HALLUX VALGUS W/WO SESMDC PHALANX OSTEOT
28299	CORRJ HALLUX VALGUS W/WO SESMDC 2 OSTEOT

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29805	ARTHROSCOPY SHOULDER DX W/WO SYNOVIAL BIOPSY SPX
29806	ARTHROSCOPY SHOULDER SURGICAL CAPSULORRHAPHY
29807	ARTHROSCOPY SHOULDER SURGICAL REPAIR SLAP LESION
29819	ARTHROSCOPY SHOULDER SURGICAL REMOVAL LOOSE/FB
29820	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY PARTIAL
29821	ARTHROSCOPY SHOULDER SURG SYNOVECTOMY COMPLETE
29822	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT LIMITED
29823	ARTHROSCOPY SHOULDER SURG DEBRIDEMENT EXTENSIVE
29824	ARTHROSCOPY SHOULDER DISTAL CLAVICULECTOMY
29825	ARTHROSCOPY SHOULDER AHESIOLYSIS W/WO MANIPJ
29827	ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR
29828	ARTHROSCOPY SHOULDER BICEPS TENODESIS
29830	ARTHROSCOPY ELBOW DIAG W/WO SYNOVIAL BIOPSY SPX
29834	ARTHROSCOPY ELBOW SURGICAL W/REMOVAL LOOSE/FB
29835	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY PARTIAL
29836	ARTHROSCOPY ELBOW SURGICAL SYNOVECTOMY COMPLETE
29837	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT LIMITED
29838	ARTHROSCOPY ELBOW SURGICAL DEBRIDEMENT EXTENSIVE
29840	ARTHROSCOPY WRIST DIAG W/WO SYNOVIAL BIOPSY SPX
29844	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY PARTIAL
29845	ARTHROSCOPY WRIST SURGICAL SYNOVECTOMY COMPLETE
29846	ARTHRS WRST EXC&/RPR TRIANG FIBROCART&/JOINT
29847	ARTHROSCOPY WRIST SURG INT FIXJ FX/INSTABILITY
29848	NDSC WRST SURG W/RLS TRANSVRS CARPL LIGM
29860	ARTHROSCOPY HIP DIAGNOSTIC W/WO SYNOVIAL BYP SPX
29861	ARTHROSCOPY HIP SURGICAL W/REMOVAL LOOSE/FB
29862	ARTHRS HIP DEBRIDEMENT/SHAVING ARTICULAR CRTLG
29863	ARTHROSCOPY HIP SURGICAL W/SYNOVECTOMY
29870	ARTHROSCOPY KNEE DIAGNOSTIC W/WO SYNOVIAL BX SPX
29873	ARTHROSCOPY KNEE LATERAL RELEASE
29874	ARTHROSCOPY KNEE REMOVAL LOOSE/FOREIGN BODY
29875	ARTHROSCOPY KNEE SYNOVECTOMY LIMITED SPX
29876	ARTHROSCOPY KNEE SYNOVECTOMY 2/>COMPARTMENTS
29877	ARTHRS KNEE DEBRIDEMENT/SHAVING ARTCLR CRTLG
29879	ARTHRS KNEE ABRASION ARTHRP/MLT DRLG/MICROFX
29880	ARTHRS KNEE W/MENISCECTOMY MED&LAT W/SHAVING
29881	ARTHRS KNE SURG W/MENISCECTOMY MED/LAT W/SHVG
29882	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL/LATERAL
29883	ARTHROSCOPY KNEE W/MENISCUS RPR MEDIAL&LATERAL
29884	ARTHROSCOPY KNEE W/LYSIS ADHESIONS W/WO MANJ SPX

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29885	ARTHRS KNEE DRILL OSTEOCHONDRITIS DISSECANS GRFG
29886	ARTHRS KNEE DRILLING OSTEOCHOND DISSECANS LESION
29887	ARTHRS KNEE DRLG OSTEOCHOND DISSECANS 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 W/DRLG DFCT
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, SURGICAL; WITH FEMOROPLASTY (I.E., TREATMENT OF CAM LESION)
29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (I.E., TREATMENT OF PINCER LESION)
29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR