1. All new, re-sequenced or codes not listed require prior authorization, regardless of place of service.
2. All non-emergent services provided by a non-par provider or facility require prior authorization.
3. Payment, regardless of authorization, is contingent upon the member's eligibility and AHCCCS coverage on the date of service.

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description (Short Description)</th>
<th>Care1st Outpatient Auth Rules</th>
<th>Notes</th>
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<tr>
<td>00005</td>
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<td>Anesthesia for procedures on salivary glands, including biopsy</td>
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<td>Anesthesia for procedures involving plastic repair of cleft lip</td>
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<td>00103</td>
<td>Anesthesia for reconstructive procedures of eyelid (eg, blepharoplasty, ptosis surgery)</td>
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<td>Anesthesia for electroconvulsive therapy</td>
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<td>Anesthesia for procedures on external, middle, and inner ear including biopsy; not otherwise specified</td>
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<td>Anesthesia for procedures on external, middle, and inner ear including biopsy; otoscopy</td>
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<td>ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; RADICAL SURGERY (INCLUDING PROGNATHISM)</td>
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<td>ANESTHESIA FOR CLOSED CHEST PROCEDURES; NEEDLE BIOPSY OF PLEURA</td>
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<td>ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION</td>
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<td>00532</td>
<td>ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION</td>
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<td>00534</td>
<td>ANESTHESIA FOR TRANSVENOUS INSERTION OR REPLACEMENT OF PACING CARDIOVERTER-DEFIBRILLATOR</td>
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<td>ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES INCLUDING RADIOFREQUENCY ABLATION</td>
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<td>ANESTHESIA FOR TRACHEOBRONCHIAL RECONSTRUCTION</td>
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<td>ANESTHESIA FOR DIRECT CORONARY ARTERY BYPASS GRAFTING WITHOUT PUMP OXYGENATOR</td>
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<td>ANESTHESIA FOR HEART TRANSPLANT OR HEART/LUNG TRANSPLANT</td>
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<td>ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; PROCEDURES WITH PATIENT IN THE SITTING POSITION</td>
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<td>ANESTHESIA FOR PROCEDURES ON THE THORACIC SPINE AND CORD, VIA AN ANTERIOR TRANSTHORACIC APPROACH</td>
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<td>ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC LUMBAR PUNCTURE</td>
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<td>ANESTHESIA FOR MANIPULATION OF THE SPINE OR FOR CLOSED PROCEDURES ON THE CERVICAL, THORACIC OR LUMBAR SPINE</td>
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<td>ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (EG, SPINAL INSTRUMENTATION OR VASCULAR PROCEDURES)</td>
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<td>ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE SPECIFIED</td>
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<td>ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED PROXIMAL TO DUODENUM</td>
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<td>00790</td>
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<td>00792</td>
<td>ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPAROSCOPY; PARTIAL HEPATECTOMY OR MANAGEMENT OF Pancreatectomy, Partial or Total</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>00794</td>
<td>ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPAROSCOPY; Pancreatectomy, Partial or Total</td>
<td>No Auth Needed</td>
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<tr>
<td>00796</td>
<td>ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPAROSCOPY; LIVER TRANSPLANT (RECIPIENT)</td>
<td>No Auth Needed</td>
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<tr>
<td>00797</td>
<td>ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN INCLUDING LAPAROSCOPY; GASTRIC RESTRICTIVE PROCEDURE FOR MORBID</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>00800</td>
<td>ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>00802</td>
<td>ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; PANNICULECTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>00811</td>
<td>ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED DISTAL TO DUODENUM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>00812</td>
<td>ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED DISTAL TO DUODENUM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>00813</td>
<td>ANESTHESIA FOR COMBINED UPPER AND LOWER GASTROINTESTINAL ENDOSCOPIC PROCEDURES, ENDOSCOPE INTRODUCED BOTH PROXIMAL</td>
<td>No Auth Needed</td>
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<tr>
<td>00820</td>
<td>ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL</td>
<td>No Auth Needed</td>
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<tr>
<td>00830</td>
<td>ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>00832</td>
<td>ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN; VENTRAL AND INCISIONAL HERNIAS</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>00834</td>
<td>ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED, YOUNGER THAN 1 YEAR OF AGE</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>00836</td>
<td>ANESTHESIA FOR HERNIA REPAIRS IN THE LOWER ABDOMEN NOT OTHERWISE SPECIFIED, INFANTS YOUNGER THAN 37 WEEKS GESTATIONAL AGE</td>
<td>No Auth Needed</td>
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<tr>
<td>00840</td>
<td>ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY; NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
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<tr>
<td>00842</td>
<td>ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY; AMNIOCENTESIS</td>
<td>No Auth Needed</td>
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<tr>
<td>00844</td>
<td>ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY; ABDOMINOPERINEAL RESECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>00846</td>
<td>ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY; RADICAL HYSTERECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>00848</td>
<td>ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY; PELVIC EXENTERATION</td>
<td>No Auth Needed</td>
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<tr>
<td>00850</td>
<td>ANES INTRAPERITONEAL LWR ABD</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>00851</td>
<td>ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN INCLUDING LAPAROSCOPY; TUBAL LIGATION/TRANSECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>00855</td>
<td>ANES INTRAPERITONEAL LWR ADB</td>
<td>Auth Required</td>
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<td>00857</td>
<td>ANES INTRAPERITONEAL LWR ABD</td>
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<tr>
<td>00860</td>
<td>ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY TRACT; NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
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<tr>
<td>00862</td>
<td>ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY TRACT; RENAL PROCEDURES, INCLUDING UPPER</td>
<td>No Auth Needed</td>
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<tr>
<td>00864</td>
<td>ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY TRACT; TOTAL CYSTECTOMY</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>00865</td>
<td>ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY TRACT; RADICAL PROSTATECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>00866</td>
<td>ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY TRACT; ADRENALECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>00868</td>
<td>ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY TRACT; Renal Transplant (Recipient)</td>
<td>No Auth Needed</td>
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<td>00869</td>
<td>ANEST FOR EXTRAPERITONEAL PR</td>
<td>Auth Required</td>
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<td>00870</td>
<td>ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN, INCLUDING URINARY TRACT; CYSTOLITHOTOMY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>00872</td>
<td>ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITH WATER BATH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>00873</td>
<td>ANESTHESIA FOR LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE; WITHOUT WATER BATH</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>00880</td>
<td>ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>00882</td>
<td>ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; INFERIOR VENA CAVA LIGATION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>00884</td>
<td>ANES MAJOR LWR ABDOMEN VSSL</td>
<td>Auth Required</td>
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<td>00900</td>
<td>ANES PROC LWR ABDOMINAL VESS</td>
<td>Auth Required</td>
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<tr>
<td>00902</td>
<td>ANESTHESIA FOR; ANORECTAL PROCEDURE</td>
<td>No Auth Needed</td>
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<tr>
<td>00904</td>
<td>ANESTHESIA FOR; RADICAL PERINEAL PROCEDURE</td>
<td>No Auth Needed</td>
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<tr>
<td>00906</td>
<td>ANESTHESIA FOR; VULVECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>00908</td>
<td>ANESTHESIA FOR; PERINEAL PROSTATECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>00910</td>
<td>ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
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<tr>
<td>00912</td>
<td>ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); TRANSURETHRAL RESECTION OF BLADDER</td>
<td>No Auth Needed</td>
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<td>00914</td>
<td>ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); TRANSURETHRAL RESECTION OF PROSTATE</td>
<td>No Auth Needed</td>
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<td>00916</td>
<td>ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); POST-TRANSURETHRAL RESECTION BLEEDING</td>
<td>No Auth Needed</td>
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<tr>
<td>00918</td>
<td>ANESTHESIA FOR TRANSURETHRAL PROCEDURES (INCLUDING URETHROCYSTOSCOPY); WITH FRAGMENTATION, MANIPULATION</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>00920</td>
<td>ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCEDURES); NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>00921</td>
<td>ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCEDURES); VASECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>00922</td>
<td>ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCEDURES); SEMINAL VESICLES</td>
<td>No Auth Needed</td>
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<tr>
<td>00924</td>
<td>ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCEDURES); UNDESCENDED TESTIS</td>
<td>No Auth Needed</td>
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<tr>
<td>00926</td>
<td>ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCEDURES); RADICAL ORCHIECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>00928</td>
<td>ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCEDURES); RADICAL ORCHIECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>00930</td>
<td>ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCEDURES); ORCHIOPEXY, UNILATERAL</td>
<td>No Auth Needed</td>
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<tr>
<td>00932</td>
<td>ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCEDURES); COMPLETE AMPUTATION OF PENIS</td>
<td>No Auth Needed</td>
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<tr>
<td>00934</td>
<td>ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCEDURES); RADICAL AMPUTATION OF PENIS WITH BILATER</td>
<td>No Auth Needed</td>
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<tr>
<td>00936</td>
<td>ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCEDURES); RADICAL AMPUTATION OF PENIS WITH BILATER</td>
<td>No Auth Needed</td>
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<tr>
<td>00938</td>
<td>ANESTHESIA FOR PROCEDURES ON MALE GENITALIA (INCLUDING OPEN URETHRAL PROCEDURES); INSERTION OF PENILE PROSTHESIS (PERINEAL</td>
<td>Auth Required</td>
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<tr>
<td>00940</td>
<td>ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR ENDOMETRIUM); NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
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<tr>
<td>00942</td>
<td>ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR ENDOMETRIUM); COLPOTOMY</td>
<td>No Auth Needed</td>
<td></td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>00944</td>
<td>ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR ENDOMETRIUM); VAGINAL HYSTERECTOMY</td>
<td>No Auth Needed</td>
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<td>00946</td>
<td>ANES FOR VAGINAL PROCEDURES</td>
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<tr>
<td>00948</td>
<td>ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR ENDOMETRIUM); CERVICAL CERCLAGE</td>
<td>No Auth Needed</td>
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<td>00950</td>
<td>ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR ENDOMETRIUM); CULDOSCOPY</td>
<td>No Auth Needed</td>
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<tr>
<td>00952</td>
<td>ANESTHESIA FOR VAGINAL PROCEDURES (INCLUDING BIOPSY OF LABIA, VAGINA, CERVIX OR ENDOMETRIUM); HYSTEROSCOPY</td>
<td>No Auth Needed</td>
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<td>00955</td>
<td>ANES FOR VAGINAL PROCEDURES</td>
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<tr>
<td>01000</td>
<td>NEURAXIAL ANALGESIA</td>
<td>Auth Required</td>
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<td>01110</td>
<td>ANES ANTER INTG SYSTEM</td>
<td>Auth Required</td>
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<tr>
<td>01112</td>
<td>ANESTHESIA FOR BONE MARROW ASPIRATION AND/OR BIOPSY, ANTERIOR OR POSTERIOR ILIAC CREST</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>01120</td>
<td>ANESTHESIA FOR PROCEDURES ON BONY PELVIS</td>
<td>No Auth Needed</td>
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<tr>
<td>01130</td>
<td>ANESTHESIA FOR BODY CAST APPLICATION OR REVISION</td>
<td>No Auth Needed</td>
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<tr>
<td>01140</td>
<td>ANESTHESIA FOR INTERPELVIA/ABDOMINAL (HINDQUARTER) AMPUTATION</td>
<td>No Auth Needed</td>
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<tr>
<td>01150</td>
<td>ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS, EXCEPT HINDQUARTER AMPUTATION</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<tr>
<td>01160</td>
<td>ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT</td>
<td>No Auth Needed</td>
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<tr>
<td>01170</td>
<td>ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR SACROILIAC JOINT</td>
<td>No Auth Needed</td>
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<tr>
<td>01173</td>
<td>ANESTHESIA FOR OPEN REPAIR OF FRACTURE DISRUPTION OF PELVIS OR COLUMN FRACTURE INVOLVING ACETABULUM</td>
<td>No Auth Needed</td>
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<tr>
<td>01200</td>
<td>ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT</td>
<td>No Auth Needed</td>
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<tr>
<td>01202</td>
<td>ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>01210</td>
<td>ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>01212</td>
<td>ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; HIP DISARTICULATION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>01214</td>
<td>ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; TOTAL HIP ARTHROPLASTY</td>
<td>No Auth Needed</td>
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<tr>
<td>01215</td>
<td>ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; REVISION OF TOTAL HIP ARTHROPLASTY</td>
<td>No Auth Needed</td>
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<tr>
<td>01220</td>
<td>ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER TWO-THIRDS OF FEMUR</td>
<td>No Auth Needed</td>
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<tr>
<td>01230</td>
<td>ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER TWO-THIRDS OF FEMUR; NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
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<tr>
<td>01232</td>
<td>ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER TWO-THIRDS OF FEMUR; AMPUTATION</td>
<td>No Auth Needed</td>
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<tr>
<td>01234</td>
<td>ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER TWO-THIRDS OF FEMUR; RADICAL RESECTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>01240</td>
<td>ANES PROC UPPER 2/3 FEMUR</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>01250</td>
<td>ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF UPPER LEG</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>01260</td>
<td>ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG, INCLUDING EXPLORATION</td>
<td>No Auth Needed</td>
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<tr>
<td>01270</td>
<td>ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS GRAFT; NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
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<tr>
<td>01272</td>
<td>ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS GRAFT; FEMORAL ARTERY LIGATION</td>
<td>No Auth Needed</td>
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<tr>
<td>01274</td>
<td>ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG, INCLUDING BYPASS GRAFT; FEMORAL ARTERY EMBOLECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>01300</td>
<td>ANES PROC ARTERY OF UPPR LEG</td>
<td>Auth Required</td>
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<tr>
<td>01320</td>
<td>ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF KNEE AND/OR POPLITEAL AREA</td>
<td>No Auth Needed</td>
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<tr>
<td>01340</td>
<td>ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER ONE-THIRD OF FEMUR</td>
<td>No Auth Needed</td>
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<tr>
<td>01360</td>
<td>ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER ONE-THIRD OF FEMUR</td>
<td>No Auth Needed</td>
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<tr>
<td>01380</td>
<td>ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT</td>
<td>No Auth Needed</td>
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<tr>
<td>01382</td>
<td>ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF KNEE JOINT</td>
<td>No Auth Needed</td>
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<tr>
<td>01390</td>
<td>ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR PATELLA</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<tr>
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<td>ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA, FIBULA, AND/OR PATELLA</td>
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<td>01400</td>
<td>ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; NOT OTHERWISE SPECIFIED</td>
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<td>01402</td>
<td>ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; TOTAL KNEE ARTHROPLASTY</td>
<td>No Auth Needed</td>
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<td>ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON KNEE JOINT; DISARTICULATION AT KNEE</td>
<td>No Auth Needed</td>
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<td>01420</td>
<td>ANESTHESIA FOR ALL CAST APPLICATIONS, REMOVAL, OR REPAIR INVOLVING KNEE JOINT</td>
<td>No Auth Needed</td>
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<tr>
<td>01430</td>
<td>ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
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<td>01432</td>
<td>ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL AREA; ARTERIOVENOUS FISTULA</td>
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<td>No Auth Needed</td>
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<td>01444</td>
<td>ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL AREA; POPLITEAL EXCISION AND GRAFT OR REPAIR FOR OCCLUSION</td>
<td>No Auth Needed</td>
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<td>01460</td>
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<td>01462</td>
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<td>01464</td>
<td>ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF ANKLE AND/OR FOOT</td>
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<td>01470</td>
<td>ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG, ANKLE, AND FOOT; NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
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<td>01472</td>
<td>ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG, ANKLE, AND FOOT; REPAIR OF RUPTURED</td>
<td>No Auth Needed</td>
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<td>01474</td>
<td>ANESTHESIA FOR PROCEDURES ON NERVES, MUSCLES, TENDONS, AND FASCIA OF LOWER LEG, ANKLE, AND FOOT; GASTROCNEMIUS RECESSION</td>
<td>No Auth Needed</td>
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<td>01480</td>
<td>ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
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<td>01482</td>
<td>ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; RADICAL RESECTION</td>
<td>No Auth Needed</td>
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<td>01484</td>
<td>ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; OSTEOTOMY OR OSTEOPLASTY OF TIBIA AND/OR FIBULA</td>
<td>No Auth Needed</td>
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<td>01486</td>
<td>ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG, ANKLE, AND FOOT; TOTAL ANKLE REPLACEMENT</td>
<td>No Auth Needed</td>
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<td>01500</td>
<td>ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT; NOT OTHERWISE SPECIFIED</td>
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<td>01502</td>
<td>ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG, INCLUDING BYPASS GRAFT; EMBOLECTOMY, DIRECT OR WITH CATHETER</td>
<td>No Auth Needed</td>
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<td>01520</td>
<td>ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
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<td>01522</td>
<td>ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; VENOUS THROMBECTOMY, DIRECT OR WITH CATHETER</td>
<td>No Auth Needed</td>
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<td>01600</td>
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<tr>
<td>01610</td>
<td>ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF SHOULDER AND AXILLA</td>
<td>No Auth Needed</td>
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<tr>
<td>01620</td>
<td>ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR JOINT, ACROMIOCLAVICULAR JOINT</td>
<td>No Auth Needed</td>
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<td>01622</td>
<td>ANESTHESIA FOR DIAGNOSTIC ARTHROSCOPIC PROCEDURES OF SHOULDER JOINT</td>
<td>No Auth Needed</td>
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<td>01630</td>
<td>ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR JOINT</td>
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<td>No Auth Needed</td>
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<td>01636</td>
<td>ANESTHESIA FOR OPEN OR SURGICAL ARTHROSCOPIC PROCEDURES ON HUMERAL HEAD AND NECK, STERNOCLAVICULAR JOINT</td>
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<td>ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; NOT OTHERWISE SPECIFIED</td>
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<td>01652</td>
<td>ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-BRACHIAL ANEURYSM</td>
<td>No Auth Needed</td>
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<td>ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; BYPASS GRAFT</td>
<td>No Auth Needed</td>
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<td>01656</td>
<td>ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA; AXILLARY-FEMORAL BYPASS GRAFT</td>
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<td>01670</td>
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<td>No Auth Needed</td>
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<td>01680</td>
<td>ANESTHESIA FOR SHOULDER CAST APPLICATION, REMOVAL OR REPAIR; NOT OTHERWISE SPECIFIED</td>
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<tr>
<td>01700</td>
<td>Anesthesia for cast removal or repair</td>
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<td>01710</td>
<td>Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow</td>
<td>No Auth Needed</td>
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<tr>
<td>01712</td>
<td>Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenotomy</td>
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<tr>
<td>01714</td>
<td>Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenoplasty</td>
<td>No Auth Needed</td>
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<td>01716</td>
<td>Anesthesia for procedures on nerves, muscles, tendons, fascia, and bursae of upper arm and elbow; tenodesis</td>
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<tr>
<td>01730</td>
<td>Anesthesia for all closed procedures on humerus and elbow</td>
<td>No Auth Needed</td>
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<tr>
<td>01732</td>
<td>Anesthesia for diagnostic arthroscopic procedures of elbow joint</td>
<td>No Auth Needed</td>
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<tr>
<td>01740</td>
<td>Anesthesia for open or surgical arthroscopic procedures of the elbow; not otherwise specified</td>
<td>No Auth Needed</td>
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<td>01742</td>
<td>Anesthesia for open or surgical arthroscopic procedures of the elbow; osteotomy of humerus</td>
<td>No Auth Needed</td>
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<td>01744</td>
<td>Anesthesia for open or surgical arthroscopic procedures of the elbow; repair of nonunion or malunion</td>
<td>No Auth Needed</td>
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<td>01756</td>
<td>Anesthesia for open or surgical arthroscopic procedures of the elbow; radical procedures</td>
<td>No Auth Needed</td>
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<td>01758</td>
<td>Anesthesia for open or surgical arthroscopic procedures of the elbow; excision of cyst or tumor of humerus</td>
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<td>01760</td>
<td>Anesthesia for open or surgical arthroscopic procedures of the elbow; total elbow replacement</td>
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<td>Code</td>
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<td>ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW; NOT OTHERWISE SPECIFIED</td>
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<td>01772</td>
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<td>01810</td>
<td>ANESTHESIA FOR ALL PROCEDURES ON NERVES, MUSCLES, TENDONS, FASCIA, AND BURSAE OF FOREARM, WRIST, AND HAND</td>
<td>No Auth Needed</td>
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<td>01820</td>
<td>ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS, ULNA, WRIST, OR HAND BONES</td>
<td>No Auth Needed</td>
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<td>01830</td>
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<td>ANESTHESIA FOR VASCULAR SHUNT, OR SHUNT REVISION, ANY TYPE (EG, DIALYSIS)</td>
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<td>01850</td>
<td>ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; NOT OTHERWISE SPECIFIED</td>
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<td>ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM, WRIST, AND HAND; PHLEBORRHAPHY</td>
<td>No Auth Needed</td>
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<td>01860</td>
<td>ANESTHESIA FOR FOREARM, WRIST, OR HAND CAST APPLICATION, REMOVAL, OR REPAIR</td>
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<td>01900</td>
<td>ANES FOREARM, WRIST OR HAND</td>
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<td>01918</td>
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<td>01920</td>
<td>ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY ANGIOGRAPHY AND VENTRICULOGRAPHY</td>
<td>No Auth Needed</td>
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<td>01921</td>
<td>ANES CARDIAC CATH COR ANGIO</td>
<td>Auth Required</td>
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<td>01922</td>
<td>ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY</td>
<td>No Auth Needed</td>
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<td>01924</td>
<td>ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THE ARTERIAL SYSTEM; NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
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<td>01925</td>
<td>ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THE ARTERIAL SYSTEM; CAROTID OR CORONARY</td>
<td>No Auth Needed</td>
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<td>01926</td>
<td>ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THE ARTERIAL SYSTEM; INTRACRANIAL, INTRACARDIA</td>
<td>No Auth Needed</td>
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<td>01930</td>
<td>ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THE VENOUS/LYMPHATIC SYSTEM</td>
<td>No Auth Needed</td>
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<td>01932</td>
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<td>01933</td>
<td>ANESTHESIA FOR THERAPEUTIC INTERVENTIONAL RADIOLOGICAL PROCEDURES INVOLVING THE VENOUS/LYMPHATIC SYSTEM</td>
<td>No Auth Needed</td>
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<td>01935</td>
<td>ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD; DIAGNOSTIC</td>
<td>No Auth Needed</td>
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<td>01936</td>
<td>ANESTHESIA FOR PERCUTANEOUS IMAGE GUIDED PROCEDURES ON THE SPINE AND SPINAL CORD; THERAPEUTIC</td>
<td>No Auth Needed</td>
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<tr>
<td>01951</td>
<td>ANESTHESIA FOR SECOND- AND THIRD-DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR WITHOUT SKIN GRAFTING, ANY SITE</td>
<td>No Auth Needed</td>
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<tr>
<td>01952</td>
<td>ANESTHESIA FOR SECOND- AND THIRD-DEGREE BURN EXCISION OR DEBRIDEMENT WITH OR WITHOUT SKIN GRAFTING, ANY SITE</td>
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<td>No Auth Needed</td>
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<td>ANESTHESIA FOR EXTERNAL CEPHALIC VERSION PROCEDURE</td>
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<td>01960</td>
<td>ANESTHESIA FOR VAGINAL DELIVERY ONLY</td>
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<td>ANESTHESIA FOR CESAREAN DELIVERY ONLY</td>
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<td>01962</td>
<td>ANESTHESIA FOR URGENT HYSTERECTOMY FOLLOWING DELIVERY</td>
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<tr>
<td>01963</td>
<td>ANESTHESIA FOR CESAREAN HYSTERECTOMY WITHOUT ANY LABOR ANALGESIA/ANESTHESIA CARE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>01964</td>
<td>ANEST FOR ABORTION PROCES</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>01965</td>
<td>ANESTHESIA FOR INCOMPLETE OR MISSED ABORTION PROCEDURES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>01966</td>
<td>ANESTHESIA FOR INDUCED ABORTION PROCEDURES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>01967</td>
<td>NEURAXIAL LABOR ANALGESIA/ANESTHESIA FOR PLANNED VAGINAL DELIVERY (THIS INCLUDES ANY REPEAT SUBARACHNOID NEEDLE PLACEMENT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>01968</td>
<td>ANESTHESIA FOR CESAREAN DELIVERY FOLLOWING NEURAXIAL LABOR ANALGESIA/ANESTHESIA (LIST SEPARATELY IN ADDITION TO CODE FOR P)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Approval Required</td>
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<tr>
<td>01969</td>
<td>ANESTHESIA FOR CESAREAN Hysterectomy Following Neuraxial Labor Analgesia/Anesthesia</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>01990</td>
<td>Physiological Support for Harvesting of Organ(s) from Brain-Dead Patient</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>01991</td>
<td>Anesthesia for Diagnostic or Therapeutic Nerve Blocks and Injections (When Block or Injection Is Performed by a Different)</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>01992</td>
<td>Anesthesia for Diagnostic or Therapeutic Nerve Blocks and Injections (When Block or Injection Is Performed by a Different)</td>
<td>Auth Required</td>
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<tr>
<td>01995</td>
<td>Regional Intravenous Adminis</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>01996</td>
<td>Daily Hospital Management of Epidural or Subarachnoid Continuous Drug Administration</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>01999</td>
<td>Unlisted Anesthesia Procedure(s)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>10004</td>
<td>Fine Needle Aspiration Biopsy, Without Imaging Guidance; Each Additional Lesion</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10005</td>
<td>Fine Needle Aspiration Biopsy, Including Ultrasound Guidance; First Lesion</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10006</td>
<td>Fine Needle Aspiration Biopsy, Including Ultrasound Guidance; Each Additional Lesion</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10007</td>
<td>Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; First Lesion</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10008</td>
<td>Fine Needle Aspiration Biopsy, Including Fluoroscopic Guidance; Each Additional Lesion</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10009</td>
<td>Fine Needle Aspiration Biopsy, Including CT Guidance; First Lesion</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>10010</td>
<td>FINE NEEDLE ASPIRATION BIOPSY, INCLUDING CT GUIDANCE; EACH ADDITIONAL LESION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>10011</td>
<td>FINE NEEDLE ASPIRATION BIOPSY, INCLUDING MR GUIDANCE; FIRST LESION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10012</td>
<td>FINE NEEDLE ASPIRATION BIOPSY, INCLUDING MR GUIDANCE; EACH ADDITIONAL LESION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10021</td>
<td>FINE NEEDLE ASPIRATION BIOPSY, WITHOUT IMAGING GUIDANCE; FIRST LESION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10030</td>
<td>IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROMA, LYMPHOCELE, CYST), SOFT TISSUE (EG, EXREMITY,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10035</td>
<td>PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS),</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10036</td>
<td>PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE(S) (EG, CLIP, METALLIC PELLET, WIRE/NEEDLE, RADIOACTIVE SEEDS),</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10040</td>
<td>ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS, PUSTULES)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10060</td>
<td>INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10061</td>
<td>INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNC</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>10080</td>
<td>INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10081</td>
<td>INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10120</td>
<td>INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE</td>
<td>No Auth Needed</td>
<td></td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>10121</td>
<td>INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10140</td>
<td>INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10160</td>
<td>PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>10180</td>
<td>INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11000</td>
<td>DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11001</td>
<td>DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE BODY SURFACE (LIST SEPARATELY IN ADDITION)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11004</td>
<td>DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION; EXTERNAL GENITALIA AND</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11005</td>
<td>DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION; ABDOMINAL WALL, WITH OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11006</td>
<td>DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING SOFT TISSUE INFECTION; EXTERNAL GENITALIA, PER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11008</td>
<td>REMOVAL OF PROSTHETIC MATERIAL OR MESH, ABDOMINAL WALL FOR INFECTION (EG, FOR CHRONIC OR RECURRENT MESH INFECTION)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11010</td>
<td>DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN AND SUBCUTA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11011</td>
<td>DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN, SUBCUTANEO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11012</td>
<td>DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN, SUBCUTANEO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>11040</td>
<td>DEBRIDE SKIN PARTIAL</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>11042</td>
<td>DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11043</td>
<td>DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11044</td>
<td>DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11045</td>
<td>DEBRIDEMENT, SUBCUTANEOUS TISSUE(INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED) EACH ADDITIONAL 20 SQ CM, OR PART THEREOF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11046</td>
<td>DEBRIDEMENT, MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS, DERMIS, AND SUBCUTANEOUS TISSUE, IF PERFORMED)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11047</td>
<td>DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR FASCIA, IF PERFORMED)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11055</td>
<td>PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE LESION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11056</td>
<td>PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); 2 TO 4 LESIONS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11057</td>
<td>PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE THAN 4 LESIONS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11102</td>
<td>TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); SINGLE LESION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11103</td>
<td>TANGENTIAL BIOPSY OF SKIN (EG, SHAVE, SCOOP, SAUCERIZE, CURETTE); EACH SEPARATE/ADDITIONAL LESION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11104</td>
<td>PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); SINGLE LESION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>11105</td>
<td>PUNCH BIOPSY OF SKIN (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); EACH SEPARATE/ADDITIONAL LESION</td>
<td>No Auth Needed</td>
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<tr>
<td>11106</td>
<td>INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); SINGLE LESION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11107</td>
<td>INCISIONAL BIOPSY OF SKIN (EG, WEDGE) (INCLUDING SIMPLE CLOSURE, WHEN PERFORMED); EACH SEPARATE/ADDITIONAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11200</td>
<td>REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11201</td>
<td>REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL 10 LESIONS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11300</td>
<td>SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11301</td>
<td>SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11302</td>
<td>SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11303</td>
<td>SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 2.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11305</td>
<td>SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11306</td>
<td>SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11307</td>
<td>SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11308</td>
<td>SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 2.0 CM</td>
<td>No Auth Needed</td>
<td></td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>11310</td>
<td>SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11311</td>
<td>SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11312</td>
<td>SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1.</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11313</td>
<td>SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0.</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11400</td>
<td>EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11401</td>
<td>EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11402</td>
<td>EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11403</td>
<td>EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11404</td>
<td>EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11406</td>
<td>EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; EXCISED DIAMETER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11420</td>
<td>EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA;</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>11421</td>
<td>EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11422</td>
<td>EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA;</td>
<td>No Auth Needed</td>
<td></td>
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<td>Code</td>
<td>Description</td>
<td>Authorization</td>
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<tr>
<td>11423</td>
<td>EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11424</td>
<td>EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA;</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>11426</td>
<td>EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11440</td>
<td>EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIP</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11441</td>
<td>EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIP</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11442</td>
<td>EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIP</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>11443</td>
<td>EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIP</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11444</td>
<td>EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIP</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11446</td>
<td>EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIP</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11450</td>
<td>EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE REPAIR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11451</td>
<td>EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH COMPLEX REPAIR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11462</td>
<td>EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11463</td>
<td>EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>11470</td>
<td>EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH SIMPLE OR INTERMEDIATE REPAIR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11471</td>
<td>EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH COMPLEX REPAIR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11600</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 0.5 CM OR LESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11601</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 0.6 TO 1.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11602</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 1.1 TO 2.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11603</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 2.1 TO 3.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11604</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED DIAMETER 3.1 TO 4.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11606</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER OVER 4.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11620</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.5 CM OR LESS</td>
<td>No Auth Needed</td>
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<tr>
<td>11621</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 0.6 TO 1.0 CM</td>
<td>No Auth Needed</td>
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<tr>
<td>11622</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 1.1 TO 2.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11623</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 2.1 TO 3.0 CM</td>
<td>No Auth Needed</td>
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<tr>
<td>11624</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER 3.1 TO 4.0 CM</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>11626</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET, GENITALIA; EXCISED DIAMETER OVER 4.0 CM</td>
<td>No Auth Needed</td>
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<tr>
<td>11640</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 0.5 CM OR LESS</td>
<td>No Auth Needed</td>
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<tr>
<td>11641</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 0.6 TO 1.0 CM</td>
<td>No Auth Needed</td>
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<tr>
<td>11642</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 1.1 TO 2.0 CM</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>11643</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 2.1 TO 3.0 CM</td>
<td>No Auth Needed</td>
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<tr>
<td>11644</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER 3.1 TO 4.0 CM</td>
<td>No Auth Needed</td>
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<tr>
<td>11646</td>
<td>EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS; EXCISED DIAMETER OVER 4.0 CM</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>11719</td>
<td>TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11720</td>
<td>DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11721</td>
<td>DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11730</td>
<td>AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11732</td>
<td>AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE (LIST SEPARATELY IN ADDITION TO CODE FOR PER EACH ADDITIONAL NAIL PLATE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11740</td>
<td>EVACUATION OF SUBUNGUAL HEMATOMA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>11750</td>
<td>EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE (EG, INGROWN OR DEFORMED NAIL), FOR PERMANENT REMOVAL;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11755</td>
<td>BIOPSY OF NAIL UNIT (EG, PLATE, BED, MATRIX, HYPONYCHIUM, PROXIMAL AND LATERAL NAIL FOLDS) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>11760</td>
<td>REPAIR OF NAIL BED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11762</td>
<td>RECONSTRUCTION OF NAIL BED WITH GRAFT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>11765</td>
<td>WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11770</td>
<td>EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11771</td>
<td>EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11772</td>
<td>EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11900</td>
<td>INJECTION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11901</td>
<td>INJECTION, INTRALESIONAL; MORE THAN 7 LESIONS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11920</td>
<td>TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11921</td>
<td>TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11922</td>
<td>TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>11950</td>
<td>SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 1 CC OR LESS</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>11951</td>
<td>SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 1.1 TO 5.0 CC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11952</td>
<td>SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 5.1 TO 10.0 CC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11954</td>
<td>SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); OVER 10.0 CC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11960</td>
<td>INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>11970</td>
<td>REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>11971</td>
<td>REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>11976</td>
<td>REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11980</td>
<td>SUBCUTANEOUS HORMONE PELLET IMPLANTATION (IMPLANTATION OF ESTRADIOL AND/OR TESTOSTERONE PELLETS BENEATH THE)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>11981</td>
<td>INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11982</td>
<td>REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>11983</td>
<td>REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>12001</td>
<td>SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>12002</td>
<td>SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>12004</td>
<td>SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>12005</td>
<td>SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12006</td>
<td>SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12007</td>
<td>SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12011</td>
<td>SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12013</td>
<td>SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12014</td>
<td>SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12015</td>
<td>SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12016</td>
<td>SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12017</td>
<td>SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12018</td>
<td>SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12020</td>
<td>TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>12021</td>
<td>TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12031</td>
<td>LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>12032</td>
<td>LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12034</td>
<td>LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5 CM</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>12035</td>
<td>LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 CM TO 20.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12036</td>
<td>LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12037</td>
<td>LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); OVER 30.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12041</td>
<td>LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12042</td>
<td>LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12044</td>
<td>LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12045</td>
<td>LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12046</td>
<td>LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.1 CM TO 30.0 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12047</td>
<td>LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVER 30.0 CM</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>12051</td>
<td>Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12052</td>
<td>Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12053</td>
<td>Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12054</td>
<td>Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12055</td>
<td>Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12056</td>
<td>Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>12057</td>
<td>Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>13100</td>
<td>Repair, complex, trunk; 1.1 cm to 2.5 cm</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>13101</td>
<td>Repair, complex, trunk; 2.6 cm to 7.5 cm</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>13102</td>
<td>Repair, complex, trunk; each additional 5 cm or less (list separately in addition to code for primary procedure)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>13120</td>
<td>Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>13121</td>
<td>Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>13122</td>
<td>Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>13131</td>
<td>REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>13132</td>
<td>REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>13133</td>
<td>REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; EACH ADDITIONAL 5 CM OR LESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>13151</td>
<td>REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>13152</td>
<td>REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>13153</td>
<td>REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>13160</td>
<td>SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>14000</td>
<td>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>14001</td>
<td>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>14020</td>
<td>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>14021</td>
<td>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>14040</td>
<td>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>14041</td>
<td>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>14060</td>
<td>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>14061</td>
<td>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>14301</td>
<td>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>14302</td>
<td>ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>14350</td>
<td>FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15000</td>
<td>SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15001</td>
<td>SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>1502</td>
<td>SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>1503</td>
<td>SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR (INCLUDING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>1504</td>
<td>SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>1505</td>
<td>SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15040</td>
<td>HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRRAFT, 100 SQ CM OR LESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15050</td>
<td>PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCE, TIP OF DIGIT, OR OTHER MINIMAL OPEN AREA (EXCEPT ON FACE), UP TO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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</tr>
<tr>
<td>15100</td>
<td>SPLIT-THICKNESS AUTOGRRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15101</td>
<td>SPLIT-THICKNESS AUTOGRRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15110</td>
<td>EPIDERMAL AUTOGRRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15111</td>
<td>EPIDERMAL AUTOGRRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15115</td>
<td>EPIDERMAL AUTOGRRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15116</td>
<td>EPIDERMAL AUTOGRRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; EACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15120</td>
<td>SPLIT-THICKNESS AUTOGRRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15121</td>
<td>SPLIT-THICKNESS AUTOGRRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15130</td>
<td>DERMAL AUTOGRRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR 1% OF BODY AREA OF INFANTS AND CHILDREN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15131</td>
<td>DERMAL AUTOGRRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OF INFANTS AND CHILDREN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15135</td>
<td>DERMAL AUTOGRRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS; FIRST 1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15136</td>
<td>DERMAL AUTOGRRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIGITS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15150</td>
<td>TISSUE CULTURED EPIDERMAL AUTOGRRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>15151</td>
<td>TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM TO 75 SQ CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15152</td>
<td>TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL 1% OF BODY AREA OFI</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15155</td>
<td>TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTI</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15156</td>
<td>TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTI</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15157</td>
<td>TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTI</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15200</td>
<td>FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15201</td>
<td>FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15220</td>
<td>FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15221</td>
<td>FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 20 SQ CM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15240</td>
<td>FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15241</td>
<td>FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15260</td>
<td>FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM OR LESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15261</td>
<td>FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADDITIONAL 20 SQ CM</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>15271</td>
<td>APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM OR LESS WOUND</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15272</td>
<td>APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; EACH ADDITIONAL 25 SQ CM WOUND</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15273</td>
<td>APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15274</td>
<td>APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO 100 SQ CM</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15275</td>
<td>APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15276</td>
<td>APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15277</td>
<td>APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15278</td>
<td>APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15342</td>
<td>APPLICATION OF BILAMINATE SK</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15343</td>
<td>APPLICATION OF BILAMINATE SK</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>15350</td>
<td>APPLICATION OF ALLOGRAFT, SK</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15351</td>
<td>APPLICATION OF ALLOGRAFT, SK</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15570</td>
<td>FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
<td></td>
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</tr>
<tr>
<td>15572</td>
<td>FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR LEGS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15574</td>
<td>FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15576</td>
<td>FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15572</td>
<td>DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15574</td>
<td>DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR LEGS</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15576</td>
<td>DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA, HANDS,</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15572</td>
<td>DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE, EARS, OR LIPS</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15574</td>
<td>TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, WALKING TUBE), ANY LOCATION</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15572</td>
<td>MIDFACE FLAP (IE, ZYGOMATICOFACIAL FLAP) WITH PRESERVATION OF VASCULAR PEDICLE(S)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15574</td>
<td>FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE (EG, AXIAL PATTERN FLAP, PARAMEDIAN FOREHEAD FLAP)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15572</td>
<td>MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK WITH NAMED VASCULAR PEDICLE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15574</td>
<td>MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15572</td>
<td>MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>15738</td>
<td>MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15740</td>
<td>FLAP; ISLAND PEDICLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15750</td>
<td>FLAP; NEUROVASCULAR PEDICLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15756</td>
<td>FREE MUSCLE OR MYOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS</td>
<td>No Auth Needed</td>
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<tr>
<td>15757</td>
<td>FREE SKIN FLAP WITH MICROVASCULAR ANASTOMOS</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>15758</td>
<td>FREE FASCIAL FLAP WITH MICROVASCULAR ANASTOMOS</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>15760</td>
<td>GRAFT; COMPOSITE (EG, FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING PRIMARY CLOSURE, DONOR AREA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>15769</td>
<td>GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIR</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15770</td>
<td>GRAFT; DERMA-FAT-FASCIA</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>15771</td>
<td>GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQ</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15772</td>
<td>GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQ</td>
<td>Auth Required</td>
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<tr>
<td>15773</td>
<td>GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQ</td>
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<tr>
<td>15774</td>
<td>GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQ</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>15775</td>
<td>PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15776</td>
<td>PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS</td>
<td>Auth Required</td>
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<tr>
<td>15777</td>
<td>IMPLANTATION OF BIOLOGIC IMPLANT (EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (EG, BREAST, TRUNK)</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>15780</td>
<td>DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15781</td>
<td>DERMABRASION; SEGMENTAL, FACE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15782</td>
<td>DERMABRASION; REGIONAL, OTHER THAN FACE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15783</td>
<td>DERMABRASION; SUPERFICIAL, ANY SITE (EG, TATTOO REMOVAL)</td>
<td>Auth Required</td>
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<tr>
<td>15786</td>
<td>ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)</td>
<td>Auth Required</td>
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<tr>
<td>15787</td>
<td>ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS</td>
<td>Auth Required</td>
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<tr>
<td>15788</td>
<td>CHEMICAL PEEL, FACIAL; EPIDERMAL</td>
<td>Auth Required</td>
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<tr>
<td>15789</td>
<td>CHEMICAL PEEL, FACIAL; DERMAL</td>
<td>Auth Required</td>
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<tr>
<td>15792</td>
<td>CHEMICAL PEEL, NONFACIAL; EPIDERMAL</td>
<td>Auth Required</td>
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<tr>
<td>15793</td>
<td>CHEMICAL PEEL, NONFACIAL; DERMAL</td>
<td>Auth Required</td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>15810</td>
<td>SALABRASION; 20 SQ CM OR LESS</td>
<td>Auth Required</td>
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<tr>
<td>15811</td>
<td>SALABRASION; OVER 20 SQ CM</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>15819</td>
<td>CERVICOPLASTY</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15820</td>
<td>BLEPHAROPLASTY, LOWER EYELID;</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>15821</td>
<td>BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>15822</td>
<td>BLEPHAROPLASTY, UPPER EYELID;</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>15823</td>
<td>BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN Lid</td>
<td>Auth Required</td>
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<tr>
<td>15824</td>
<td>RHYTIDECTOMY; FOREHEAD</td>
<td>Auth Required</td>
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<tr>
<td>15825</td>
<td>RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, P-FLAP)</td>
<td>Auth Required</td>
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<tr>
<td>15826</td>
<td>RHYTIDECTOMY; GLABELLAR FROWN LINES</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>15828</td>
<td>RHYTIDECTOMY; CHEEK, CHIN, AND NECK</td>
<td>Auth Required</td>
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<tr>
<td>15829</td>
<td>RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP</td>
<td>Auth Required</td>
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<tr>
<td>15830</td>
<td>EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ABDOMEN, INFRAUMBILICAL PANNICULECTOMY</td>
<td>Auth Required</td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>15831</td>
<td>EXCISION, EXCESSIVE SKIN AND</td>
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<tr>
<td>15832</td>
<td>EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); THIGH</td>
<td>Auth Required</td>
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<tr>
<td>15833</td>
<td>EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); LEG</td>
<td>Auth Required</td>
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<tr>
<td>15834</td>
<td>EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); HIP</td>
<td>Auth Required</td>
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<tr>
<td>15835</td>
<td>EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); BUTTOCK</td>
<td>Auth Required</td>
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<tr>
<td>15836</td>
<td>EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); ARM</td>
<td>Auth Required</td>
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<tr>
<td>15837</td>
<td>EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); FOREARM OR HAND</td>
<td>Auth Required</td>
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<tr>
<td>15838</td>
<td>EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); SUBMENTAL FAT PAD</td>
<td>Auth Required</td>
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<tr>
<td>15839</td>
<td>EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY); OTHER AREA</td>
<td>Auth Required</td>
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<tr>
<td>15840</td>
<td>GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)</td>
<td>No Auth Needed</td>
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<tr>
<td>15841</td>
<td>GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<tr>
<td>15842</td>
<td>GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE FLAP BY MICROSURGICAL TECHNIQUE</td>
<td>No Auth Needed</td>
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<tr>
<td>15845</td>
<td>GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Requirement</td>
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<td>15847</td>
<td>EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDES LIPECTOMY), ABDOMEN (EG, ABDOMINOPLASTY) (INCLUDES UMBILICAL TR</td>
<td>Auth Required</td>
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<tr>
<td>15850</td>
<td>REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON</td>
<td>No Auth Needed</td>
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<tr>
<td>15851</td>
<td>REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON</td>
<td>No Auth Needed</td>
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<tr>
<td>15852</td>
<td>DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)</td>
<td>No Auth Needed</td>
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<tr>
<td>15860</td>
<td>INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCIN) TO TEST VASCULAR FLOW IN FLAP OR GRAFT</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>15876</td>
<td>SUCTION ASSISTED LIPECTOMY; HEAD AND NECK</td>
<td>Auth Required</td>
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<tr>
<td>15877</td>
<td>SUCTION ASSISTED LIPECTOMY; TRUNK</td>
<td>Auth Required</td>
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<tr>
<td>15878</td>
<td>SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY</td>
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<td>15879</td>
<td>SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY</td>
<td>Auth Required</td>
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<td>15920</td>
<td>EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGETOMY; WITH PRIMARY SUTURE</td>
<td>No Auth Needed</td>
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<tr>
<td>15922</td>
<td>EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGETOMY; WITH FLAP CLOSURE</td>
<td>No Auth Needed</td>
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<tr>
<td>15931</td>
<td>EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;</td>
<td>No Auth Needed</td>
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<tr>
<td>15933</td>
<td>EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>15934</td>
<td>EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;</td>
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<tr>
<td>15935</td>
<td>EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>15936</td>
<td>EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE;</td>
<td>No Auth Needed</td>
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<tr>
<td>15937</td>
<td>EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE; WITH OSTECTOMY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>15940</td>
<td>EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;</td>
<td>No Auth Needed</td>
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<tr>
<td>15941</td>
<td>EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCHIECTOMY)</td>
<td>No Auth Needed</td>
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<tr>
<td>15944</td>
<td>EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;</td>
<td>No Auth Needed</td>
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<tr>
<td>15945</td>
<td>EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>15946</td>
<td>EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>15950</td>
<td>EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;</td>
<td>No Auth Needed</td>
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<tr>
<td>15951</td>
<td>EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>15952</td>
<td>EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;</td>
<td>No Auth Needed</td>
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<tr>
<td>15953</td>
<td>EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<td>15956</td>
<td>EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE</td>
<td>No Auth Needed</td>
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<tr>
<td>15958</td>
<td>EXCISION, TROCHANTERIC PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE</td>
<td>No Auth Needed</td>
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<tr>
<td>15999</td>
<td>UNLISTED PROCEDURE, EXCISION PRESSURE ULCER</td>
<td>Auth Required</td>
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<tr>
<td>16000</td>
<td>INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>16010</td>
<td>DRESSINGS AND/OR DEBRIDEMENT</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>16015</td>
<td>DRESSINGS AND/OR DEBRIDEMENT</td>
<td>Auth Required</td>
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<tr>
<td>16020</td>
<td>DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; SMALL (LESS THAN 5% TOTAL BODY SURFACE AREA)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>16025</td>
<td>DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; MEDIUM (EG, WHOLE FACE OR WHOLE EXTREMITY)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>16030</td>
<td>DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; LARGE (EG, MORE THAN ONE EXTREMITY)</td>
<td>No Auth Needed</td>
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<tr>
<td>16035</td>
<td>ESCHAROTOMY; INITIAL INCISION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>16036</td>
<td>ESCHAROTOMY; EACH ADDITIONAL INCISION</td>
<td>No Auth Needed</td>
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<tr>
<td>17000</td>
<td>DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>17003</td>
<td>DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY, SURGICAL CURETTEMENT)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>17004</td>
<td>DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEROSURGERY, SURGICAL CURETTEMENT),</td>
<td>No Auth Needed</td>
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<tr>
<td>17106</td>
<td>DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM</td>
<td>No Auth Needed</td>
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<tr>
<td>17107</td>
<td>DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); 10.0 TO 50.0 SQ CM</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>17108</td>
<td>DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); OVER 50.0 SQ CM</td>
<td>No Auth Needed</td>
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<tr>
<td>17110</td>
<td>DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEROSURGERY, SURGICAL CURETTEMENT),</td>
<td>No Auth Needed</td>
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<tr>
<td>17111</td>
<td>DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEROSURGERY, SURGICAL CURETTEMENT),</td>
<td>No Auth Needed</td>
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<tr>
<td>17250</td>
<td>CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (IE, PROUD FLESH)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>17260</td>
<td>DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEROSURGERY, SURGICAL CURETTEMENT),</td>
<td>No Auth Needed</td>
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<tr>
<td>17261</td>
<td>DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEROSURGERY, SURGICAL CURETTEMENT),</td>
<td>No Auth Needed</td>
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<tr>
<td>17262</td>
<td>DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEROSURGERY, SURGICAL CURETTEMENT),</td>
<td>No Auth Needed</td>
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<tr>
<td>17263</td>
<td>DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEROSURGERY, SURGICAL CURETTEMENT),</td>
<td>No Auth Needed</td>
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<tr>
<td>17264</td>
<td>DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEROSURGERY, SURGICAL CURETTEMENT),</td>
<td>No Auth Needed</td>
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<tr>
<td>17266</td>
<td>DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEROSURGERY, SURGICAL CURETTEMENT),</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<td>PREPARATION OF TUMOR CAVITY, WITH PLACEMENT OF A RADIATION THERAPY APPLICATOR FOR INTRAOPERATIVE RADIATION</td>
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<td>19296</td>
<td>PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR INTERSTITIAL RADIOELEMENT APPLICATION</td>
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<td>PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE AND BUTTON TYPE) INTO THE BREAST FOR</td>
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<td>IMMEDIATE INSERTION OF BREAST PROsthesis FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION</td>
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<td>DELAYED INSERTION OF BREAST PROsthesis FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION</td>
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<td>CORRECTION OF INVERTED NIPPLES</td>
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<td>BREAST RECONSTRUCTION WITH LATISSIMUS DORSI FLAP, WITHOUT PROSTHETIC IMPLANT</td>
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<td>BREAST RECONSTRUCTION WITH OTHER TECHNIQUE</td>
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<td>INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE(S)</td>
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<td>NEEDLE INSERTION(S) WITHOUT INJECTION(S); 1 OR 2 MUSCLE(S)</td>
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<td>EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK</td>
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<td>20670</td>
<td>REMOVAL OF IMPLANT; SUPERFICIAL (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)</td>
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<tr>
<td>20680</td>
<td>REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)</td>
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<td>20690</td>
<td>APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM</td>
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<td>20692</td>
<td>APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG, ILIZAROV,</td>
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<td>20693</td>
<td>ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG, NEW PIN(S) OR WIRE(S) AND/OR NEW RING(S) OR</td>
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<td>20694</td>
<td>REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM</td>
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<td>MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S)</td>
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<td>REMOVAL OF DRUG-DELIVERY DEVICE(S), DEEP (EG, SUBFASCIAL)</td>
<td>No Auth Needed</td>
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<td>REMOVAL OF DRUG-DELIVERY DEVICE(S), INTRAMEDULLARY (LIST S)</td>
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<td>REMOVAL OF DRUG-DELIVERY DEVICE(S), INTRA-ARTICULAR (LIST S)</td>
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<td>20900</td>
<td>BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)</td>
<td>No Auth Needed</td>
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<td>20902</td>
<td>BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE</td>
<td>No Auth Needed</td>
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<tr>
<td>20910</td>
<td>CARTILAGE GRAFT; COSTOCHONDRAL</td>
<td>No Auth Needed</td>
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<td>20912</td>
<td>CARTILAGE GRAFT; NASAL SEPTUM</td>
<td>No Auth Needed</td>
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<td>20920</td>
<td>FASCIA LATA GRAFT; BY STRIPPER</td>
<td>No Auth Needed</td>
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<td>20922</td>
<td>FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET</td>
<td>No Auth Needed</td>
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<td>20924</td>
<td>TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)</td>
<td>No Auth Needed</td>
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<td>20926</td>
<td>TISSUE GRAFTS, OTHER (EG, PARATENON, FAT, DERMIS)</td>
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<td>Code</td>
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<td>20930</td>
<td>ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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<td>20931</td>
<td>ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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<td>20936</td>
<td>AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL (EG, RIBS, SPINOUS PROCESS, OR LAMINAR FRAGMENTS)</td>
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<td>20937</td>
<td>AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION)</td>
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<td>20938</td>
<td>AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); STRUCTURAL, BICORTICAL OR TRICORTICAL</td>
<td>No Auth Needed</td>
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<td>20939</td>
<td>BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION</td>
<td>No Auth Needed</td>
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<td>EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK</td>
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<td>20955</td>
<td>BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA</td>
<td>No Auth Needed</td>
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<td>20956</td>
<td>BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST</td>
<td>No Auth Needed</td>
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<td>20957</td>
<td>BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL</td>
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<td>Code</td>
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<td>20962</td>
<td>BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST, OR METATARSAL</td>
<td>No Auth Needed</td>
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<tr>
<td>20969</td>
<td>FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC CREST, METATARSAL, OR GREAT TOE</td>
<td>No Auth Needed</td>
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<td>20970</td>
<td>FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST</td>
<td>No Auth Needed</td>
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<td>20972</td>
<td>FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL</td>
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<td>20973</td>
<td>FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB SPACE</td>
<td>No Auth Needed</td>
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<td>20974</td>
<td>ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)</td>
<td>No Auth Needed</td>
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<td>20975</td>
<td>ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)</td>
<td>No Auth Needed</td>
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<td>20979</td>
<td>LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERATIVE)</td>
<td>No Auth Needed</td>
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<td>20982</td>
<td>ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE TUMORS (EG, METASTASIS) INCLUDING ADJACENT SOFT TISSUE</td>
<td>No Auth Needed</td>
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<td>20983</td>
<td>ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE TUMORS (EG, METASTASIS) INCLUDING ADJACENT SOFT TISSUE</td>
<td>No Auth Needed</td>
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<td>20985</td>
<td>COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES; IMAGE-LESS</td>
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<td>20999</td>
<td>UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL</td>
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<td>21010</td>
<td>ARTHROTOMY, TEMPOROMANDIBULAR JOINT</td>
<td>Auth Required</td>
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<tr>
<td>21011</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM</td>
<td>Auth Required</td>
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<tr>
<td>21012</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER</td>
<td>Auth Required</td>
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<tr>
<td>21013</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); LESS THAN 2 CM</td>
<td>Auth Required</td>
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<td>21014</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER</td>
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<td>21015</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP</td>
<td>No Auth Needed</td>
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<tr>
<td>21016</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP; 2 CM OR GREATER</td>
<td>No Auth Needed</td>
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<td>21025</td>
<td>EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE</td>
<td>No Auth Needed</td>
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<td>21026</td>
<td>EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)</td>
<td>No Auth Needed</td>
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<td>21029</td>
<td>REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSLASIA)</td>
<td>No Auth Needed</td>
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<tr>
<td>21030</td>
<td>EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA OR ZYGOMA BY ENUCLEATION AND CURETTAGE</td>
<td>No Auth Needed</td>
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<tr>
<td>21031</td>
<td>EXCISION OF TORUS MANDIBULARIS</td>
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<td>21032</td>
<td>EXCISION OF MAXILLARY TORUS PALATINUS</td>
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<td>21034</td>
<td>EXCISION OF MALIGNANT TUMOR OF MAXILLA OR ZYGOMA</td>
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<td>Code</td>
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<td>EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE, BY ENUCLEATION AND/OR CURETTAGE</td>
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<td>21041</td>
<td>EXCISION OF BENIGN CYST OR T</td>
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<td>21044</td>
<td>EXCISION OF MALIGNANT TUMOR OF MANDIBLE;</td>
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<td>21045</td>
<td>EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION</td>
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<td>21046</td>
<td>EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY AGGRESSIVE OR DESTRUCTIVE LESION)</td>
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<td>EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY</td>
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<td>EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY AGGRESSIVE OR DESTRUCTIVE)</td>
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<td>EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MAXILLECTOMY (EG, LOCALLY)</td>
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<td>CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)</td>
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<td>MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)</td>
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<td>21070</td>
<td>CORONOIDECTOMY (SEPARATE PROCEDURE)</td>
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<td>21073</td>
<td>MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE (IE, GENERAL OR</td>
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<td>21076</td>
<td>IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS</td>
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<td>IMPRESSION AND CUSTOM PREPARATION; ORBITAL PROSTHESIS</td>
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<td>IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS</td>
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<td>IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS</td>
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<td>IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS</td>
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<td>IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS</td>
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<td>IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS</td>
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<td>IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT</td>
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<td>IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS</td>
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<td>UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE</td>
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<td>21100</td>
<td>APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL (SEPARATE PROCEDURE)</td>
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<td>21110</td>
<td>APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL</td>
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<td>INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY</td>
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<td>21120</td>
<td>GENIOPLASTY; AUGMENTATION (AUTOGRAPH, ALLOGRAFT, PROSTHETIC MATERIAL)</td>
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<td>GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE</td>
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<td>21122</td>
<td>GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMMETRICAL)</td>
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<td>GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRRAFTS)</td>
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<td>AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL</td>
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<td>AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRRAFT)</td>
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<td>21137</td>
<td>REDUCTION FOREHEAD; CONTOURING ONLY</td>
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<td>21138</td>
<td>REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGRRAFT)</td>
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<td>21139</td>
<td>REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL</td>
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<td>21141</td>
<td>RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION (EG, FOR LONG FACE SYNDROME), WITHOUT BO</td>
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<td>RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT</td>
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<td>RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT</td>
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<td>RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING)</td>
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<td>RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING)</td>
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<td>RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYNDROME)</td>
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<td>RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRRAFTS)</td>
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<td>RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRRAFTS);</td>
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<td>RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRRAFTS);</td>
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<td>RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING</td>
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<td>RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRING</td>
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<td>RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRAFTS</td>
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<td>RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION</td>
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<td>RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR PROSTHETIC MATERIAL)</td>
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<td>RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL</td>
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<td>RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL</td>
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<td>RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA- AND EXTRACRANIAL</td>
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<td>RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAPHS)</td>
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<td>RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY; WITHOUT BONE GRAFT</td>
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<td>RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL, C, OR L OSTEOTOMY; WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)</td>
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<td>RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION</td>
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<td>OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)</td>
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<td>GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)</td>
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<td>GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)</td>
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<td>GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)</td>
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<td>GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)</td>
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<td>ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT</td>
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<td>RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE</td>
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<td>RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAGTS (INCLUDES OBTAINING GRAFTS) (EG, FOR</td>
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<td>RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL</td>
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<td>RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRRAFTS)</td>
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<td>RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRRAFTS)</td>
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<td>PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH</td>
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<td>PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH</td>
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<td>PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT</td>
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<td>ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH</td>
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<td>ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL</td>
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<td>MALAR AUGMENTATION, PROSTHETIC MATERIAL</td>
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<td>SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION</td>
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<td>MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)</td>
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<td>21282</td>
<td>LATERAL CANTHOPEXY</td>
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<td>REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH</td>
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<td>CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION</td>
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<td>CLOSED TREATMENT OF NASAL BONE FRACTURE; WITH STABILIZATION</td>
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<td>OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED</td>
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<td>OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL SKELETAL FIXATION</td>
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<td>21335</td>
<td>OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>21336</td>
<td>OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION</td>
<td>No Auth Needed</td>
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<tr>
<td>21337</td>
<td>CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION</td>
<td>No Auth Needed</td>
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<tr>
<td>21338</td>
<td>OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>21339</td>
<td>OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>21340</td>
<td>PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION, INCLUDING REPAIR OF</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>21343</td>
<td>OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>21344</td>
<td>OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL) FRONTAL SINUS FRACTURE, VIA CORONAL OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>21345</td>
<td>CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>21346</td>
<td>OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>21347</td>
<td>OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRING MULTIPLE OPEN APPROACHES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>21348</td>
<td>OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>21355</td>
<td>PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>21356</td>
<td>OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLIES APPROACH)</td>
<td>No Auth Needed</td>
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<tr>
<td>21360</td>
<td>OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD</td>
<td>No Auth Needed</td>
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<tr>
<td>21365</td>
<td>OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA,</td>
<td>No Auth Needed</td>
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<td>21366</td>
<td>OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA,</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<tr>
<td>21385</td>
<td>OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; TRANSACTRAL APPROACH (CALDWELL-LUC TYPE OPERATION)</td>
<td>No Auth Needed</td>
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<tr>
<td>21386</td>
<td>OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH</td>
<td>No Auth Needed</td>
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<td>21387</td>
<td>OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; COMBINED APPROACH</td>
<td>No Auth Needed</td>
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<tr>
<td>21390</td>
<td>OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT</td>
<td>No Auth Needed</td>
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<tr>
<td>21395</td>
<td>OPEN TREATMENT OF ORBITAL FLOOR BLOWOUT FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<tr>
<td>21400</td>
<td>CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>21401</td>
<td>CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>21406</td>
<td>OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITHOUT IMPLANT</td>
<td>No Auth Needed</td>
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<tr>
<td>21407</td>
<td>OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH IMPLANT</td>
<td>No Auth Needed</td>
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<tr>
<td>21408</td>
<td>OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT BLOWOUT; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<tr>
<td>21421</td>
<td>CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION OF DENTURE</td>
<td>No Auth Needed</td>
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<tr>
<td>21422</td>
<td>OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);</td>
<td>No Auth Needed</td>
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<tr>
<td>21423</td>
<td>OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPPLICATED</td>
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<tr>
<td></td>
<td>(COMMINUTED OR INVOLVING CRANIAL NERVE)</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>21431</td>
<td>CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR</td>
<td>No Auth Needed</td>
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<tr>
<td>21432</td>
<td>OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AND/OR INTERNAL FIXATION</td>
<td>No Auth Needed</td>
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<tr>
<td>21433</td>
<td>OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL</td>
<td>No Auth Needed</td>
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<td>21435</td>
<td>OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, UTILIZING INTERNAL AND/OR EXTERNAL FIXATION</td>
<td>No Auth Needed</td>
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<td>21436</td>
<td>OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, MULTIPLE SURGICAL APPROACHES, INTERNAL</td>
<td>No Auth Needed</td>
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<tr>
<td>21440</td>
<td>CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>21445</td>
<td>OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>21450</td>
<td>CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>21451</td>
<td>CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>21452</td>
<td>PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION</td>
<td>No Auth Needed</td>
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<td>21453</td>
<td>CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION</td>
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<td>21454</td>
<td>OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION</td>
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<tr>
<td>21461</td>
<td>OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION</td>
<td>No Auth Needed</td>
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<td>21462</td>
<td>OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION</td>
<td>No Auth Needed</td>
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<tr>
<td>21465</td>
<td>OPEN TREATMENT OF MANDIBULAR CONDYLR FRACTURE</td>
<td>No Auth Needed</td>
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<tr>
<td>21470</td>
<td>OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHES INCLUDING INTERNAL FIXATION</td>
<td>No Auth Needed</td>
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<tr>
<td>21480</td>
<td>CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; INITIAL OR SUBSEQUENT</td>
<td>No Auth Needed</td>
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<tr>
<td>21485</td>
<td>CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION; COMPLICATED (EG, RECURRENT REQUIRING INTERMAXILLARY FIXATION OR</td>
<td>No Auth Needed</td>
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<tr>
<td>21490</td>
<td>OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION</td>
<td>No Auth Needed</td>
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<tr>
<td>21493</td>
<td>CLOSED TREATMENT OF HYOID FR</td>
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<td>21494</td>
<td>TREATMENT OF CLOSED OR OPEN</td>
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<td>21497</td>
<td>INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE</td>
<td>No Auth Needed</td>
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<tr>
<td>21499</td>
<td>UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD</td>
<td>Auth Required</td>
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<tr>
<td>21501</td>
<td>INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;</td>
<td>No Auth Needed</td>
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<tr>
<td>21502</td>
<td>INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; WITH PARTIAL RIB OSTECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>21510</td>
<td>INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), THORAX</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>21550</td>
<td>BIOPSY, SOFT TISSUE OF NECK OR THORAX</td>
<td>No Auth</td>
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<tr>
<td>21552</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; 3 CM OR GREATER</td>
<td>No Auth</td>
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<tr>
<td>21554</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (Eg, INTRAMUSCULAR); 5 CM OR GREATER</td>
<td>No Auth</td>
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<tr>
<td>21555</td>
<td>EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; SUBCUTANEOUS</td>
<td>No Auth</td>
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<td>21556</td>
<td>EXCISION TUMOR, SOFT TISSUE OF NECK OR THORAX; DEEP, SUBFASCIAL, INTRAMUSCULAR</td>
<td>No Auth</td>
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<tr>
<td>21557</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR THORAX</td>
<td>No Auth</td>
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<td>21558</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR ANTERIOR THORAX; 5 CM OR GREATER</td>
<td>No Auth</td>
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<tr>
<td>21600</td>
<td>EXCISION OF RIB, PARTIAL</td>
<td>No Auth</td>
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<tr>
<td>21601</td>
<td>EXCISION OF CHEST WALL TUMOR INCLUDING RIB(S)</td>
<td>No Auth</td>
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<tr>
<td>21602</td>
<td>EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S), WITH PLASTIC</td>
<td>No Auth</td>
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<tr>
<td>21603</td>
<td>EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S), WITH PLASTIC</td>
<td>No Auth</td>
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<tr>
<td>21610</td>
<td>COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)</td>
<td>No Auth</td>
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<tr>
<td>21615</td>
<td>EXCISION FIRST AND/OR CERVICAL RIB;</td>
<td>No Auth</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>21616</td>
<td>EXCISION FIRST AND/OR CERVICAL RIB; WITH SYMPATHECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>21620</td>
<td>OSTECTOMY OF STERNUM, PARTIAL</td>
<td>No Auth Needed</td>
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<tr>
<td>21627</td>
<td>STERNAL DEBRIDEMENT</td>
<td>No Auth Needed</td>
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<tr>
<td>21630</td>
<td>RADICAL RESECTION OF STERNUM;</td>
<td>No Auth Needed</td>
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<tr>
<td>21632</td>
<td>RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>21685</td>
<td>HYOID MYOTOMY AND SUSPENSION</td>
<td>No Auth Needed</td>
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<tr>
<td>21700</td>
<td>DIVISION OF SCALenus ANTICUS; WITHOUT RESECTION OF CERVICAL RIB</td>
<td>No Auth Needed</td>
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<tr>
<td>21705</td>
<td>DIVISION OF SCALenus ANTICUS; WITH RESECTION OF CERVICAL RIB</td>
<td>No Auth Needed</td>
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<tr>
<td>21720</td>
<td>DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST APPLICATION</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>21725</td>
<td>DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>21740</td>
<td>RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; OPEN</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>21742</td>
<td>RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITHOUT</td>
<td>No Auth Needed</td>
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<tr>
<td>21743</td>
<td>RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITH</td>
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<td>Code</td>
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<tr>
<td>21750</td>
<td>CLOSURE OF MEDIAN STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>21811</td>
<td>OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED, UNILATERAL;</td>
<td>No Auth Needed</td>
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<tr>
<td>21812</td>
<td>OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED, UNILATERAL;</td>
<td>No Auth Needed</td>
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<td>21813</td>
<td>OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED, UNILATERAL;</td>
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<tr>
<td>21820</td>
<td>CLOSED TREATMENT OF STERNUM FRACTURE</td>
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<tr>
<td>21825</td>
<td>OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION</td>
<td>No Auth Needed</td>
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<tr>
<td>21899</td>
<td>UNLISTED PROCEDURE, NECK OR THORAX</td>
<td>Auth Required</td>
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<tr>
<td>21920</td>
<td>BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL</td>
<td>No Auth Needed</td>
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<tr>
<td>21925</td>
<td>BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP</td>
<td>No Auth Needed</td>
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<tr>
<td>21930</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK</td>
<td>No Auth Needed</td>
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<tr>
<td>21931</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER</td>
<td>No Auth Needed</td>
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<tr>
<td>21932</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM</td>
<td>No Auth Needed</td>
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<td>21933</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>21935</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK</td>
<td>No Auth Needed</td>
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<tr>
<td>21936</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK; 5 CM OR GREATER</td>
<td>No Auth Needed</td>
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<tr>
<td>22010</td>
<td>INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; CERVICAL, THORACIC, OR CERVICOTHORACIC</td>
<td>No Auth Needed</td>
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<tr>
<td>22015</td>
<td>INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; LUMBAR, SACRAL, OR LUMBOSACRAL</td>
<td>No Auth Needed</td>
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<tr>
<td>22010</td>
<td>PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY Lesion, SINGLE</td>
<td>No Auth Needed</td>
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<tr>
<td>22101</td>
<td>PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY Lesion, SINGLE</td>
<td>No Auth Needed</td>
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<tr>
<td>22102</td>
<td>PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY Lesion, SINGLE</td>
<td>No Auth Needed</td>
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<tr>
<td>22103</td>
<td>PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT (EG, SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY Lesion, SINGLE</td>
<td>No Auth Needed</td>
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<tr>
<td>22104</td>
<td>PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE</td>
<td>No Auth Needed</td>
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<tr>
<td>22105</td>
<td>PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE</td>
<td>No Auth Needed</td>
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<tr>
<td>22106</td>
<td>PARTIAL EXCISION OF VERTEBRAL BODY, FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE</td>
<td>No Auth Needed</td>
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<tr>
<td>22206</td>
<td>OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>22207</td>
<td>OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/)</td>
<td>No Auth Needed</td>
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<tr>
<td>22208</td>
<td>OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT (EG, PEDICLE/)</td>
<td>No Auth Needed</td>
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<tr>
<td>22210</td>
<td>OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; CERVICAL</td>
<td>No Auth Needed</td>
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<tr>
<td>22212</td>
<td>OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; THORACIC</td>
<td>No Auth Needed</td>
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<tr>
<td>22214</td>
<td>OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; LUMBAR</td>
<td>No Auth Needed</td>
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<tr>
<td>22216</td>
<td>OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST S)</td>
<td>No Auth Needed</td>
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<tr>
<td>22220</td>
<td>OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; CERVICAL</td>
<td>Auth Required</td>
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<tr>
<td>22222</td>
<td>OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; THORACIC</td>
<td>No Auth Needed</td>
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<td>22224</td>
<td>OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; LUMBAR</td>
<td>No Auth Needed</td>
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<tr>
<td>22226</td>
<td>OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL</td>
<td>No Auth Needed</td>
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<tr>
<td>22230</td>
<td>CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING AND INCLUDING CASTING OR</td>
<td>No Auth Needed</td>
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<tr>
<td>22310</td>
<td>CLOSED TREATMENT OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S) REQUIRING CASTING OR BRACING, WITH AND INCLUDING CASTING</td>
<td>No Auth Needed</td>
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<tr>
<td>22315</td>
<td>OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S) (INCLUDING OSS</td>
<td>No Auth Needed</td>
<td></td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<td>22319</td>
<td>OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND OR DISLOCATION(S) (INCLUDING OSTEOTOMY)</td>
<td>No Auth Needed</td>
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<td>22325</td>
<td>OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, ONE</td>
<td>No Auth Needed</td>
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<td>22326</td>
<td>OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, ONE</td>
<td>No Auth Needed</td>
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<td>22327</td>
<td>OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, ONE</td>
<td>No Auth Needed</td>
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<td>22328</td>
<td>OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S), POSTERIOR APPROACH, ONE</td>
<td>No Auth Needed</td>
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<tr>
<td>22505</td>
<td>MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION</td>
<td>Auth Required</td>
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<tr>
<td>22510</td>
<td>PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION,</td>
<td>Auth Required</td>
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<tr>
<td>22511</td>
<td>PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION,</td>
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<td>22512</td>
<td>PERCUTANEOUS VERTEBROPLASTY (BONE BIOPSY INCLUDED WHEN PERFORMED), 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION,</td>
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<td>22513</td>
<td>PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN)</td>
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<td>22514</td>
<td>PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN)</td>
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<td>22515</td>
<td>PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION (FRACTURE REDUCTION AND BONE BIOPSY INCLUDED WHEN)</td>
<td>Auth Required</td>
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<tr>
<td>22526</td>
<td>PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULOPLASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE; SINGLE</td>
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<td>Procedure Description</td>
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<tr>
<td>Percutaneous Intradiscal Electrothermal Annuloplasty, Unilateral or Bilateral</td>
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<td>Including Fluoroscopic Guidance; One or Two Intervertebral Spaces</td>
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<tr>
<td>Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy to Prepare</td>
<td>No Auth Needed</td>
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<td>Intervertebral Space (Other than forARTHRODESIS, Lateral Extracavitary Technique,</td>
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<tr>
<td>Including Minimal Discectomy to Prepare Intervertebral Space (Other than for)</td>
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<tr>
<td>Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy to Prepare</td>
<td>No Auth Needed</td>
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<tr>
<td>Intervertebral Space (Other than for)</td>
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<tr>
<td>Arthrodesis, Anterior Transoral or Extraoral Technique, Clivus-C1-C2 (Atlas- axis)</td>
<td>No Auth Needed</td>
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<tr>
<td>With or Without Excision of</td>
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<tr>
<td>Arthrodesis, Anterior Interbody, Including Disc Space Preparation, Discectomy,</td>
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<tr>
<td>Osteophysectomy and Decompression of Cervical Below C2, Each Additional Intervertebral</td>
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<td>Space (List Separately in Addition to Code for Separate Procedure)</td>
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<tr>
<td>Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy to Prepare</td>
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<tr>
<td>Intervertebral Space (Other than for Decompression)</td>
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<tr>
<td>Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy to Prepare</td>
<td>No Auth Needed</td>
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<tr>
<td>Intervertebral Space (Other than for Decompression)</td>
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<tr>
<td>Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy to Prepare</td>
<td>Auth Required</td>
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<tr>
<td>Intervertebral Space (Other than for Decompression)</td>
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<tr>
<td>Arthrodesis, Pre-Sacral Interbody Technique, Including Disc Space Preparation,</td>
<td>No Auth Needed</td>
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<tr>
<td>Discectomy, With Posterior</td>
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<tr>
<td>Arthrodesis, Posterior Technique, Cranio Cervical (Occiput-C2)</td>
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<tr>
<td>Code</td>
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<tr>
<td>22595</td>
<td>ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)</td>
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<td>22600</td>
<td>ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT</td>
<td>Auth Required</td>
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<td>22610</td>
<td>ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC (WITH OR WITHOUT LATERAL TRANSVERSE TECHNIQUE)</td>
<td>Auth Required</td>
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<td>22612</td>
<td>ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH OR WITHOUT LATERAL TRANSVERSE TECHNIQUE)</td>
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<tr>
<td>22614</td>
<td>ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL SEGMENT (LIST SEPARATELY IN)</td>
<td>Auth Required</td>
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<tr>
<td>22630</td>
<td>ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE</td>
<td>Auth Required</td>
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<td>22632</td>
<td>ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR DISCECTOMY TO PREPARE INTERSPACE</td>
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<td>22633</td>
<td>ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING</td>
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<tr>
<td>22634</td>
<td>ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHNIQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING</td>
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<tr>
<td>22800</td>
<td>ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; UP TO 6 VERTEBRAL SEGMENTS</td>
<td>Auth Required</td>
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<tr>
<td>22802</td>
<td>ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS</td>
<td>Auth Required</td>
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<td>22804</td>
<td>ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS</td>
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<tr>
<td>22808</td>
<td>ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS</td>
<td>Auth Required</td>
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<td>Code</td>
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<tr>
<td>22810</td>
<td>ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS</td>
<td>Auth Required</td>
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<tr>
<td>22812</td>
<td>ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS</td>
<td>Auth Required</td>
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<tr>
<td>22818</td>
<td>KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND POSTERIOR)</td>
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<td>22819</td>
<td>KYPHECTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND POSTERIOR)</td>
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<td>22830</td>
<td>EXPLORATION OF SPINAL FUSION</td>
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<td>22840</td>
<td>POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE, PEDICLE FIXATION ACROSS ONE INTERSPACE,)</td>
<td>Auth Required</td>
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<tr>
<td>22841</td>
<td>INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>Auth Required</td>
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<tr>
<td>22842</td>
<td>POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 3 TO 6 VER</td>
<td>Auth Required</td>
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<tr>
<td>22843</td>
<td>POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 7 TO 12 VER</td>
<td>Auth Required</td>
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<tr>
<td>22844</td>
<td>POSTERIOR SEGMENTAL INSTRUMENTATION (EG, PEDICLE FIXATION, DUAL RODS WITH MULTIPLE HOOKS AND SUBLAMINAR WIRES); 13 OR MORE</td>
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<tr>
<td>22845</td>
<td>ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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<tr>
<td>22846</td>
<td>ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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<tr>
<td>22847</td>
<td>ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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<td>Code</td>
<td>Procedure Description</td>
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<tr>
<td>22848</td>
<td>PELVIC FIXATION (ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES OTHER THAN SACRUM</td>
<td>Auth Required</td>
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<tr>
<td>22849</td>
<td>REINSERTION OF SPINAL FIXATION DEVICE</td>
<td>Auth Required</td>
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<tr>
<td>22850</td>
<td>REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)</td>
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<tr>
<td>22852</td>
<td>REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION</td>
<td>No Auth Needed</td>
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<tr>
<td>22853</td>
<td>INSERTION OF INTERBODY BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>22854</td>
<td>INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH) WITH INTEGRAL ANTERIOR INSTRUMENTATION FOR</td>
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<tr>
<td>22855</td>
<td>REMOVAL OF ANTERIOR INSTRUMENTATION</td>
<td>No Auth Needed</td>
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<tr>
<td>22856</td>
<td>TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES</td>
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<tr>
<td>22857</td>
<td>TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR D</td>
<td>Auth Required</td>
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<tr>
<td>22858</td>
<td>TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES</td>
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<tr>
<td>22859</td>
<td>INSERTION OF INTERVERTEBRAL BIOMECHANICAL DEVICE(S) (EG, SYNTHETIC CAGE, MESH, METHYLMETHACRYLATE) TO INTERVERTEBRAL</td>
<td>Auth Required</td>
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<td>22861</td>
<td>REVJ RPLCMT DISC ARTHROPLASTY ANT 1 NTRSPC CRV REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC),</td>
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<td>22862</td>
<td>REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC) ANTERIOR APPROACH, LUMBAR, SINGLE INTERSPACE</td>
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<td>Code</td>
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<td>22864</td>
<td>RMVL DISC ARTHROPLASTY ANT 1 INTERSPACE CERVICAL REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR</td>
<td>Auth Required</td>
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<tr>
<td>22865</td>
<td>REMOVAL OF TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, LUMBAR, SINGLE INTERSPACE</td>
<td>Auth Required</td>
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<tr>
<td>22867</td>
<td>INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE</td>
<td>Auth Required</td>
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<tr>
<td>22868</td>
<td>INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT FUSION, INCLUDING IMAGE GUIDANCE</td>
<td>Auth Required</td>
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<tr>
<td>22869</td>
<td>INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, I</td>
<td>Auth Required</td>
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<tr>
<td>22870</td>
<td>INSERTION OF INTERLAMINAR/INTERSPINOUS PROCESS STABILIZATION/DISTRACTION DEVICE, WITHOUT OPEN DECOMPRESSION OR FUSION, I</td>
<td>Auth Required</td>
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<tr>
<td>22899</td>
<td>UNLISTED PROCEDURE, SPINE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>22900</td>
<td>EXCISION, ABDOMINAL WALL TUMOR, SUBFASCIAL (EG, DESMOID)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>22901</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>22902</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM</td>
<td>No Auth Needed</td>
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<tr>
<td>22903</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>22904</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF ABDOMINAL WALL; LESS THAN 5 CM</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>22905</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF ABDOMINAL WALL; 5 CM OR GREATER</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>22999</td>
<td>UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>23000</td>
<td>REMOVAL OF SUBDELTOID CALCAREOUS DEPOSITS, OPEN</td>
<td>No Auth Needed</td>
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<tr>
<td>23020</td>
<td>CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>23030</td>
<td>INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23031</td>
<td>INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23035</td>
<td>INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23040</td>
<td>ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>23044</td>
<td>ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>23065</td>
<td>BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>23066</td>
<td>BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP</td>
<td>No Auth Needed</td>
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<tr>
<td>23071</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23073</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER</td>
<td>No Auth Needed</td>
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<tr>
<td>23075</td>
<td>EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; SUBCUTANEOUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>23076</td>
<td>EXCISION, SOFT TISSUE TUMOR, SHOULDER AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR</td>
<td>No Auth Needed</td>
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<tr>
<td>23077</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>23078</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA; 5 CM OR GREATER</td>
<td>No Auth Needed</td>
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<tr>
<td>23100</td>
<td>ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY</td>
<td>No Auth Needed</td>
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<tr>
<td>23101</td>
<td>ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STERNOCLAVICULAR JOINT, INCLUDING BIOPSY AND/OR EXCISION OF TORN CARTILAGE</td>
<td>No Auth Needed</td>
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<tr>
<td>23105</td>
<td>ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY</td>
<td>No Auth Needed</td>
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<tr>
<td>23106</td>
<td>ARTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY</td>
<td>No Auth Needed</td>
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<tr>
<td>23107</td>
<td>ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY</td>
<td>No Auth Needed</td>
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<tr>
<td>23120</td>
<td>CLAVICULECTOMY; PARTIAL</td>
<td>No Auth Needed</td>
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<tr>
<td>23125</td>
<td>CLAVICULECTOMY; TOTAL</td>
<td>No Auth Needed</td>
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<tr>
<td>23130</td>
<td>ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE</td>
<td>No Auth Needed</td>
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<tr>
<td>23140</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;</td>
<td>No Auth Needed</td>
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<tr>
<td>23145</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>23146</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT</td>
<td>No Auth Needed</td>
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<tr>
<td>23150</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; No Auth Needed</td>
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<tr>
<td>23155</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAPH (INCLUDES OBTAINING GRAFT) No Auth Needed</td>
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<tr>
<td>23156</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT No Auth Needed</td>
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<tr>
<td>23170</td>
<td>SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE No Auth Needed</td>
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<tr>
<td>23172</td>
<td>SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA No Auth Needed</td>
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<tr>
<td>23174</td>
<td>SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK No Auth Needed</td>
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<tr>
<td>23180</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), CLAVICLE No Auth Needed</td>
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<td>23182</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), SCAPULA No Auth Needed</td>
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<td>23184</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), PROXIMAL HUMERUS No Auth Needed</td>
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<tr>
<td>23190</td>
<td>OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE) No Auth Needed</td>
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<tr>
<td>23195</td>
<td>RESECTION, HUMERAL HEAD No Auth Needed</td>
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<tr>
<td>23200</td>
<td>RADICAL RESECTION FOR TUMOR; CLAVICLE No Auth Needed</td>
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<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>23210</td>
<td>RADICAL RESECTION FOR TUMOR; SCAPULA</td>
<td>No Auth Needed</td>
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<tr>
<td>23220</td>
<td>RADICAL RESECTION OF BONE TUMOR, PROXIMAL HUMERUS;</td>
<td>No Auth Needed</td>
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<tr>
<td>23300</td>
<td>REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS</td>
<td>No Auth Needed</td>
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<tr>
<td>23333</td>
<td>REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (SUBFASCIAL OR INTRAMUSCULAR)</td>
<td>No Auth Needed</td>
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<tr>
<td>23340</td>
<td>REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL OR GLENOID</td>
<td>No Auth Needed</td>
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<tr>
<td>23335</td>
<td>REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL AND GLENOID</td>
<td>No Auth Needed</td>
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<tr>
<td>23350</td>
<td>INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY OR ENHANCED CT/MRI SHOULDER ARTHROGRAPHY</td>
<td>No Auth Needed</td>
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<tr>
<td>23395</td>
<td>MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; SINGLE</td>
<td>Auth Required</td>
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<tr>
<td>23397</td>
<td>MUSCLE TRANSFER, ANY TYPE, SHOULDER OR UPPER ARM; MULTIPLE</td>
<td>Auth Required</td>
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<tr>
<td>23400</td>
<td>SCAPULOPEXY (EG, SPENGELS DEFORMITY OR FOR PARALYSIS)</td>
<td>No Auth Needed</td>
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<tr>
<td>23405</td>
<td>TENOTOMY, SHOULDER AREA; SINGLE TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>23406</td>
<td>TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION</td>
<td>Auth Required</td>
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<tr>
<td>23410</td>
<td>REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; ACUTE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>23412</td>
<td>REPAIR OF RUPTURED MUSCULOTENDINOUS CUFF (EG, ROTATOR CUFF) OPEN; CHRONIC</td>
<td>Auth Required</td>
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<tr>
<td>23415</td>
<td>CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY</td>
<td>Auth Required</td>
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<tr>
<td>23420</td>
<td>RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)</td>
<td>Auth Required</td>
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<tr>
<td>23430</td>
<td>TENODESIS OF LONG TENDON OF BICEPS</td>
<td>Auth Required</td>
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<tr>
<td>23440</td>
<td>RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS</td>
<td>No Auth Needed</td>
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<tr>
<td>23450</td>
<td>CAPSULORRHAPHY, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION</td>
<td>No Auth Needed</td>
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<tr>
<td>23455</td>
<td>CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)</td>
<td>Auth Required</td>
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<tr>
<td>23460</td>
<td>CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH BONE BLOCK</td>
<td>Auth Required</td>
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<tr>
<td>23462</td>
<td>CAPSULORRHAPHY, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER</td>
<td>Auth Required</td>
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<tr>
<td>23465</td>
<td>CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>23466</td>
<td>CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY</td>
<td>No Auth Needed</td>
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<tr>
<td>23470</td>
<td>ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY</td>
<td>Auth Required</td>
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<tr>
<td>23472</td>
<td>ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG, TOTAL SHOULDER))</td>
<td>Auth Required</td>
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<tr>
<td>Procedure Code</td>
<td>Procedure Description</td>
<td>Authorization Required</td>
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<tr>
<td>23473</td>
<td>Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>23474</td>
<td>Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component</td>
<td>Auth Required</td>
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<tr>
<td>23480</td>
<td>Osteotomy, clavicle, with or without internal fixation;</td>
<td>Auth Required</td>
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<tr>
<td>23485</td>
<td>Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>23490</td>
<td>Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle</td>
<td>No Auth Needed</td>
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<tr>
<td>23491</td>
<td>Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>23500</td>
<td>Closed treatment of clavicular fracture; without manipulation</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23505</td>
<td>Closed treatment of clavicular fracture; with manipulation</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>23515</td>
<td>Open treatment of clavicular fracture, includes internal fixation, when performed</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23520</td>
<td>Closed treatment of sternoclavicular dislocation; without manipulation</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23525</td>
<td>Closed treatment of sternoclavicular dislocation; with manipulation</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>23530</td>
<td>Open treatment of sternoclavicular dislocation, acute or chronic;</td>
<td>No Auth Needed</td>
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<tr>
<td>23532</td>
<td>Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>23540</td>
<td>CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>23545</td>
<td>CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>23550</td>
<td>OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;</td>
<td>No Auth Needed</td>
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<tr>
<td>23552</td>
<td>OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23570</td>
<td>CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>23575</td>
<td>CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION (WITH OR WITHOUT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23585</td>
<td>OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WITHOUT INTERNAL FIXATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23600</td>
<td>CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23605</td>
<td>CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION, WITH OR WITHOUT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23615</td>
<td>OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23616</td>
<td>OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, INCLUDES INTERNAL FIXATION, WHEN</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>23620</td>
<td>CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23625</td>
<td>CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITH MANIPULATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>23630</td>
<td>OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23650</td>
<td>CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23655</td>
<td>CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESIA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23660</td>
<td>OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>23665</td>
<td>CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH MANIPULATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23670</td>
<td>OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, INCLUDES INTERNAL FIXATION,</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>23675</td>
<td>CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH MANIPULATION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>23680</td>
<td>OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, INCLUDES INTERNAL FIXATION, WHEN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23700</td>
<td>MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUDED)</td>
<td>Auth Required</td>
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<tr>
<td>23800</td>
<td>ARTHRODESIS, GLENOHUMERAL JOINT;</td>
<td>No Auth Needed</td>
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<tr>
<td>23802</td>
<td>ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<tr>
<td>23900</td>
<td>INERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)</td>
<td>No Auth Needed</td>
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<tr>
<td>23920</td>
<td>DISARTICULATION OF SHOULDER;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorisation Required</td>
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<tr>
<td>23921</td>
<td>DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>23929</td>
<td>UNLISTED PROCEDURE, SHOULDER</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>23930</td>
<td>INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23931</td>
<td>INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>23935</td>
<td>INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24000</td>
<td>ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24006</td>
<td>ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24065</td>
<td>BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24066</td>
<td>BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24071</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; 3 CM OR GREATER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24073</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24075</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUBCUTANEOUS</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>24076</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Auth Needed</td>
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<tr>
<td>24077</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24079</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 5 CM OR GREATER</td>
<td>No Auth Needed</td>
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<tr>
<td>24100</td>
<td>ARTHROTOMY, ELBOW; WITH SYNOVIAL BIOPSY ONLY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24101</td>
<td>ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24102</td>
<td>ARTHROTOMY, ELBOW; WITH SYNOVECTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24105</td>
<td>EXCISION, OLECRANON BURSA</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>24110</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>24115</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24116</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>24120</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;</td>
<td>No Auth Needed</td>
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<tr>
<td>24125</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH AUTOGRAFT</td>
<td>No Auth Needed</td>
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<tr>
<td>24126</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH ALLOGRAFT</td>
<td>No Auth Needed</td>
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<tr>
<td>24130</td>
<td>EXCISION, RADIAL HEAD</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authentication Required</td>
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<tr>
<td>24134</td>
<td>SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24136</td>
<td>SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24138</td>
<td>SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS</td>
<td>No Auth Needed</td>
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<tr>
<td>24140</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), HUMERUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24145</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), RADIAL HEAD OR NECK</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24147</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS), OLECRANON PROCESS</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>24149</td>
<td>RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CONTRACTURE RELEASE (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>24150</td>
<td>RADICAL RESECTION FOR TUMOR, SHAFT OR DISTAL HUMERUS;</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>24152</td>
<td>RADICAL RESECTION FOR TUMOR, RADIAL HEAD OR NECK;</td>
<td>No Auth Needed</td>
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<tr>
<td>24155</td>
<td>RESECTION OF ELBOW JOINT (ARTHRECTOMY)</td>
<td>No Auth Needed</td>
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<tr>
<td>24160</td>
<td>IMPLANT REMOVAL; ELBOW JOINT</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>24164</td>
<td>IMPLANT REMOVAL; RADIAL HEAD</td>
<td>No Auth Needed</td>
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<tr>
<td>24200</td>
<td>REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>24201</td>
<td>REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>24220</td>
<td>INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24300</td>
<td>MANIPULATION, ELBOW, UNDER ANESTHESIA</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>24301</td>
<td>MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320-24331)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24305</td>
<td>TENDON LENGTHENING, UPPER ARM OR ELBOW, EACH TENDON</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24310</td>
<td>TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>24320</td>
<td>TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24330</td>
<td>FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24331</td>
<td>FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24332</td>
<td>TENOLYSIS, TRICEPS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24340</td>
<td>TENOPLASTY OF BICEPS TENDON AT ELBOW (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24341</td>
<td>REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXCLUDES ROTATOR CUFF)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>24342</td>
<td>REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>24343</td>
<td>REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24344</td>
<td>RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24345</td>
<td>REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24346</td>
<td>RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24347</td>
<td>TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); PERCUTANEOUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24348</td>
<td>TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24349</td>
<td>TENOTOMY, ELBOW, LATERAL OR MEDIAL (EG, EPICONDYLITIS, TENNIS ELBOW, GOLFER'S ELBOW); DEBRIDEMENT, SOFT TISSUE AND/OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24350</td>
<td>ARTHROPLASTY, ELBOW; WITH MEMBRANE (EG, FASCIAL)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24351</td>
<td>ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24352</td>
<td>ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24353</td>
<td>ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT (EG, TOTAL ELBOW)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24354</td>
<td>ARTHROPLASTY, RADIAL HEAD;</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>24355</td>
<td>ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>24370</td>
<td>REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR ULNAR COMPONENT</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>24371</td>
<td>REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND ULNAR COMPONENT</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>24400</td>
<td>OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24410</td>
<td>MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24420</td>
<td>OSTEoplasty, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24430</td>
<td>REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24435</td>
<td>REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRaFT (INCLUDINg OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24470</td>
<td>HEMIEPIPHYSEAL ARREST (EG, CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24495</td>
<td>DECOMPRESSION FASCiotomy, FOREARM, WITH BRACHIAL ARTERY EXPLORATION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>24498</td>
<td>PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT METHYLMETHACRYLATE, HUMERAL SHAFT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24500</td>
<td>CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24505</td>
<td>CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24515</td>
<td>OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization</td>
<td>Notes</td>
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<tr>
<td>24516</td>
<td>TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE AND/OR LOCKING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24530</td>
<td>CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION; WITHOUT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>24535</td>
<td>CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION; WITH</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>24538</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>24545</td>
<td>OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED;</td>
<td>No Auth Needed</td>
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<tr>
<td>24546</td>
<td>OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED; WITH</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>24560</td>
<td>CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>24565</td>
<td>CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<td>24566</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>24575</td>
<td>OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<tr>
<td>24576</td>
<td>CLOSED TREATMENT OF HUMERAL CONDYLMAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>24577</td>
<td>CLOSED TREATMENT OF HUMERAL CONDYLMAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<td>24579</td>
<td>OPEN TREATMENT OF HUMERAL CONDYLMAR FRACTURE, MEDIAL OR LATERAL, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<td>24582</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>24586</td>
<td>OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/OR)</td>
<td>No Auth Needed</td>
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<tr>
<td>24587</td>
<td>OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL ULNA AND/OR)</td>
<td>No Auth Needed</td>
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<tr>
<td>24600</td>
<td>TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>24605</td>
<td>TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>24615</td>
<td>OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION</td>
<td>No Auth Needed</td>
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<tr>
<td>24620</td>
<td>CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF)</td>
<td>No Auth Needed</td>
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<tr>
<td>24635</td>
<td>OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCATION OF)</td>
<td>No Auth Needed</td>
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<tr>
<td>24640</td>
<td>CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, NURSEMAID ELBOW, WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>24650</td>
<td>CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>24655</td>
<td>CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>24665</td>
<td>OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RADIAL HEAD EXCISION, WHEN PERFORMED;</td>
<td>No Auth Needed</td>
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<tr>
<td>24666</td>
<td>OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, INCLUDES INTERNAL FIXATION OR RADIAL HEAD EXCISION, WHEN PERFORMED;</td>
<td>No Auth Needed</td>
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<tr>
<td>24670</td>
<td>CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCESS[ES]); WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>24675</td>
<td>CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCESS[ES]); WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<td>24685</td>
<td>OPEN TREATMENT OF ULNAR FRACTURE, PROXIMAL END (EG, OLECRANON OR CORONOID PROCESS[ES]), INCLUDES INTERNAL FIXATION,</td>
<td>No Auth Needed</td>
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<tr>
<td>24800</td>
<td>ARTHRODESIS, ELBOW JOINT; LOCAL</td>
<td>No Auth Needed</td>
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<tr>
<td>24802</td>
<td>ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<tr>
<td>24900</td>
<td>AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE</td>
<td>No Auth Needed</td>
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<tr>
<td>24920</td>
<td>AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLOTINE)</td>
<td>No Auth Needed</td>
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<tr>
<td>24925</td>
<td>AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION</td>
<td>No Auth Needed</td>
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<td>24930</td>
<td>AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION</td>
<td>No Auth Needed</td>
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<tr>
<td>24931</td>
<td>AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT</td>
<td>No Auth Needed</td>
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<tr>
<td>24935</td>
<td>STUMP ELONGATION, UPPER EXTREMITY</td>
<td>No Auth Needed</td>
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<tr>
<td>24940</td>
<td>CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE</td>
<td>No Auth Needed</td>
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<td>24999</td>
<td>UNLISTED PROCEDURE, HUMERUS OR ELBOW</td>
<td>Auth Required</td>
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<tr>
<td>25000</td>
<td>INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAINS DISEASE)</td>
<td>No Auth Needed</td>
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<tr>
<td>25001</td>
<td>INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CARPI RADIALIS)</td>
<td>No Auth Needed</td>
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<tr>
<td>25020</td>
<td>DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT; WITHOUT DEBRIDEMENT OF</td>
<td>No Auth Needed</td>
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<tr>
<td>25023</td>
<td>DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR COMPARTMENT; WITH DEBRIDEMENT OF</td>
<td>No Auth Needed</td>
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<tr>
<td>25024</td>
<td>DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT; WITHOUT DEBRIDEMENT OF</td>
<td>No Auth Needed</td>
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<tr>
<td>25025</td>
<td>DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT; WITH DEBRIDEMENT OF</td>
<td>No Auth Needed</td>
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<tr>
<td>25028</td>
<td>INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA</td>
<td>No Auth Needed</td>
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<tr>
<td>25031</td>
<td>INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA</td>
<td>No Auth Needed</td>
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<tr>
<td>25035</td>
<td>INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE ABSCESS)</td>
<td>No Auth Needed</td>
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<tr>
<td>25040</td>
<td>ARTHROTOMY, RADIOCARPAL OR MIDCARPAL JOINT, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>25065</td>
<td>BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL</td>
<td>No Auth Needed</td>
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<tr>
<td>25066</td>
<td>BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)</td>
<td>No Auth Needed</td>
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<tr>
<td>25071</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; 3 CM OR GREATER</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<tr>
<td>25073</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 3 CM OR GREATER</td>
<td>No Auth Needed</td>
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<tr>
<td>25075</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBCUTANEOUS</td>
<td>No Auth Needed</td>
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<td>25076</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)</td>
<td>No Auth Needed</td>
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<td>25077</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA</td>
<td>No Auth Needed</td>
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<td>25078</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA; 3 CM OR GREATER</td>
<td>No Auth Needed</td>
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<tr>
<td>25085</td>
<td>CAPSULOTOMY, WRIST (EG, CONTRACTURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>25100</td>
<td>ARTHROTOMY, WRIST JOINT; WITH BIOPSY</td>
<td>No Auth Needed</td>
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<tr>
<td>25101</td>
<td>ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN</td>
<td>No Auth Needed</td>
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<tr>
<td>25105</td>
<td>ARTHROTOMY, WRIST JOINT; WITH SYNOVECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>25107</td>
<td>ARTHROTOMY, DISTAL RADIOLUNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE, COMPLEX</td>
<td>No Auth Needed</td>
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<tr>
<td>25109</td>
<td>EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>25110</td>
<td>EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST</td>
<td>No Auth Needed</td>
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<tr>
<td>25111</td>
<td>EXCISION OF GANGLION, WRIST (DORSAL OR Volar); PRIMARY</td>
<td>No Auth Needed</td>
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<td>25112</td>
<td>EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT</td>
<td>No Auth Needed</td>
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<tr>
<td>25115</td>
<td>RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER)</td>
<td>No Auth Needed</td>
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<tr>
<td>25116</td>
<td>RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTHER)</td>
<td>No Auth Needed</td>
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<td>25118</td>
<td>SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;</td>
<td>No Auth Needed</td>
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<tr>
<td>25119</td>
<td>SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION OF DISTAL ULNA</td>
<td>No Auth Needed</td>
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<tr>
<td>25120</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON)</td>
<td>No Auth Needed</td>
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<tr>
<td>25125</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON)</td>
<td>No Auth Needed</td>
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<tr>
<td>25126</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLECRANON)</td>
<td>No Auth Needed</td>
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<tr>
<td>25130</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;</td>
<td>No Auth Needed</td>
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<tr>
<td>25135</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<tr>
<td>25136</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT</td>
<td>No Auth Needed</td>
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<tr>
<td>25145</td>
<td>SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST</td>
<td>No Auth Needed</td>
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<tr>
<td>25150</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA</td>
<td>No Auth Needed</td>
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<td>Procedure Description</td>
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<td>25151</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); RADIUS</td>
<td>No Auth Needed</td>
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<tr>
<td>25170</td>
<td>RADICAL RESECTION FOR TUMOR, RADIUS OR ULNA</td>
<td>No Auth Needed</td>
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<tr>
<td>25210</td>
<td>CARPECTOMY; ONE BONE</td>
<td>No Auth Needed</td>
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<tr>
<td>25215</td>
<td>CARPECTOMY; ALL BONES OF PROXIMAL ROW</td>
<td>No Auth Needed</td>
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<tr>
<td>25230</td>
<td>RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>25240</td>
<td>EXCISION DISTAL ULNA PARTIAL OR COMPLETE (EG, DARRACH TYPE OR MATCHED RESECTION)</td>
<td>No Auth Needed</td>
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<tr>
<td>25246</td>
<td>INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY</td>
<td>No Auth Needed</td>
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<tr>
<td>25248</td>
<td>EXPLORATION WITH REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST</td>
<td>No Auth Needed</td>
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<tr>
<td>25250</td>
<td>REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>25251</td>
<td>REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING TOTAL WRIST</td>
<td>No Auth Needed</td>
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<tr>
<td>25259</td>
<td>MANIPULATION, WRIST, UNDER ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>25260</td>
<td>REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE</td>
<td>No Auth Needed</td>
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<tr>
<td>25263</td>
<td>REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<td>Auth Required</td>
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<tr>
<td>25265</td>
<td>REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>25270</td>
<td>REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE</td>
<td>No Auth Needed</td>
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<td>25272</td>
<td>REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE</td>
<td>No Auth Needed</td>
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<td>25274</td>
<td>REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH</td>
<td>No Auth Needed</td>
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<td>25275</td>
<td>REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) (EG, FOR EXTENSOR</td>
<td>No Auth Needed</td>
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<td>25280</td>
<td>LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>25290</td>
<td>TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON</td>
<td>No Auth Needed</td>
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<td>25295</td>
<td>TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON</td>
<td>No Auth Needed</td>
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<td>25300</td>
<td>TENODESIS AT WRIST; FLEXORS OF FINGERS</td>
<td>No Auth Needed</td>
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<td>25301</td>
<td>TENODESIS AT WRIST; EXTENSORS OF FINGERS</td>
<td>No Auth Needed</td>
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<td>25310</td>
<td>TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON</td>
<td>No Auth Needed</td>
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<td>25312</td>
<td>TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON GRAFT(S) (INCLUDES</td>
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<td>25315</td>
<td>FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST;</td>
<td>No Auth Needed</td>
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<tr>
<td>Procedure Description</td>
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<td>FLEXOR ORIGIN SLIDE (EG, FOR CEREBRAL PALSY, VOLKMANN CONTRACTURE), FOREARM AND/OR WRIST; WITH TENDON(S) TRANSFER</td>
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<td>CAPSULORRHAPHY OR RECONSTRUCTION, WRIST, OPEN (EG, CAPSULODESIS, LIGAMENT REPAIR, TENDON TRANSFER OR GRAFT) (INCLUDES</td>
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<td>ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION</td>
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<tr>
<td>CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)</td>
<td>No Auth Needed</td>
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<tr>
<td>RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOLUNAR JOINT, SECONDARY BY SOFT TISSUE</td>
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<tr>
<td>OSTEOTOMY, RADIUS; DISTAL THIRD</td>
<td>No Auth Needed</td>
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<td>OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD</td>
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<td>OSTEOTOMY; ULNA</td>
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<td>OSTEOTOMY; RADIUS AND ULNA</td>
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<td>MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS OR ULNA</td>
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<td>OSTEOPLASTY, RADIUS OR ULNA; SHORTENING</td>
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<tr>
<td>OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAPH</td>
<td>No Auth Needed</td>
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<td>25392</td>
<td>OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)</td>
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<td>25393</td>
<td>OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT</td>
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<td>25394</td>
<td>OSTEOPLASTY, CARPAL BONE, SHORTENING</td>
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<td>25400</td>
<td>REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)</td>
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<td>REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)</td>
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<td>25415</td>
<td>REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)</td>
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<td>25425</td>
<td>REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA</td>
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<td>25426</td>
<td>REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA</td>
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<td>25430</td>
<td>INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HORI PROCEDURE)</td>
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<td>25431</td>
<td>REPAIR OF NONUNION OF CARPAL BONE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)) (INCLUDES OBTAINING GRAFT AND NECESSARY)</td>
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<td>25440</td>
<td>REPAIR OF NONUNION, SCAPHOID CARPAL (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT)</td>
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<td>25441</td>
<td>ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS</td>
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<td>Description</td>
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<td>25445</td>
<td>ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM</td>
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<td>25446</td>
<td>ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS (TOTAL WRIST)</td>
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<td>25447</td>
<td>ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS</td>
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<td>25449</td>
<td>REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT</td>
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<td>25450</td>
<td>EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA</td>
<td>No Auth Needed</td>
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<td>25455</td>
<td>EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA</td>
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<td>25490</td>
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<td>25500</td>
<td>CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION</td>
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<td>Code</td>
<td>Procedure Description</td>
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<td>CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION</td>
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<td>25515</td>
<td>OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<td>25520</td>
<td>CLOSED TREATMENT OF RADIAL SHAFT FRACTURE AND CLOSED TREATMENT OF DISLOCATION OF DISTAL RADIOULNAR JOINT (GALEAZZI)</td>
<td>No Auth Needed</td>
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<td>25525</td>
<td>OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, AND CLOSED TREATMENT OF DISTAL</td>
<td>No Auth Needed</td>
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<td>OPEN TREATMENT OF RADIAL SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, AND OPEN TREATMENT OF DISTAL</td>
<td>No Auth Needed</td>
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<td>25530</td>
<td>CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<td>25535</td>
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<td>OPEN TREATMENT OF ULNAR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<td>25560</td>
<td>CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<td>25565</td>
<td>CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION</td>
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<td>25574</td>
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<td>OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL FIXATION, WHEN PERFORMED; OF RADIUS AND ULNA</td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<td>25605</td>
<td>CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPiphyseal Separation, INCLUDES CLOSED TREATMENT</td>
<td>No Auth Needed</td>
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<td>25606</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPiphyseal Separation</td>
<td>No Auth Needed</td>
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<td>25607</td>
<td>OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPiphyseal Separation, WITH INTERNAL FIXATION</td>
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<td>25608</td>
<td>OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPiphyseal Separation; WITH INTERNAL FIXATION OF 2</td>
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<td>OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPiphyseal Separation; WITH INTERNAL FIXATION OF 3 OR</td>
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<td>25611</td>
<td>PERCUTANEOUS SKELETAL FIXATION</td>
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<td>25622</td>
<td>CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<td>25624</td>
<td>CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION</td>
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<td>25628</td>
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<td>25630</td>
<td>CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITHOUT MANIPULATION, EACH BONE</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<td>PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE</td>
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<td>25660</td>
<td>CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES</td>
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<td>OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES</td>
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<td>PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION</td>
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<td>25676</td>
<td>OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC</td>
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<td>25680</td>
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<td>25695</td>
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<td>INTERCARPAL AND/OR CARPOMETACARPAL</td>
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<td>25805</td>
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<td>Description</td>
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<td>ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)</td>
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<td>25830</td>
<td>ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT (EG, SAUVE-KAPANDJI)</td>
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<td>AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTINE)</td>
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<td>AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION</td>
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<td>DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION</td>
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<td>DISARTICULATION THROUGH WRIST; RE-AMPUTATION</td>
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<td>25931</td>
<td>TRANSMETACARPAL AMPUTATION; RE-AMPUTATION</td>
<td>No Auth Needed</td>
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<tr>
<td>25999</td>
<td>UNLISTED PROCEDURE, FOREARM OR WRIST</td>
<td>Auth Required</td>
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<tr>
<td>26010</td>
<td>DRAINAGE OF FINGER ABSCESS; SIMPLE</td>
<td>No Auth Needed</td>
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<tr>
<td>26011</td>
<td>DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>26020</td>
<td>DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>26025</td>
<td>DRAINAGE OF PALMAR BURSA; SINGLE, BURSA</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26030</td>
<td>DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26034</td>
<td>INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>26035</td>
<td>DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)</td>
<td>No Auth Needed</td>
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<tr>
<td>26037</td>
<td>DECOMPRESSIVE FASCIO TOMY, HAND (EXCLUDES 26035)</td>
<td>No Auth Needed</td>
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<tr>
<td>26040</td>
<td>FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); PERCUTANEOUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26045</td>
<td>FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); OPEN, PARTIAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>26055</td>
<td>TENDON SHEATH INCISION (EG, FOR TRIGGER FINGER)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26060</td>
<td>TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT</td>
<td>No Auth Needed</td>
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<tr>
<td>26070</td>
<td>ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; CARPOMETACARPAL JOINT</td>
<td>No Auth Needed</td>
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<tr>
<td>26075</td>
<td>ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; METACARPOPHALANGEAL JOINT, EACH</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>26080</td>
<td>ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>26100</td>
<td>ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>26105</td>
<td>ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>26110</td>
<td>ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>26111</td>
<td>EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER, SUBCUTANEOUS; 1.5 CM OR GREATER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26113</td>
<td>EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26115</td>
<td>EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER; SUBCUTANEOUS</td>
<td>No Auth Needed</td>
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<tr>
<td>26116</td>
<td>EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER; DEEP (SUBFASCIAL OR INTRAMUSCULAR)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>26117</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>26118</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER; 3 CM OR GREATER</td>
<td>No Auth Needed</td>
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<tr>
<td>26121</td>
<td>FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES OBTAINING G</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26123</td>
<td>FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>26125</td>
<td>FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WITHOUT Z-</td>
<td>No Auth Needed</td>
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<tr>
<td>26130</td>
<td>SYNOVECTOMY, CARPOMETACARPAL JOINT</td>
<td>No Auth Needed</td>
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<tr>
<td>26135</td>
<td>SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION, EACH DIGIT</td>
<td>No Auth Needed</td>
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<tr>
<td>26140</td>
<td>SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH INTERPHALANGEAL JOINT</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>26145</td>
<td>SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM AND/OR FINGER, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26160</td>
<td>EXCISION OF LESION OF TENDON SHEATH OR JOINT CAPSULE (EG, CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26170</td>
<td>EXCISION OF TENDON, PALM, FLEXOR OR EXTENSOR, SINGLE, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26180</td>
<td>EXCISION OF TENDON, FINGER, FLEXOR OR EXTENSOR, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26185</td>
<td>SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>26200</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>26205</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>26210</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR DISTAL PHALANX OF FINGER;</td>
<td>No Auth Needed</td>
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<tr>
<td>26215</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE, OR DISTAL PHALANX OF FINGER; WITH AUTOGRAFT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26230</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS); METACARPAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26235</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS); PROXIMAL OR MIDDLE PHALANX</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>26236</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS); DISTAL PHALANX OF FINGER</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26250</td>
<td>RADICAL RESECTION, METACARPAL (EG, TUMOR);</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26260</td>
<td>RADICAL RESECTION, PROXIMAL OR MIDDLE PHALANX OF FINGER (EG, TUMOR);</td>
<td>No Auth Needed</td>
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<tr>
<td>26262</td>
<td>RADICAL RESECTION, DISTAL PHALANX OF FINGER (EG, TUMOR)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>26320</td>
<td>REMOVAL OF IMPLANT FROM FINGER OR HAND</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26340</td>
<td>MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26341</td>
<td>MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD), POST ENZYME INJECTION (EG, COLLAGENASE), SINGLE CORD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26350</td>
<td>REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); PRIMARY OR SECONDARY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>26352</td>
<td>REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); SECONDARY WITH FREE</td>
<td>No Auth Needed</td>
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<tr>
<td>26356</td>
<td>REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); PRIMARY, WITHOUT FREE GRAFT</td>
<td>No Auth Needed</td>
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<tr>
<td>26357</td>
<td>REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); SECONDARY, WITHOUT FREE</td>
<td>No Auth Needed</td>
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<tr>
<td>26358</td>
<td>REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN ZONE 2 DIGITAL FLEXOR TENDON SHEATH (EG, NO MAN'S LAND); SECONDARY, WITH FREE GRAFT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26370</td>
<td>REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; PRIMARY, EACH TENDON</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26372</td>
<td>REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY, WITH FREE GRAFT (INCLUDES)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26373</td>
<td>REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY, WITHOUT FREE GRAFT, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>26390</td>
<td>EXCISION FLEXOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER, EACH ROD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26392</td>
<td>REMOVAL OF SYNTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER (INCLUDES OBTAINING GRAFT), EACH ROD</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26410</td>
<td>REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26412</td>
<td>REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26415</td>
<td>EXCISION OF EXTENSOR TENDON, WITH IMPLANTATION OF SYNTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER, EACH ROD</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26416</td>
<td>REMOVAL OF SYNTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES OBTAINING GRAFT), HAND OR FINGER, EACH ROD</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>26418</td>
<td>REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26420</td>
<td>REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>26426</td>
<td>REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY); USING LOCAL TISSUE(S), INCLUDING LATERAL B</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26428</td>
<td>REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG, BOUTONNIERE DEFORMITY); WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<tr>
<td>26432</td>
<td>CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT PERCUTANEOUS PINNING (EG, MALLET FINGER)</td>
<td>No Auth Needed</td>
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<tr>
<td>26433</td>
<td>REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT GRAFT (EG, MALLET FINGER)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26434</td>
<td>REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<tr>
<td>26437</td>
<td>REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26440</td>
<td>TENOLYSIS, FLEXOR TENDON; PALM OR FINGER, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26442</td>
<td>TENOLYSIS, FLEXOR TENDON; PALM AND FINGER, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26445</td>
<td>TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26449</td>
<td>TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26450</td>
<td>TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>26455</td>
<td>TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26460</td>
<td>TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26471</td>
<td>TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT</td>
<td>No Auth Needed</td>
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<tr>
<td>26474</td>
<td>TENODESIS; OF DISTAL JOINT, EACH JOINT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26476</td>
<td>LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26477</td>
<td>SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26478</td>
<td>LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26479</td>
<td>SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26480</td>
<td>TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITHOUT FREE GRAFT, EACH TENDON</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26483</td>
<td>TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITH FREE TENDON GRAFT (INCLUDES OBTAINING)</td>
<td>No Auth Needed</td>
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<tr>
<td>26485</td>
<td>TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26489</td>
<td>TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>26490</td>
<td>OPPOENENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>26492</td>
<td>OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON</td>
<td>No Auth Required</td>
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<tr>
<td>26494</td>
<td>OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER</td>
<td>No Auth Required</td>
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<tr>
<td>26496</td>
<td>OPPONENSPLASTY; OTHER METHODS</td>
<td>No Auth Required</td>
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<tr>
<td>26497</td>
<td>TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER</td>
<td>No Auth Required</td>
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<tr>
<td>26498</td>
<td>TRANSFER OF TENDON TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS</td>
<td>No Auth Required</td>
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<tr>
<td>26499</td>
<td>CORRECTION CLAW FINGER, OTHER METHODS</td>
<td>No Auth Required</td>
<td></td>
</tr>
<tr>
<td>26500</td>
<td>RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE PROCEDURE)</td>
<td>No Auth Required</td>
<td></td>
</tr>
<tr>
<td>26502</td>
<td>RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE)</td>
<td>No Auth Required</td>
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<tr>
<td>26504</td>
<td>TENDON PULLEY RECONSTRUCTION</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>26508</td>
<td>RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)</td>
<td>No Auth Required</td>
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<tr>
<td>26510</td>
<td>CROSS INTRINSIC TRANSFER, EACH TENDON</td>
<td>No Auth Required</td>
<td></td>
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<tr>
<td>26516</td>
<td>CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT</td>
<td>No Auth Required</td>
<td></td>
</tr>
<tr>
<td>26517</td>
<td>CAPSULODESIS, METACARPOPHALANGEAL JOINT; TWO DIGITS</td>
<td>No Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>26518</td>
<td>CAPSULODESIS, METACARPOPHALANGEAL JOINT; THREE OR FOUR DIGITS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26520</td>
<td>CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26525</td>
<td>CAPSULECTOMY OR CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26530</td>
<td>ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26531</td>
<td>ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26535</td>
<td>ARTHROPLASTY, INTERPHALANGEAL JOINT; EACH JOINT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26536</td>
<td>ARTHROPLASTY, INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT</td>
<td>No Auth Needed</td>
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<tr>
<td>26540</td>
<td>REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26541</td>
<td>RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH TENDON OR FASCIAL GRAFT (INCLUDES........</td>
<td>No Auth Needed</td>
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<tr>
<td>26542</td>
<td>RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26545</td>
<td>RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT</td>
<td>No Auth Needed</td>
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<tr>
<td>26546</td>
<td>REPAIR NON-UNION, METACARPAL OR PHALANX (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26548</td>
<td>REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Service Description</td>
<td>Authorization Required</td>
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<tr>
<td>26550</td>
<td>POLLICIZATION OF A DIGIT</td>
<td>No Auth Needed</td>
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<tr>
<td>26551</td>
<td>TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WRAP-AROUND WITH BONE GRAFT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26553</td>
<td>TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, SINGLE</td>
<td>No Auth Needed</td>
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<tr>
<td>26554</td>
<td>TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, DOUBLE</td>
<td>No Auth Needed</td>
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<tr>
<td>26555</td>
<td>TRANSFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS</td>
<td>No Auth Needed</td>
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<tr>
<td>26556</td>
<td>TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS</td>
<td>No Auth Needed</td>
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<tr>
<td>26560</td>
<td>REPAIR OF SYNDAC TLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26561</td>
<td>REPAIR OF SYNDAC TLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS</td>
<td>No Auth Needed</td>
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<tr>
<td>26562</td>
<td>REPAIR OF SYNDAC TLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS)</td>
<td>No Auth Needed</td>
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<tr>
<td>26565</td>
<td>OSTEOTOMY; METACARPAL, EACH</td>
<td>No Auth Needed</td>
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<td>26567</td>
<td>OSTEOTOMY; PHALANX OF FINGER, EACH</td>
<td>No Auth Needed</td>
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<td>26568</td>
<td>OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX</td>
<td>No Auth Needed</td>
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<tr>
<td>26580</td>
<td>REPAIR CLEFT HAND</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>26587</td>
<td>RECONSTRUCTION OF POLYDACTYLOUS DIGIT, SOFT TISSUE AND BONE</td>
<td>No Auth Needed</td>
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<tr>
<td>26590</td>
<td>REPAIR MACRODACTYLIA, EACH DIGIT</td>
<td>No Auth Needed</td>
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<tr>
<td>26591</td>
<td>REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE</td>
<td>No Auth Needed</td>
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<tr>
<td>26593</td>
<td>RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE</td>
<td>No Auth Needed</td>
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<tr>
<td>26596</td>
<td>EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES</td>
<td>No Auth Needed</td>
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<tr>
<td>26600</td>
<td>CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE</td>
<td>No Auth Needed</td>
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<tr>
<td>26605</td>
<td>CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE</td>
<td>No Auth Needed</td>
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<tr>
<td>26607</td>
<td>CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH EXTERNAL FIXATION, EACH BONE</td>
<td>No Auth Needed</td>
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<tr>
<td>26608</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>26615</td>
<td>OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH BONE</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>26641</td>
<td>CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>26645</td>
<td>CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>26650</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>26665</td>
<td>OPEN TREATMENT OF CARPOMETACARPAL FRAC D/PLACEMENT, THUMB (BENNETT FRACTURE), INCLUDES INTERNAL FIXATION, WHEN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26670</td>
<td>CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH MANIPULATION, EACH JOINT; WITHOUT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>26675</td>
<td>CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH MANIPULATION, EACH JOINT; REQUIRING</td>
<td>No Auth Needed</td>
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<tr>
<td>26676</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB, WITH MANIPULATION, EACH JOINT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26685</td>
<td>OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>26686</td>
<td>OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB; COMPLEX, MULTIPLE, OR DELAYED REDUCTION</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26700</td>
<td>CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>26705</td>
<td>CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>26706</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>26715</td>
<td>OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<tr>
<td>26720</td>
<td>CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATION,</td>
<td>No Auth Needed</td>
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<tr>
<td>26725</td>
<td>CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITH MANIPULATION, WITH</td>
<td>No Auth Needed</td>
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<tr>
<td>26727</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH MA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>26735</td>
<td>OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, INCLUDES INTERNAL</td>
<td>No Auth Needed</td>
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<tr>
<td>26740</td>
<td>CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT; WITHOUT</td>
<td>No Auth Needed</td>
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<tr>
<td>26742</td>
<td>CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT; WITH MANIPULATION,</td>
<td>No Auth Needed</td>
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<tr>
<td>26746</td>
<td>OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT, INCLUDES INTERNAL</td>
<td>No Auth Needed</td>
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<tr>
<td>26750</td>
<td>CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>26755</td>
<td>CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>26756</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>26765</td>
<td>OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>26770</td>
<td>CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>26775</td>
<td>CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>26776</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>26785</td>
<td>OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, SINGLE</td>
<td>No Auth Needed</td>
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<tr>
<td>26820</td>
<td>FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Needed</td>
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<tr>
<td>26841</td>
<td>ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;</td>
<td>No Auth Needed</td>
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<tr>
<td>26842</td>
<td>ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<tr>
<td>26843</td>
<td>ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH;</td>
<td>No Auth Needed</td>
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<tr>
<td>26844</td>
<td>ARTHRODESIS, CARPOMETACARPAL JOINT, DIGIT, OTHER THAN THUMB, EACH; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<tr>
<td>26850</td>
<td>ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;</td>
<td>No Auth Needed</td>
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<tr>
<td>26852</td>
<td>ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<td>26860</td>
<td>ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;</td>
<td>No Auth Needed</td>
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<tr>
<td>26861</td>
<td>ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT (LIST</td>
<td>No Auth Needed</td>
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<td>26862</td>
<td>ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<tr>
<td>26863</td>
<td>ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT), EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>26910</td>
<td>AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR WITHOUT INTEROSSEOUS TRANSFER</td>
<td>No Auth Needed</td>
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<tr>
<td>26951</td>
<td>AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH DIRECT</td>
<td>No Auth Needed</td>
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<tr>
<td>26952</td>
<td>AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH LOCAL</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>26989</td>
<td>UNLISTED PROCEDURE, HANDS OR FINGERS</td>
<td>Auth Required</td>
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<tr>
<td>26990</td>
<td>INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA</td>
<td>No Auth Needed</td>
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<tr>
<td>26991</td>
<td>INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA</td>
<td>No Auth Needed</td>
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<tr>
<td>26992</td>
<td>INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR BONE ABSCESS)</td>
<td>No Auth Needed</td>
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<tr>
<td>27000</td>
<td>TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>27001</td>
<td>TENOTOMY, ADDUCTOR OF HIP, OPEN</td>
<td>No Auth Needed</td>
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<tr>
<td>27003</td>
<td>TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>27005</td>
<td>TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<td>27006</td>
<td>TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>27025</td>
<td>FASCIOTOMY, HIP OR THIGH, ANY TYPE</td>
<td>No Auth Needed</td>
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<tr>
<td>27027</td>
<td>DECOMPRESSION FASCIOTOMY PELVIC COMPARTMENT UNI DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27030</td>
<td>ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27033</td>
<td>ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>27035</td>
<td>DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF SCIATIC, FEMORAL, OR OBTURATOR NERVES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27036</td>
<td>CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC BONE, WITH RELEASE OF HIP FLEXOR MUSCLES (IE, GL)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27040</td>
<td>BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27041</td>
<td>BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27043</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; 3 CM OR GREATER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27045</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27047</td>
<td>EXCISION, TUMOR, PELVIS AND HIP AREA; SUBCUTANEOUS TISSUE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27048</td>
<td>EXCISION, TUMOR, PELVIS AND HIP AREA; DEEP, SUBFASCIAL, INTRAMUSCULAR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27049</td>
<td>RADICAL RESECTION OF TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA (EG, MALIGNANT NEOPLASM)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27050</td>
<td>ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27052</td>
<td>ARTHROTOMY, WITH BIOPSY; HIP JOINT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27054</td>
<td>ARTHROTOMY WITH SYNOVECTOMY, HIP JOINT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27057</td>
<td>DCMPRN FASCIOTOMY PELVIC CMPRT DBRDMT MUSCLE UNIDECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG,</td>
<td>No Auth Needed</td>
<td></td>
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<td>Code</td>
<td>Description</td>
<td>Authorization</td>
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<tr>
<td>27059</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF PELVIS AND HIP AREA; 5 CM OR GREATER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27060</td>
<td>EXCISION; ISCHIAL BURSA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27062</td>
<td>EXCISION; TROCHANTERIC BURSA OR CALCIFICATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27065</td>
<td>EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF FEMUR) WITH O</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27066</td>
<td>EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27067</td>
<td>EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE INCISION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27070</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCESS); SUPERFICIAL (EG, WING OF ILIUM,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27071</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCESS); DEEP (SUBFASCIAL OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27075</td>
<td>RADICAL RESECTION OF TUMOR OR INFECTION; WING OF ILIUM, ONE PUBIC OR ISCHIAL RAMUS OR SYMPHYSIS PUBIS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27076</td>
<td>RADICAL RESECTION OF TUMOR OR INFECTION; ILIUM, INCLUDING ACETABULUM, BOTH PUBLIC RAMI, OR ISCHIUM AND ACETABULUM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27077</td>
<td>RADICAL RESECTION OF TUMOR OR INFECTION; INNOMINATE BONE, TOTAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27078</td>
<td>RADICAL RESECTION OF TUMOR OR INFECTION; ISCHIAL TUBEROSITY AND GREATER TROCHANTER OF FEMUR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27080</td>
<td>COCCYGECTOMY, PRIMARY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>27086</td>
<td>REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27087</td>
<td>REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP (SUBFASCIAL OR INTRAMUSCULAR)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27090</td>
<td>REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27091</td>
<td>REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS, METHYL METHACRYLATE WITH OR WITHOUT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27093</td>
<td>INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27095</td>
<td>INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27096</td>
<td>INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>27097</td>
<td>RELEASE OR RECESSION, HAMSTRING, PROXIMAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27098</td>
<td>TRANSFER, ADDUCTOR TO ISCHIUM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27100</td>
<td>TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27105</td>
<td>TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27110</td>
<td>TRANSFER IlioPsoas; TO GREATER TROCHANTER OF FEMUR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27111</td>
<td>TRANSFER IlioPsoas; TO FEMORAL NECK</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Status</td>
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<tr>
<td>27120</td>
<td>ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27122</td>
<td>ACETABULOPLASTY; RESECTION, FEMORAL HEAD (EG, GIRDLESTONE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27125</td>
<td>HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27130</td>
<td>ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP ARTHROPLASTY), WITH OR WITHOUT AUTOGRRAFT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27132</td>
<td>CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP ARTHROPLASTY, WITH OR WITHOUT AUTOGRRAFT OR ALLOGRAFT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27134</td>
<td>REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRRAFT OR ALLOGRAFT</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>27137</td>
<td>REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRRAFT OR ALLOGRAFT</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>27138</td>
<td>REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>27140</td>
<td>OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER OF FEMUR (SEPARATE PROCEDURE)</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>27146</td>
<td>OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>27147</td>
<td>OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>27151</td>
<td>OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>27156</td>
<td>OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND WITH OPEN REDUCTION OF HIP</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Needed</td>
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<tr>
<td>27158</td>
<td>OSTEOTOMY, PELVIS, BILATERAL (EG, CONGENITAL MALFORMATION)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>27161</td>
<td>OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>27165</td>
<td>OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL FIXATION AND/OR CAST</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>27170</td>
<td>BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (INCLUDES OBTAINING BONE GRAFT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27175</td>
<td>TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>27176</td>
<td>TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>27177</td>
<td>OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR BONE GRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>27178</td>
<td>OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGLE OR MULTIPLE PINNING</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>27179</td>
<td>OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (HEYMAN TYPE PROCEDURE)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>27181</td>
<td>OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATION</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>27185</td>
<td>EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER OF FEMUR</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>27187</td>
<td>PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, FEMORAL NECK AND</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27197</td>
<td>CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS OR SUBLUXATION OF THE ILIUM, SACROILIAC JOINT,</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>27198</td>
<td>CLOSED TREATMENT OF POSTERIOR PELVIC RING FRACTURE(S), DISLOCATION(S), DIASTASIS OR SUBLUXATION OF THE ILIUM, SACROILIAC JOINT,</td>
<td>No Auth Neede</td>
<td></td>
</tr>
<tr>
<td>27200</td>
<td>CLOSED TREATMENT OF COCCYGEAL FRACTURE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27202</td>
<td>OPEN TREATMENT OF COCCYGEAL FRACTURE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27215</td>
<td>OPEN TREATMENT OF ILIAC SPINE(S), TUBerosity AVULSION, OR ILIAC WING FRACTURE(S) (EG, PELVIC FRACTURE(S) WHICH DO NOT DISR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27216</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DISLOCATION (INCLUDES ILIUM, SACROILIAC JOINT,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27217</td>
<td>OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION (INCLUDES PUBIC SYMPHYYSIS AND/OR RAMI)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27218</td>
<td>OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION (INCLUDES ILIUM, SACROILIAC JOINT AND/)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27220</td>
<td>CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27222</td>
<td>CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27226</td>
<td>OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTERNAL FIXATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27227</td>
<td>OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (ONE COLUMN, OR A FRACTURE RUNNING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27228</td>
<td>OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (TWO) COLUMNS, INCLUDES T-FRACTURE AND BOTH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27230</td>
<td>CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Needed</td>
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<tr>
<td>27232</td>
<td>CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27235</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27236</td>
<td>OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMENT</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27238</td>
<td>CLOSED TREATMENT OF INTERTROCHANTERIC, PERITROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27240</td>
<td>CLOSED TREATMENT OF INTERTROCHANTERIC, PERITROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH MANIPULATION, WITH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27244</td>
<td>TREATMENT OF INTERTROCHANTERIC, PERITROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH PLATE/SCREW TYPE</td>
<td>No Auth Needed</td>
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<tr>
<td>27245</td>
<td>TREATMENT OF INTERTROCHANTERIC, PERITROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH INTRAMEDULLARY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27246</td>
<td>CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27248</td>
<td>OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27250</td>
<td>CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27252</td>
<td>CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27253</td>
<td>OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27254</td>
<td>OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMORAL HEAD FRACTURE, WITH OR WITHOUT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>27256</td>
<td>TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION, SPLINT OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27257</td>
<td>TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION, SPLINT OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27258</td>
<td>OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEMENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27259</td>
<td>OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEMENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27265</td>
<td>CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27266</td>
<td>CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR GENERAL ANESTHESIA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27267</td>
<td>CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27268</td>
<td>CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27269</td>
<td>OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27275</td>
<td>MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27279</td>
<td>ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE (INDIRECT VISUALIZATION), WITH IMAGE</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>27280</td>
<td>ARTHRODESIS, OPEN, SACROILIAC JOINT, INCLUDING OBTAINING BONE GRAFT, INCLUDING INSTRUMENTATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27282</td>
<td>ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>27284</td>
<td>ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT);</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27286</td>
<td>ARTHRODESIS, HIP JOINT (INCLUDING OBTAINING GRAFT); WITH SUBTROCHANTERIC OSTEOTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>27290</td>
<td>INTERPELVIABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)</td>
<td>No Auth Needed</td>
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<tr>
<td>27295</td>
<td>DISARTICULATION OF HIP</td>
<td>No Auth Needed</td>
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<tr>
<td>27299</td>
<td>UNLISTED PROCEDURE, PELVIS OR HIP JOINT</td>
<td>Auth Required</td>
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<tr>
<td>27301</td>
<td>INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27303</td>
<td>INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELITIS OR BONE ABSCESS)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27305</td>
<td>FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27306</td>
<td>TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27307</td>
<td>TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27310</td>
<td>ARTHROTONY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (EG, INFECTION)</td>
<td>No Auth Needed</td>
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<tr>
<td>27315</td>
<td>NEURECTOMY, HAMSTRING MUSCLE</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>27320</td>
<td>NEURECTOMY, POPLITEAL (GASTR)</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>27323</td>
<td>BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27324</td>
<td>BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27325</td>
<td>NEURECTOMY, HAMSTRING MUSCLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27326</td>
<td>NEURECTOMY, POPLITEAL (GASTROCNEMIUS)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27327</td>
<td>EXCISION, TUMOR, THIGH OR KNEE AREA; SUBCUTANEOUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27328</td>
<td>EXCISION, TUMOR, THIGH OR KNEE AREA; DEEP, SUBFASCIAL, OR INTRAMUSCULAR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27329</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH OR KNEE AREA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27330</td>
<td>ARTHROTOMY, KNEE; WITH SYNOVIAL BIOPSY ONLY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27331</td>
<td>ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODIES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27332</td>
<td>ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR LATERAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27333</td>
<td>ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL AND LATERAL</td>
<td>No Auth Needed</td>
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<tr>
<td>27334</td>
<td>ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR OR POSTERIOR</td>
<td>No Auth Needed</td>
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<tr>
<td>27335</td>
<td>ARTHROTOMY, WITH SYNOVECTOMY, KNEE; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>27337</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; 3 CM OR GREATER</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27339</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27340</td>
<td>EXCISION, PREPATELLAR BURSA</td>
<td>No Auth Needed</td>
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<tr>
<td>27345</td>
<td>EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (EG, BAKER'S CYST)</td>
<td>No Auth Needed</td>
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<tr>
<td>27347</td>
<td>EXCISION OF LESION OF MENISCUS OR CAPSULE (EG, CYST, GANGLION), KNEE</td>
<td>No Auth Needed</td>
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<tr>
<td>27350</td>
<td>PATELLECTOMY OR HEMIPATELLECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>27355</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27356</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT</td>
<td>No Auth Needed</td>
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<tr>
<td>27357</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27358</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO CODE FOR)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27360</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR, PROXIMAL TIBIA AND/OR FIBULA (EG,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27364</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF THIGH OR KNEE AREA; 5 CM OR GREATER</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27365</td>
<td>RADICAL RESECTION OF TUMOR, BONE, FEMUR OR KNEE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>27369</td>
<td>INJECTION PROCEDURE FOR CONTRAST KNEE ARTHROGRAPHY OR CONTRAST ENHANCED CT/MRI KNEE ARTHROGRAPHY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27372</td>
<td>REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27380</td>
<td>SUTURE OF INFRAPATELLAR TENDON; PRIMARY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27381</td>
<td>SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27385</td>
<td>SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27386</td>
<td>SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27390</td>
<td>TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27391</td>
<td>TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG</td>
<td>No Auth Needed</td>
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<tr>
<td>27392</td>
<td>TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27393</td>
<td>LENGTHENING OF HAMSTRING TENDON; SINGLE TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>27394</td>
<td>LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27395</td>
<td>LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL</td>
<td>No Auth Needed</td>
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<tr>
<td>27396</td>
<td>TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>27397</td>
<td>TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS</td>
<td>No Auth Needed</td>
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<tr>
<td>27400</td>
<td>TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>27403</td>
<td>ARTHROTONY WITH MENISCUS REPAIR, KNEE</td>
<td>No Auth Needed</td>
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<tr>
<td>27405</td>
<td>REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL</td>
<td>No Auth Needed</td>
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<tr>
<td>27407</td>
<td>REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE</td>
<td>No Auth Needed</td>
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<tr>
<td>27409</td>
<td>REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS</td>
<td>No Auth Needed</td>
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<tr>
<td>27412</td>
<td>AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE</td>
<td>No Auth Needed</td>
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<tr>
<td>27415</td>
<td>OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN</td>
<td>Auth Required</td>
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<tr>
<td>27416</td>
<td>OSTEOCHONDRAL AUTOGRAFT(S), KNEE, OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT[S])</td>
<td>Auth Required</td>
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<tr>
<td>27418</td>
<td>ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)</td>
<td>Auth Required</td>
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<tr>
<td>27420</td>
<td>RECONSTRUCTION OF DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>27422</td>
<td>RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE (EG, CAMPBELL,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27424</td>
<td>RECONSTRUCTION OF DISLOCATING PATELLA; WITH PATELLECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Auth Required</td>
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<tr>
<td>27425</td>
<td>LATERAL RETINACULAR RELEASE, OPEN</td>
<td>Auth Required</td>
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<tr>
<td>27427</td>
<td>LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR</td>
<td>Auth Required</td>
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<tr>
<td>27428</td>
<td>LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)</td>
<td>Auth Required</td>
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<tr>
<td>27429</td>
<td>LIGAMENTOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR</td>
<td>Auth Required</td>
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<tr>
<td>27430</td>
<td>QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)</td>
<td>No Auth Needed</td>
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<tr>
<td>27435</td>
<td>CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27437</td>
<td>ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS</td>
<td>No Auth Needed</td>
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<tr>
<td>27438</td>
<td>ARTHROPLASTY, PATELLA; WITH PROSTHESIS</td>
<td>No Auth Needed</td>
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<tr>
<td>27440</td>
<td>ARTHROPLASTY, KNEE, TIBIAL PLATEAU;</td>
<td>No Auth Needed</td>
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<tr>
<td>27441</td>
<td>ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>27442</td>
<td>ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE;</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27443</td>
<td>ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S), KNEE; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>27445</td>
<td>ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Requirement</td>
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<tr>
<td>27446</td>
<td>ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>27447</td>
<td>ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (TOTAL KNEE A</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>27448</td>
<td>OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27450</td>
<td>OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION</td>
<td>No Auth Needed</td>
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<tr>
<td>27454</td>
<td>OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAFT (EG, SOFIELD TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27455</td>
<td>OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27457</td>
<td>OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG) OR</td>
<td>No Auth Needed</td>
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<tr>
<td>27465</td>
<td>OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)</td>
<td>No Auth Needed</td>
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<tr>
<td>27466</td>
<td>OSTEOPLASTY, FEMUR; LENGTHENING</td>
<td>No Auth Needed</td>
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<tr>
<td>27468</td>
<td>OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGMENT TRANSFER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27470</td>
<td>REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27472</td>
<td>REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH I LIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLUDES OBTAININ</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27475</td>
<td>ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); DISTAL FEMUR</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>27477</td>
<td>ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); TIBIA AND FIBULA, PROXIMAL</td>
<td>Auth Required</td>
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<tr>
<td>27479</td>
<td>ARREST, EPIPHYSEAL, ANY METHOD (EG, EPIPHYSIODESIS); COMBINED DISTAL FEMUR, PROXIMAL TIBIA AND FIBULA</td>
<td>Auth Required</td>
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<tr>
<td>27485</td>
<td>ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL TIBIA OR FIBULA (EG, GENU VARUS OR VALGUS)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>27486</td>
<td>REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27487</td>
<td>REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; FEMORAL AND ENTIRE TIBIAL COMPONENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27488</td>
<td>REMOVAL OF PROSTHESIS, INCLUDING TOTAL KNEE PROSTHESIS, METHYLMETHACRYLATE WITH OR WITHOUT INSERTION OF SPACER, KNEE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27495</td>
<td>PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING, OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, FEMUR</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>27496</td>
<td>DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR);</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>27497</td>
<td>DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR); WITH DEBRIDEMENT</td>
<td>Auth Required</td>
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<tr>
<td>27498</td>
<td>DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;</td>
<td>Auth Required</td>
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<tr>
<td>27499</td>
<td>DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DEBRIDEMENT OF NONViable MUSCLE AND/OR</td>
<td>Auth Required</td>
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<tr>
<td>27500</td>
<td>CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27501</td>
<td>CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, WITHOUT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>27502</td>
<td>CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27503</td>
<td>CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, WITH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27506</td>
<td>OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27507</td>
<td>OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27508</td>
<td>CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27509</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, OR SUPRACONDYLAR OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27510</td>
<td>CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27511</td>
<td>OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION, INCLUDES</td>
<td>No Auth Needed</td>
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<tr>
<td>27513</td>
<td>OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCONDYLAR EXTENSION, INCLUDES</td>
<td>No Auth Needed</td>
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<tr>
<td>27514</td>
<td>OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, INCLUDES INTERNAL FIXATION, WHEN</td>
<td>No Auth Needed</td>
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<tr>
<td>27516</td>
<td>CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>27517</td>
<td>CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27519</td>
<td>OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Authorization Required</td>
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<tr>
<td>27520</td>
<td>CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27524</td>
<td>OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT TISSUE</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27530</td>
<td>CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>27532</td>
<td>CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT MANIPULATION, WITH SKELETAL TRACTION</td>
<td>No Auth Needed</td>
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<tr>
<td>27535</td>
<td>OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<tr>
<td>27536</td>
<td>OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL FIXATION</td>
<td>No Auth Needed</td>
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<tr>
<td>27538</td>
<td>CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>27540</td>
<td>OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<tr>
<td>27550</td>
<td>CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27552</td>
<td>CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>27556</td>
<td>OPEN TREATMENT OF KNEE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED; WITHOUT PRIMARY LIGAMENTOUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27557</td>
<td>OPEN TREATMENT OF KNEE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED; WITH PRIMARY LIGAMENTOUS</td>
<td>No Auth Needed</td>
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<tr>
<td>27558</td>
<td>OPEN TREATMENT OF KNEE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED; WITH PRIMARY LIGAMENTOUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>27560</td>
<td>CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>27562</td>
<td>CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>27566</td>
<td>OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>27570</td>
<td>MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICES)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27580</td>
<td>ARTHRODESIS, KNEE, ANY TECHNIQUE</td>
<td>No Auth Needed</td>
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<tr>
<td>27590</td>
<td>AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;</td>
<td>No Auth Needed</td>
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<tr>
<td>27591</td>
<td>AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE INCLUDING FIRST CAST</td>
<td>No Auth Needed</td>
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<tr>
<td>27592</td>
<td>AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE)</td>
<td>No Auth Needed</td>
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<tr>
<td>27594</td>
<td>AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION</td>
<td>No Auth Needed</td>
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<tr>
<td>27596</td>
<td>AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION</td>
<td>No Auth Needed</td>
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<tr>
<td>27598</td>
<td>DISARTICULATION AT KNEE</td>
<td>No Auth Needed</td>
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<tr>
<td>27599</td>
<td>UNLISTED PROCEDURE, FEMUR OR KNEE</td>
<td>Auth Required</td>
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<tr>
<td>27600</td>
<td>DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>27601</td>
<td>DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY</td>
<td>No Auth Needed</td>
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<tr>
<td>27602</td>
<td>DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27603</td>
<td>INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27604</td>
<td>INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27605</td>
<td>TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); LOCAL ANESTHESIA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27606</td>
<td>TENOTOMY, PERCUTANEOUS, ACHILLES TENDON (SEPARATE PROCEDURE); GENERAL ANESTHESIA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27607</td>
<td>INCISION (EG, OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27610</td>
<td>ARTHROTONY, ANKLE, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27612</td>
<td>ARTHROTONY, POSTERIOR CAPSULAR RELEASE, ANKLE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27613</td>
<td>BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27614</td>
<td>BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)</td>
<td>No Auth Needed</td>
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<tr>
<td>27615</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27616</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA; 5 CM OR GREATER</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>27618</td>
<td>EXCISION, TUMOR, LEG OR ANKLE AREA; SUBCUTANEOUS TISSUE</td>
<td>No Auth Needed</td>
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<tr>
<td>27619</td>
<td>EXCISION, TUMOR, LEG OR ANKLE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27620</td>
<td>ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27625</td>
<td>ARTHROTOMY, WITH SYNOVECTOMY, ANKLE;</td>
<td>No Auth Needed</td>
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<tr>
<td>27626</td>
<td>ARTHROTOMY, WITH SYNOVECTOMY, ANKLE; INCLUDING TENOSYNOVECTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27630</td>
<td>EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27632</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; 3 CM OR GREATER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27634</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER</td>
<td>No Auth Needed</td>
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<tr>
<td>27635</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27637</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAPH (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27638</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27640</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR EXOSTOSIS); TIBIA</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27641</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR EXOSTOSIS); FIBULA</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>27645</td>
<td>RADICAL RESECTION OF TUMOR, BONE; TIBIA</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27646</td>
<td>RADICAL RESECTION OF TUMOR, BONE; FIBULA</td>
<td>No Auth Needed</td>
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<tr>
<td>27647</td>
<td>RADICAL RESECTION OF TUMOR, BONE; TALUS OR CALCANEUS</td>
<td>No Auth Needed</td>
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<tr>
<td>27648</td>
<td>INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY</td>
<td>No Auth Needed</td>
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<tr>
<td>27650</td>
<td>REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;</td>
<td>No Auth Needed</td>
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<tr>
<td>27652</td>
<td>REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>(INCLUDES OBTAINING GRAFT)</td>
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<tr>
<td>27654</td>
<td>REPAIR, SECONDARY, ACHILLES TENDON, WITH OR WITHOUT GRAFT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27656</td>
<td>REPAIR, FASCIAL DEFECT OF LEG</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27658</td>
<td>REPAIR, FLEXOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27659</td>
<td>REPAIR, FLEXOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>27664</td>
<td>REPAIR, EXTENSOR TENDON, LEG; PRIMARY, WITHOUT GRAFT, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>27665</td>
<td>REPAIR, EXTENSOR TENDON, LEG; SECONDARY, WITH OR WITHOUT GRAFT, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>27675</td>
<td>REPAIR, DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>27676</td>
<td>REPAIR, DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27680</td>
<td>TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; SINGLE, EACH TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>27681</td>
<td>TENOLYSIS, FLEXOR OR EXTENSOR TENDON, LEG AND/OR ANKLE; MULTIPLE TENDONS (THROUGH SEPARATE INCISION(S))</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27685</td>
<td>LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE TENDON (SEPARATE PROCEDURE)</td>
<td>Auth Required</td>
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<tr>
<td>27686</td>
<td>LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE TENDONS (THROUGH SAME INCISION), EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>27687</td>
<td>GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)</td>
<td>Auth Required</td>
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<tr>
<td>27690</td>
<td>TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBIAL EXTENSORS)</td>
<td>Auth Required</td>
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<tr>
<td>27691</td>
<td>TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG, ANTERIOR TIBIAL OR POSTERIOR TIB)</td>
<td>Auth Required</td>
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<tr>
<td>27692</td>
<td>TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON (LIST SEPARATELY IN)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27695</td>
<td>REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; COLLATERAL</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>27696</td>
<td>REPAIR, PRIMARY, DISRUPTED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS</td>
<td>No Auth Needed</td>
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<tr>
<td>27698</td>
<td>REPAIR, SECONDARY, DISRUPTED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>27700</td>
<td>ARTHROPLASTY, ANKLE;</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
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<td>Auth Required</td>
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<tr>
<td>27702</td>
<td>ARTHROPLASTY, ANKLE; WITH IMPLANT (TOTAL ANKLE)</td>
<td>No Auth Needed</td>
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<td>27703</td>
<td>ARTHROPLASTY, ANKLE; REVISION, TOTAL ANKLE</td>
<td>No Auth Needed</td>
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<td>27704</td>
<td>REMOVAL OF ANKLE IMPLANT</td>
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<tr>
<td>27705</td>
<td>OSTEOTOMY; TIBIA</td>
<td>No Auth Needed</td>
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<tr>
<td>27707</td>
<td>OSTEOTOMY; FIBULA</td>
<td>No Auth Needed</td>
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<tr>
<td>27709</td>
<td>OSTEOTOMY; TIBIA AND FIBULA</td>
<td>No Auth Needed</td>
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<tr>
<td>27712</td>
<td>OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (EG, SOFIELD TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>27715</td>
<td>OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING OR SHORTENING</td>
<td>Auth Required</td>
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<tr>
<td>27720</td>
<td>REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECHNIQUE)</td>
<td>No Auth Needed</td>
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<tr>
<td>27722</td>
<td>REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT</td>
<td>No Auth Needed</td>
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<tr>
<td>27724</td>
<td>REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<tr>
<td>27725</td>
<td>REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METHOD</td>
<td>No Auth Needed</td>
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<tr>
<td>27726</td>
<td>REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>27727</td>
<td>REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA</td>
<td>Auth Required</td>
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<tr>
<td>27730</td>
<td>ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA</td>
<td>Auth Required</td>
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<tr>
<td>27732</td>
<td>ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL FIBULA</td>
<td>Auth Required</td>
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<tr>
<td>27734</td>
<td>ARREST, EPIPHYSEAL (EPIPHYSIODESIS), OPEN; DISTAL TIBIA AND FIBULA</td>
<td>Auth Required</td>
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<tr>
<td>27740</td>
<td>ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA;</td>
<td>No Auth Needed</td>
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<tr>
<td>27742</td>
<td>ARREST, EPIPHYSEAL (EPIPHYSIODESIS), ANY METHOD, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA; AND DISTAL FEMUR</td>
<td>No Auth Needed</td>
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<tr>
<td>27745</td>
<td>PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, TIBIA</td>
<td>No Auth Needed</td>
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<tr>
<td>27750</td>
<td>CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>27752</td>
<td>CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITH MANIPULATION, WITH OR WITHOUT SKELETAL</td>
<td>No Auth Needed</td>
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<tr>
<td>27756</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) (EG, PINS OR SCREWS)</td>
<td>No Auth Needed</td>
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<tr>
<td>27758</td>
<td>OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE), WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE</td>
<td>No Auth Needed</td>
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<tr>
<td>27759</td>
<td>TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT, WITH OR WITHOUT</td>
<td>No Auth Needed</td>
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<td>27760</td>
<td>CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Needed</td>
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<td>27762</td>
<td>CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION</td>
<td>No Auth Needed</td>
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<tr>
<td>27766</td>
<td>OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<tr>
<td>27767</td>
<td>CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>27768</td>
<td>CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>27769</td>
<td>OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<tr>
<td>27780</td>
<td>CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>27781</td>
<td>CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>27784</td>
<td>OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<tr>
<td>27786</td>
<td>CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<td>27788</td>
<td>CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<td>27792</td>
<td>OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<tr>
<td>27808</td>
<td>CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI OR</td>
<td>No Auth Needed</td>
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<tr>
<td>27810</td>
<td>CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI OR</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<td>27814</td>
<td>OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE (EG, LATERAL AND MEDIAL MALLEOLI, OR LATERAL AND POSTERIOR MALLEOLI, OR)</td>
<td>No Auth Needed</td>
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<tr>
<td>27816</td>
<td>CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<td>27818</td>
<td>CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>27822</td>
<td>OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, MEDIAL AND/OR LATERAL MALLEOLUS</td>
<td>No Auth Needed</td>
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<td>27823</td>
<td>OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, MEDIAL AND/OR LATERAL</td>
<td>No Auth Needed</td>
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<tr>
<td>27824</td>
<td>CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PIOLON OR TIBIAL PLAFO) , WITH OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27825</td>
<td>CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PIOLON OR TIBIAL PLAFO) , WITH OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>27826</td>
<td>OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA (EG, PIOLON OR TIBIAL PLAFO)</td>
<td>No Auth Needed</td>
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<tr>
<td>27827</td>
<td>OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/PORTION OF DISTAL TIBIA (EG, PIOLON OR TIBIAL PLAFO)</td>
<td>No Auth Needed</td>
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<tr>
<td>27828</td>
<td>OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<tr>
<td>27829</td>
<td>CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>27830</td>
<td>CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANESTHESIA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>27832</td>
<td>OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, OR WITH EXCISION</td>
<td>No Auth Needed</td>
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<tr>
<td>27840</td>
<td>CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>27842</td>
<td>CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION</td>
<td>No Auth Needed</td>
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<tr>
<td>27846</td>
<td>OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITHOUT REPAIR OR INTERNAL</td>
<td>No Auth Needed</td>
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<tr>
<td>27848</td>
<td>OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITH REPAIR OR INTERNAL OR</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27860</td>
<td>MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27870</td>
<td>ARTHRODESIS, ANKLE, OPEN</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27871</td>
<td>ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL</td>
<td>No Auth Needed</td>
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<tr>
<td>27880</td>
<td>AMPUTATION, LEG, THROUGH TIBIA AND FIBULA;</td>
<td>No Auth Needed</td>
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<tr>
<td>27881</td>
<td>AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE INCLUDING APPLICATION OF FIRST CAST</td>
<td>No Auth Needed</td>
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<tr>
<td>27882</td>
<td>AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (GUILLOTINE)</td>
<td>No Auth Needed</td>
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<tr>
<td>27884</td>
<td>AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION</td>
<td>No Auth Needed</td>
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<tr>
<td>27886</td>
<td>AMPUTATION, LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>27888</td>
<td>AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (EG, SYME, PIROGOFF TYPE PROCEDURES), WITH PLASTIC CLOSURE AND RES</td>
<td>No Auth Needed</td>
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<tr>
<td>27889</td>
<td>ANKLE DISARTICULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>27892</td>
<td>DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF NONViable MUSCLE AND/OR NERVE</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>27893</td>
<td>DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONViable MUSCLE AND/OR NERVE</td>
<td>No Auth Needed</td>
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<tr>
<td>27894</td>
<td>DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), WITH DEBRIDEMENT OF</td>
<td>No Auth Needed</td>
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<tr>
<td>27899</td>
<td>UNLISTED PROCEDURE, LEG OR ANKLE</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>28001</td>
<td>INCISION AND DRAINAGE, BURSA, FOOT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28002</td>
<td>INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT, FOOT; SINGLE BURsAL SPACE</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>28003</td>
<td>INCISION AND DRAINAGE BELOW FASCIA, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT, FOOT; MULTIPLE AREAS</td>
<td>No Auth Needed</td>
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<tr>
<td>28005</td>
<td>INCISION, BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), FOOT</td>
<td>No Auth Needed</td>
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<tr>
<td>28008</td>
<td>FASCIOTOMY, FOOT AND/OR TOE</td>
<td>No Auth Needed</td>
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<tr>
<td>28010</td>
<td>TENOTOMY, PERCUTANEOUS, TOE; SINGLE TENDON</td>
<td>No Auth Needed</td>
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<tr>
<td>28011</td>
<td>TENOTOMY, PERCUTANEOUS, TOE; MULTIPLE TENDONS</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>28020</td>
<td>ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR TARSOMETATARSAL JOINT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>28022</td>
<td>ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT</td>
<td>No Auth Needed</td>
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<tr>
<td>28024</td>
<td>ARTHROTOMY, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT</td>
<td>No Auth Needed</td>
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<tr>
<td>28030</td>
<td>NEURECTOMY, INTRINSIC MUSCUL</td>
<td>Auth Required</td>
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<tr>
<td>28035</td>
<td>RELEASE, TARSAL TUNNEL (POSTERIOR TIBIAL NERVE DECOMPRESSION)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>28039</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28041</td>
<td>EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR); 1.5 CM OR GREATER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28043</td>
<td>EXCISION, TUMOR, FOOT; SUBCUTANEOUS TISSUE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28045</td>
<td>EXCISION, TUMOR, FOOT; DEEP, SUBFASCIAL, INTRAMUSCULAR</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>28046</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28047</td>
<td>RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT OR TOE; 3 CM OR GREATER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28050</td>
<td>ARTHROTOMY WITH BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28052</td>
<td>ARTHROTOMY WITH BIOPSY; METATARSOPHALANGEAL JOINT</td>
<td>No Auth Needed</td>
<td></td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>28054</td>
<td>ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28055</td>
<td>NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>28060</td>
<td>FASCIECTOMY, PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>28062</td>
<td>FASCIECTOMY, PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>28070</td>
<td>SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>28072</td>
<td>SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>28080</td>
<td>EXCISION, INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>28086</td>
<td>SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>28088</td>
<td>SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR</td>
<td>No Auth Needed</td>
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<tr>
<td>28090</td>
<td>EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY) (EG, CYST OR GANGLION); FOOT</td>
<td>No Auth Needed</td>
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<tr>
<td>28092</td>
<td>EXCISION OF LESION, TENDON, TENDON SHEATH, OR CAPSULE (INCLUDING SYNOVECTOMY) (EG, CYST OR GANGLION); TOE(S), EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>28100</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;</td>
<td>No Auth Needed</td>
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<tr>
<td>28102</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>28103</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT</td>
<td>No Auth Needed</td>
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<tr>
<td>28104</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, EXCEPT TALUS OR CALCANEUS;</td>
<td>No Auth Needed</td>
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<tr>
<td>28106</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, EXCEPT TALUS OR CALCANEUS; WITH ILIAC OR OTHER A</td>
<td>No Auth Needed</td>
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<tr>
<td>28107</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL, EXCEPT TALUS OR CALCANEUS; WITH ALLOGRAFT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28108</td>
<td>EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28110</td>
<td>OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28111</td>
<td>OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28112</td>
<td>OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28113</td>
<td>OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28114</td>
<td>OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28116</td>
<td>OSTECTOMY, EXCISION OF TARSAL COALITION</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>28118</td>
<td>OSTECTOMY, CALCANEUS;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28119</td>
<td>OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>28120</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28122</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>28124</td>
<td>PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) BONE (EG, OSTEOMYELITIS OR)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>28126</td>
<td>RESECTION, PARTIAL OR COMPLETE, PHALANGEAL BASE, EACH TOE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>28130</td>
<td>TALECTOMY (ASTRAGALECTOMY)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>28140</td>
<td>METATARSECTOMY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>28150</td>
<td>PHALANGETOMY, TOE, EACH TOE</td>
<td>No Auth Needed</td>
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<tr>
<td>28153</td>
<td>RESECTION, CONDYLE(S), DISTAL END OF PHALANX, EACH TOE</td>
<td>No Auth Needed</td>
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<tr>
<td>28160</td>
<td>HEMIPHALANGETOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, PROXIMAL END OF PHALANX, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>28171</td>
<td>RADICAL RESECTION OF TUMOR, BONE; TARSAL (EXCEPT TALUS OR CALCANEUS)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>28173</td>
<td>RADICAL RESECTION OF TUMOR, BONE; METATARSAL</td>
<td>No Auth Needed</td>
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<tr>
<td>28175</td>
<td>RADICAL RESECTION OF TUMOR, BONE; PHALANX OF TOE</td>
<td>No Auth Needed</td>
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<tr>
<td>28190</td>
<td>REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>28192</td>
<td>REMOVAL OF FOREIGN BODY, FOOT; DEEP</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>28193</td>
<td>REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>28200</td>
<td>REPAIR, TENDON, FLEXOR, FOOT; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28202</td>
<td>REPAIR, TENDON, FLEXOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28208</td>
<td>REPAIR, TENDON, EXTENSOR, FOOT; PRIMARY OR SECONDARY, EACH TENDON</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28210</td>
<td>REPAIR, TENDON, EXTENSOR, FOOT; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28220</td>
<td>TENOLYSIS, FLEXOR, FOOT; SINGLE TENDON</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28222</td>
<td>TENOLYSIS, FLEXOR, FOOT; MULTIPLE TENDONS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>28225</td>
<td>TENOLYSIS, EXTENSOR, FOOT; SINGLE TENDON</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>28226</td>
<td>TENOLYSIS, EXTENSOR, FOOT; MULTIPLE TENDONS</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>28230</td>
<td>TENOTOMY, OPEN, TENDON FLEXOR; FOOT, SINGLE OR MULTIPLE TENDON(S) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>28232</td>
<td>TENOTOMY, OPEN, TENDON FLEXOR; TOE, SINGLE TENDON (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>28234</td>
<td>TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE, EACH TENDON</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>28238</td>
<td>RECONSTRUCTION (ADVANCEMENT), POSTERIOR Tibial Tendon with Excision of Accessory Tarsal Navicular Bone (EG, KIDNER TYPE)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>28240</td>
<td>TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>28250</td>
<td>DIVISION OF PLANTAR FASCIA AND MUSCLE (EG, STEINDLER STRIPPING) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>28260</td>
<td>CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>28261</td>
<td>CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING</td>
<td>No Auth Needed</td>
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<tr>
<td>28262</td>
<td>CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>28264</td>
<td>CAPSULOTOMY, MIDTARSAL (EG, HEYMAN TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>28270</td>
<td>CAPSULOTOMY; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, EACH JOINT (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>28272</td>
<td>CAPSULOTOMY; INTERPHALANGEAL JOINT, EACH JOINT (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>28280</td>
<td>SYNDACCTYLIZATION, TOES (EG, WEBBING OR KELIKIAN TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>28285</td>
<td>CORRECTION, HAMMERTOE (EG, INTERPHALANGEAL FUSION, PARTIAL OR TOTAL PHALANGECTOMY)</td>
<td>Auth Required</td>
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<tr>
<td>28286</td>
<td>CORRECTION, COCK-UP FIFTH TOE, WITH PLASTIC SKIN CLOSURE (EG, RUIZ-MORA TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>28288</td>
<td>OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, METATARSAL HEAD, EACH METATARSAL HEAD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>28289</td>
<td>HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>28291</td>
<td>HALLUX RIGIDUS CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARSOPHALANGEAL</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>28292</td>
<td>CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRIDE, OR MAYO TYPE PROCEDURE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>28295</td>
<td>CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>28296</td>
<td>CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL,</td>
<td>Auth Required</td>
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<tr>
<td>28297</td>
<td>CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; LAPIIDUS-TYPE PROCEDURE</td>
<td>Auth Required</td>
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<tr>
<td>28298</td>
<td>CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OSTEOTOMY</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>28299</td>
<td>CORRECTION, HALLUX VALGUS (BUNION), WITH OR WITHOUT SESAMOIDECTOMY; BY DOUBLE OSTEOTOMY</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>28300</td>
<td>OSTEOTOMY; CALCANEUS (EG, DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION</td>
<td>No Auth Needed</td>
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<tr>
<td>28302</td>
<td>OSTEOTOMY; TALUS</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>28304</td>
<td>OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS;</td>
<td>No Auth Needed</td>
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<tr>
<td>28305</td>
<td>OSTEOTOMY, TARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRRAFT (INCLUDES OBTAINING GRAFT) (EG, FOWLER TYPE)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>28306</td>
<td>OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION, METATARSAL; FIRST METATARSAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<td>28307</td>
<td>OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>METATARSAL; FIRST METATARSAL WITH</td>
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<tr>
<td>28308</td>
<td>OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,</td>
<td>No Auth Needed</td>
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</tr>
<tr>
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<td>METATARSAL; OTHER THAN FIRST METATARSAL,</td>
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<tr>
<td>28309</td>
<td>OSTEOTOMY, WITH OR WITHOUT LENGTHENING, SHORTENING OR ANGULAR CORRECTION,</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>METATARSAL; MULTIPLE (EG, SWANSON TYPE)</td>
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<tr>
<td>28310</td>
<td>OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX,</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>FIRST TOE (SEPARATE PROCEDURE)</td>
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<tr>
<td>28312</td>
<td>OSTEOTOMY, SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>TOE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28313</td>
<td>RECONSTRUCTION, ANGULAR DEFORMITY OF TOE, SOFT TISSUE PROCEDURES ONLY (EG,</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td></td>
<td>OVERLAPPING SECOND TOE, FIFTH TOE, CURLY</td>
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<tr>
<td>28315</td>
<td>SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>28320</td>
<td>REPAIR, NONUNION OR MALUNION; TARSAL BONES</td>
<td>No Auth Needed</td>
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<tr>
<td>28322</td>
<td>REPAIR, NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES</td>
<td>Auth Required</td>
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<tr>
<td></td>
<td>OBTAINING GRAFT)</td>
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<tr>
<td>28340</td>
<td>RECONSTRUCTION, TOE, MACRODACTYL; SOFT TISSUE RESECTION</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>28341</td>
<td>RECONSTRUCTION, TOE, MACRODACTYL; REQUIRING BONE RESECTION</td>
<td>Auth Required</td>
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<tr>
<td>28344</td>
<td>RECONSTRUCTION, TOE(S); POLYDACTYL</td>
<td>Auth Required</td>
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<tr>
<td>28345</td>
<td>RECONSTRUCTION, TOE(S); SYNDACTYL, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB</td>
<td>Auth Required</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>28360</td>
<td>RECONSTRUCTION, CLEFT FOOT</td>
<td>Auth Required</td>
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<tr>
<td>28400</td>
<td>CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>28405</td>
<td>CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>28406</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>28415</td>
<td>OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED;</td>
<td>No Auth Needed</td>
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<tr>
<td>28420</td>
<td>OPEN TREATMENT OF CALCANEAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED; WITH PRIMARY ILIAC OR OTHER</td>
<td>No Auth Needed</td>
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<tr>
<td>28430</td>
<td>CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>28435</td>
<td>CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>28436</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>28445</td>
<td>OPEN TREATMENT OF TALUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<tr>
<td>28446</td>
<td>OPEN OSTEOCHONDRAL AUTOGRRAFT, TALUS (INCLUDES OBTAINING GRAFT[S])</td>
<td>No Auth Needed</td>
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<td>28450</td>
<td>TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULATION, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>28455</td>
<td>TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPULATION, EACH</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
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<td>28456</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH MANIPULATION, EACH</td>
<td>No Auth Needed</td>
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<td>28465</td>
<td>OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH</td>
<td>No Auth Needed</td>
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<td>28470</td>
<td>CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH</td>
<td>No Auth Needed</td>
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<td>28475</td>
<td>CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH</td>
<td>No Auth Needed</td>
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<td>28476</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>28485</td>
<td>OPEN TREATMENT OF METATARSAL FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH</td>
<td>No Auth Needed</td>
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<td>28490</td>
<td>CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>28495</td>
<td>CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<td>28496</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<td>OPEN TREATMENT OF FRACTURE, GREAT TOE, PHALANX OR PHALANGES, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<td>28510</td>
<td>CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH</td>
<td>No Auth Needed</td>
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<td>28515</td>
<td>CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION, EACH</td>
<td>No Auth Needed</td>
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<td>OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED, EACH</td>
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<td>28530</td>
<td>CLOSED TREATMENT OF SESAMOID FRACTURE</td>
<td>No Auth Needed</td>
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<td>28531</td>
<td>OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION</td>
<td>No Auth Needed</td>
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<td>28540</td>
<td>CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>28545</td>
<td>CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING ANESTHESIA</td>
<td>No Auth Needed</td>
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<td>28546</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL, WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<td>28555</td>
<td>OPEN TREATMENT OF TARSAL BONE DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<td>28570</td>
<td>CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA</td>
<td>No Auth Needed</td>
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<td>28575</td>
<td>CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA</td>
<td>No Auth Needed</td>
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<td>28576</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>28585</td>
<td>OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<td>28600</td>
<td>CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA</td>
<td>No Auth Needed</td>
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<td>28605</td>
<td>CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA</td>
<td>No Auth Needed</td>
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<td>28606</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
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<td>28615</td>
<td>OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<td>28630</td>
<td>CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA</td>
<td>No Auth Needed</td>
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<td>28635</td>
<td>CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA</td>
<td>No Auth Needed</td>
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<td>28636</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<td>28645</td>
<td>OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<td>28660</td>
<td>CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA</td>
<td>No Auth Needed</td>
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<td>28665</td>
<td>CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA</td>
<td>No Auth Needed</td>
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<td>28666</td>
<td>PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION</td>
<td>No Auth Needed</td>
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<tr>
<td>28675</td>
<td>OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, INCLUDES INTERNAL FIXATION, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<td>28705</td>
<td>ARTHRODESIS; PANTALAR</td>
<td>Auth Required</td>
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<td>28715</td>
<td>ARTHRODESIS; TRIPLE</td>
<td>Auth Required</td>
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<td>28725</td>
<td>ARTHRODESIS; SUBTALAR</td>
<td>Auth Required</td>
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<tr>
<td>28730</td>
<td>ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;</td>
<td>Auth Required</td>
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<td>Code</td>
<td>Description</td>
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<td>28735</td>
<td>ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY (EG, FLATFOOT CORRECTION)</td>
<td>No Auth Needed</td>
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<td>28737</td>
<td>ARTHRODESIS, WITH TENDON LENGTHENING AND ADVANCEMENT, MIDTARSAL, TARSAL NAVICULAR-CUNEIFORM (EG, MILLER TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
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<td>28740</td>
<td>ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT</td>
<td>Auth Required</td>
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<td>28750</td>
<td>ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT</td>
<td>Auth Required</td>
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<tr>
<td>28755</td>
<td>ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT</td>
<td>Auth Required</td>
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<td>28760</td>
<td>ARTHRODESIS, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK, GREAT TOE, INTERPHALANGEAL JOINT (EG, JONES)</td>
<td>Auth Required</td>
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<td>28800</td>
<td>AMPUTATION, FOOT; MIDTARSAL (EG, CHOPART TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
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<td>28805</td>
<td>AMPUTATION, FOOT; TRANSMETATARSAL</td>
<td>No Auth Needed</td>
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<td>28810</td>
<td>AMPUTATION, METATARSAL, WITH TOE, SINGLE</td>
<td>No Auth Needed</td>
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<td>28820</td>
<td>AMPUTATION, TOE; METATARSOPHALANGEAL JOINT</td>
<td>No Auth Needed</td>
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<tr>
<td>28825</td>
<td>AMPUTATION, TOE; INTERPHALANGEAL JOINT</td>
<td>No Auth Needed</td>
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<tr>
<td>28890</td>
<td>EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, INCLUDING ULTRASO</td>
<td>No Auth Needed</td>
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<tr>
<td>28899</td>
<td>UNLISTED PROCEDURE, FOOT OR TOES</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>29000</td>
<td>APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)</td>
<td>No Auth Needed</td>
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<tr>
<td>29010</td>
<td>APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY</td>
<td>No Auth Needed</td>
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<tr>
<td>29015</td>
<td>APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD</td>
<td>No Auth Needed</td>
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<tr>
<td>29035</td>
<td>APPLICATION OF BODY CAST, SHOULDER TO HIPS;</td>
<td>No Auth Needed</td>
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<tr>
<td>29040</td>
<td>APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE</td>
<td>No Auth Needed</td>
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<tr>
<td>29044</td>
<td>APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH</td>
<td>No Auth Needed</td>
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<tr>
<td>29046</td>
<td>APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS</td>
<td>No Auth Needed</td>
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<tr>
<td>29049</td>
<td>APPLICATION, CAST; FIGURE-OF-EIGHT</td>
<td>No Auth Needed</td>
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<tr>
<td>29055</td>
<td>APPLICATION, CAST; SHOULDER SPICA</td>
<td>No Auth Needed</td>
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<td>29058</td>
<td>APPLICATION, CAST; PLASTER VELPEAU</td>
<td>No Auth Needed</td>
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<tr>
<td>29065</td>
<td>APPLICATION, CAST; SHOULDER TO HAND (LONG ARM)</td>
<td>No Auth Needed</td>
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<tr>
<td>29075</td>
<td>APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)</td>
<td>No Auth Needed</td>
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<tr>
<td>29085</td>
<td>APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>29086</td>
<td>APPLICATION, CAST; FINGER (EG, CONTRACTURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>29105</td>
<td>APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)</td>
<td>No Auth Needed</td>
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<tr>
<td>29125</td>
<td>APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC</td>
<td>No Auth Needed</td>
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<tr>
<td>29126</td>
<td>APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC</td>
<td>No Auth Needed</td>
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<tr>
<td>29130</td>
<td>APPLICATION OF FINGER SPLINT; STATIC</td>
<td>No Auth Needed</td>
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<tr>
<td>29131</td>
<td>APPLICATION OF FINGER SPLINT; DYNAMIC</td>
<td>No Auth Needed</td>
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<tr>
<td>29200</td>
<td>STRAPPING; THORAX</td>
<td>No Auth Needed</td>
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<tr>
<td>29240</td>
<td>STRAPPING; SHOULDER (EG, VELPEAU)</td>
<td>No Auth Needed</td>
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<tr>
<td>29260</td>
<td>STRAPPING; ELBOW OR WRIST</td>
<td>No Auth Needed</td>
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<td>29280</td>
<td>STRAPPING; HAND OR FINGER</td>
<td>No Auth Needed</td>
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<tr>
<td>29305</td>
<td>APPLICATION OF HIP SPICA CAST; ONE LEG</td>
<td>No Auth Needed</td>
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<tr>
<td>29325</td>
<td>APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS</td>
<td>No Auth Needed</td>
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<tr>
<td>29345</td>
<td>APPLICATION OF LONG LEG CAST (THIGH TO TOES);</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>29355</td>
<td>APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE</td>
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<tr>
<td>29358</td>
<td>APPLICATION OF LONG LEG CAST BRACE</td>
<td>No Auth</td>
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<td>29365</td>
<td>APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)</td>
<td>No Auth</td>
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<td>29405</td>
<td>APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);</td>
<td>No Auth</td>
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<td>29425</td>
<td>APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY</td>
<td>No Auth</td>
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<td>TYPE</td>
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<tr>
<td>29435</td>
<td>APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST</td>
<td>No Auth</td>
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<td>29440</td>
<td>ADDING WALKER TO PREVIOUSLY APPLIED CAST</td>
<td>No Auth</td>
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<td>29445</td>
<td>APPLICATION OF RIGID TOTAL CONTACT LEG CAST</td>
<td>No Auth</td>
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<td>29450</td>
<td>APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG</td>
<td>No Auth</td>
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<tr>
<td>29505</td>
<td>APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)</td>
<td>No Auth</td>
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<td>29515</td>
<td>APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)</td>
<td>No Auth</td>
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<tr>
<td>29520</td>
<td>STRAPPING; HIP</td>
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<td>29530</td>
<td>STRAPPING; KNEE</td>
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<td>29540 STRAPPING; ANKLE AND/OR FOOT</td>
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<td>29550 STRAPPING; TOES</td>
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<td>29580 STRAPPING; UNNA BOOT</td>
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<td>29581 APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM, BELOW KNEE</td>
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<td>29584 APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM, FOREARM, HAND, AND FINGERS</td>
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<td>29700 REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST</td>
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<td>29720 REPAIR OF SPICA, BODY CAST OR JACKET</td>
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<td>29730 WINDOWING OF CAST</td>
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<td>29740 WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)</td>
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<td>29750 WEDGING OF CLUBFOOT CAST</td>
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<td>ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE (MUMFORD PROCEDURE)</td>
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<td>Authorization not required for an ASC</td>
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<td>Code</td>
<td>Description</td>
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<td>ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY</td>
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<td>29848</td>
<td>ENDOSCOPY, WRIST, SURGICAL, WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT</td>
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<td>29850</td>
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<td>ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION</td>
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<td>ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF THE</td>
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<td>ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)</td>
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<td>ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION), MEDIAL OR LATERAL</td>
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<td>ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)</td>
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<td>29885</td>
<td>Arthroscopy, Knee, Surgical; Drilling for Osteochondritis Dissecans With Bone Grafting, With or Without Internal Fixation</td>
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<td>Arthroscopy, Knee, Surgical; Drilling for Intact Osteochondritis Dissecans Lesion</td>
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<td>29887</td>
<td>Arthroscopy, Knee, Surgical; Drilling for Intact Osteochondritis Dissecans Lesion With Internal Fixation</td>
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<td>29888</td>
<td>Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation Or Reconstruction</td>
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<td>29889</td>
<td>Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation Or Reconstruction</td>
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<td>29890</td>
<td>Arthroscopy, Ankle, Surgical, Excision of Osteochondral Defect of Talus and/or Tibia, Including Drilling of the Defect</td>
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<td>29891</td>
<td>Arthroscopically Aided Repair of Large Osteochondritis Dissecans Lesion, Talar Dome Fracture, or Tibial Plafond Fracture,</td>
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<td>29892</td>
<td>Endoscopic Plantar Fasciotomy</td>
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<td>29893</td>
<td>Arthroscopy, Ankle (Tibiotalar and Fibulotalar Joints), Surgical; With Removal Of Loose Body or Foreign Body</td>
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<td>Arthroscopy, Ankle (Tibiotalar and Fibulotalar Joints), Surgical; Synovectomy, Partial</td>
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<td>Arthroscopy, Ankle (Tibiotalar and Fibulotalar Joints), Surgical; Debridement, Limited</td>
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<td>Arthroscopy, Ankle (Tibiotalar and Fibulotalar Joints), Surgical; Debridement, Extensive</td>
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<td>Arthroscopy, Ankle (Tibiotalar and Fibulotalar Joints), Surgical; Debridement, Limited</td>
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<td>29898</td>
<td>Arthroscopy, Ankle (Tibiotalar and Fibulotalar Joints), Surgical; Debridement, Extensive</td>
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<td>Arthroscopy, Ankle (Tibiotalar and Fibulotalar Joints), Surgical; With Ankle Arthrodesis</td>
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<td>Code</td>
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<td>ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC, INCLUDES SYNOVIAL BIOPSY</td>
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<td>29902</td>
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<td>30110</td>
<td>EXCISION, NASAL POLYP(S), SIMPLE</td>
<td>No Auth Needed</td>
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<tr>
<td>30115</td>
<td>EXCISION, NASAL POLYP(S), EXTENSIVE</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>30117</td>
<td>EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; INTERNAL APPROACH</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>30118</td>
<td>EXCISION OR DESTRUCTION (EG, LASER), INTRANASAL LESION; EXTERNAL APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>30120</td>
<td>EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>30124</td>
<td>EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>30125</td>
<td>EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>30130</td>
<td>EXCISION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>30140</td>
<td>SUBMUCOUS RESECTION INFERIOR TURBINATE, PARTIAL OR COMPLETE, ANY METHOD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>30150</td>
<td>RHINECTOMY; PARTIAL</td>
<td>No Auth Needed</td>
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<tr>
<td>30160</td>
<td>RHINECTOMY; TOTAL</td>
<td>No Auth Needed</td>
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<tr>
<td>30200</td>
<td>INJECTION INTO TURBINATE(S), THERAPEUTIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization</td>
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<tr>
<td>30210</td>
<td>DISPLACEMENT THERAPY (PROETZ TYPE)</td>
<td>No Auth Needed</td>
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<tr>
<td>30220</td>
<td>INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)</td>
<td>No Auth Needed</td>
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<tr>
<td>30300</td>
<td>REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE</td>
<td>No Auth Needed</td>
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<tr>
<td>30310</td>
<td>REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>30320</td>
<td>REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>30400</td>
<td>RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>30410</td>
<td>RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELEVATION OF</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>30420</td>
<td>RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR</td>
<td>Auth Required</td>
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<tr>
<td>30430</td>
<td>RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)</td>
<td>Auth Required</td>
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<tr>
<td>30435</td>
<td>RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)</td>
<td>No Auth Needed</td>
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<tr>
<td>30450</td>
<td>RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)</td>
<td>Auth Required</td>
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<tr>
<td>30460</td>
<td>RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING;</td>
<td>Auth Required</td>
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<tr>
<td>30462</td>
<td>RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHENING;</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>Code</td>
<td>Procedure</td>
<td>Auth Requirement</td>
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<tr>
<td>30465</td>
<td>REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)</td>
<td>No Auth Needed</td>
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<tr>
<td>30520</td>
<td>SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT</td>
<td>Auth Required</td>
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<tr>
<td>30540</td>
<td>REPAIR CHOANAL ATRESIA; INTRANASAL</td>
<td>No Auth Needed</td>
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<tr>
<td>30545</td>
<td>REPAIR CHOANAL ATRESIA; TRANSPALATINE</td>
<td>No Auth Needed</td>
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<tr>
<td>30560</td>
<td>LYSIS INTRANASAL SYNECHIA</td>
<td>No Auth Needed</td>
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<tr>
<td>30580</td>
<td>REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)</td>
<td>No Auth Needed</td>
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<tr>
<td>30600</td>
<td>REPAIR FISTULA; ORONASAL</td>
<td>No Auth Needed</td>
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<tr>
<td>30620</td>
<td>SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)</td>
<td>Auth Required</td>
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<tr>
<td>30630</td>
<td>REPAIR NASAL SEPTAL PERFORATIONS</td>
<td>Auth Required</td>
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<tr>
<td>30801</td>
<td>CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD; SUPERFICIAL</td>
<td>No Auth Needed</td>
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<tr>
<td>30802</td>
<td>CAUTERY AND/OR ABLATION, MUCOSA OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD; INTRAMURAL</td>
<td>No Auth Needed</td>
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<tr>
<td>30901</td>
<td>CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD</td>
<td>No Auth Needed</td>
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<tr>
<td>30903</td>
<td>CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) ANY METHOD</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>30905</td>
<td>CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY, ANY METHOD; INITIAL</td>
<td>No Auth Needed</td>
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<td>30906</td>
<td>CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERY, ANY METHOD; SUBSEQUENT</td>
<td>No Auth Needed</td>
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<tr>
<td>30915</td>
<td>LIGATION ARTERIES; ETHMOIDAL</td>
<td>No Auth Needed</td>
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<td>30920</td>
<td>LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL</td>
<td>No Auth Needed</td>
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<td>30930</td>
<td>FRACTURE NASAL INFERIOR TURBİNATE(S), THERAPEUTIC</td>
<td>No Auth Needed</td>
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<tr>
<td>30999</td>
<td>UNLISTED PROCEDURE, NOSE</td>
<td>Auth Required</td>
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<tr>
<td>31000</td>
<td>LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)</td>
<td>No Auth Needed</td>
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<tr>
<td>31002</td>
<td>LAVAGE BY CANNULATION; SPHENOID SINUS</td>
<td>No Auth Needed</td>
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<tr>
<td>31020</td>
<td>SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL</td>
<td>No Auth Needed</td>
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<tr>
<td>31030</td>
<td>SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (Caldwell-Luc) WITHOUT REMOVAL OF ANTRÓCHOANAL POLYPS</td>
<td>No Auth Needed</td>
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<tr>
<td>31032</td>
<td>SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (Caldwell-Luc) WITH REMOVAL OF ANTRÓCHOANAL POLYPS</td>
<td>No Auth Needed</td>
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<tr>
<td>31040</td>
<td>PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH</td>
<td>No Auth Needed</td>
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<tr>
<td>31050</td>
<td>SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>31051</td>
<td>SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL OF POLYP(S)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31070</td>
<td>SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)</td>
<td>No Auth Needed</td>
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<tr>
<td>31075</td>
<td>SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH TYPE)</td>
<td>No Auth Needed</td>
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<tr>
<td>31080</td>
<td>SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (INCLUDES ABLATION)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>31081</td>
<td>SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION (INCLUDES ABLATION)</td>
<td>No Auth Needed</td>
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<tr>
<td>31084</td>
<td>SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION</td>
<td>No Auth Needed</td>
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<tr>
<td>31085</td>
<td>SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION</td>
<td>No Auth Needed</td>
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<tr>
<td>31086</td>
<td>SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION</td>
<td>No Auth Needed</td>
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<tr>
<td>31087</td>
<td>SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION</td>
<td>No Auth Needed</td>
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<tr>
<td>31090</td>
<td>SINUSOTOMY, UNILATERAL, THREE OR MORE PARANASAL SINUSES (FRONTAL, MAXILLARY, ETHMOID, SPHENOID)</td>
<td>No Auth Needed</td>
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<tr>
<td>31200</td>
<td>ETHMOIDECTOMY; INTRANASAL, ANTERIOR</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>31201</td>
<td>ETHMOIDECTOMY; INTRANASAL, TOTAL</td>
<td>No Auth Needed</td>
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<tr>
<td>31205</td>
<td>ETHMOIDECTOMY; EXTRANASAL, TOTAL</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>31225</td>
<td>MAXILLECTOMY; WITHOUT ORBITAL EXENTERATION</td>
<td>No Auth Needed</td>
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<tr>
<td>31230</td>
<td>MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)</td>
<td>No Auth Needed</td>
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<tr>
<td>31231</td>
<td>NASAL ENOSCOPY, DIAGNOSTIC, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>31233</td>
<td>NASAL/SINUS ENOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY (VIA INFERIOR MEATUS OR CANINE FOSSA PUNCTURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>31235</td>
<td>NASAL/SINUS ENOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY (VIA PUNCTURE OF SPHENOIDAL FACE OR CANNULATION OF OSTIUM)</td>
<td>No Auth Needed</td>
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<td>31236</td>
<td>NASAL/SINUS ENOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DEBRIDEMENT (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>31237</td>
<td>NASAL/SINUS ENOSCOPY, SURGICAL; WITH CONTROL OF NASAL HEMORRHAGE</td>
<td>No Auth Needed</td>
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<td>31239</td>
<td>NASAL/SINUS ENOSCOPY, SURGICAL; WITH DACRYOCYSTORRHINOSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>31240</td>
<td>NASAL/SINUS ENOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>31241</td>
<td>NASAL/SINUS ENOSCOPY, SURGICAL; WITH LIGATION OF SPHENOPALATINE ARTERY</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>31253</td>
<td>NASAL/SINUS ENOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>31254</td>
<td>NASAL/SINUS ENOSCOPY, SURGICAL WITH ETHMOIDECTOMY; PARTIAL (ANTERIOR)</td>
<td>No Auth Needed</td>
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<tr>
<td>31255</td>
<td>NASAL/SINUS ENOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>31256</td>
<td>NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY;</td>
<td>No Auth Needed</td>
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<tr>
<td>31257</td>
<td>NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>31259</td>
<td>NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>31267</td>
<td>NASAL/SINUS ENDOSCOPY, SURGICAL, WITH MAXILLARY ANTROSTOMY; WITH REMOVAL OF TISSUE FROM MAXILLARY SINUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31268</td>
<td>NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31276</td>
<td>NASAL/SINUS ENDOSCOPY, SURGICAL, WITH FRONTAL SINUS EXPLORATION, INCLUDING REMOVAL OF TISSUE FROM FRONTAL SINUS,</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>31287</td>
<td>NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY;</td>
<td>No Auth Needed</td>
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<tr>
<td>31288</td>
<td>NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS</td>
<td>No Auth Needed</td>
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<tr>
<td>31290</td>
<td>NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; ETHMOID REGION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>31291</td>
<td>NASAL/SINUS ENDOSCOPY, SURGICAL, WITH REPAIR OF CEREBROSPINAL FLUID LEAK; SPHENOID REGION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>31292</td>
<td>NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORBITAL WALL DECOMPRESSION</td>
<td>No Auth Needed</td>
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<tr>
<td>31293</td>
<td>NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AND INFERIOR ORBITAL WALL DECOMPRESSION</td>
<td>No Auth Needed</td>
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<tr>
<td>31294</td>
<td>NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESSION</td>
<td>No Auth Needed</td>
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<tr>
<td>31295</td>
<td>NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (Eg, BALLOON DILATION), TRANSNASAL OR VIA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
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<td>Authorization</td>
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<tr>
<td>31296</td>
<td>NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BALLOON DILATION)</td>
<td>No Auth Needed</td>
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<tr>
<td>31297</td>
<td>NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG, BALLOON DILATION)</td>
<td>No Auth Needed</td>
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<td>31298</td>
<td>NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL AND SPHENOID SINUS OSTIA (EG, BALLOON DILATION)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>31299</td>
<td>UNLISTED PROCEDURE, ACCESSORY SINUSES</td>
<td>Auth Required</td>
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<tr>
<td>31300</td>
<td>LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, CORDECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>31360</td>
<td>LARYNGECTOMY; TOTAL, WITHOUT RADICAL NECK DISSECTION</td>
<td>Auth Required</td>
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<tr>
<td>31365</td>
<td>LARYNGECTOMY; TOTAL, WITH RADICAL NECK DISSECTION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>31367</td>
<td>LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITHOUT RADICAL NECK DISSECTION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>31368</td>
<td>LARYNGECTOMY; SUBTOTAL SUPRAGLOTTIC, WITH RADICAL NECK DISSECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>31370</td>
<td>PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); HORIZONTAL</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>31375</td>
<td>PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); LATEROVERTICAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31380</td>
<td>PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTEROVERTICAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31382</td>
<td>PARTIAL LARYNGECTOMY (HEMILARYNGECTOMY); ANTERO-LATERO-VERTICAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<td></td>
</tr>
<tr>
<td>31390</td>
<td>PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITHOUT RECONSTRUCTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31395</td>
<td>PHARYNGOLARYNGECTOMY, WITH RADICAL NECK DISSECTION; WITH RECONSTRUCTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31400</td>
<td>ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31420</td>
<td>EPIGLOTTIDECTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31500</td>
<td>INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31502</td>
<td>TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31505</td>
<td>LARYNGOSCOPY, INDIRECT; DIAGNOSTIC (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31510</td>
<td>LARYNGOSCOPY, INDIRECT; WITH BIOPSY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31511</td>
<td>LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF FOREIGN BODY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31512</td>
<td>LARYNGOSCOPY, INDIRECT; WITH REMOVAL OF LESION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31513</td>
<td>LARYNGOSCOPY, INDIRECT; WITH VOCAL CORD INJECTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31515</td>
<td>LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31520</td>
<td>LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Approval Status</td>
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</tr>
<tr>
<td>31525</td>
<td>LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31526</td>
<td>LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE OR TELESCOPE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31527</td>
<td>LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31528</td>
<td>LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, INITIAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31529</td>
<td>LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATION, SUBSEQUENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31530</td>
<td>LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31531</td>
<td>LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE OR TELESCOPE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31535</td>
<td>LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31536</td>
<td>LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE OR TELESCOPE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31540</td>
<td>LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31541</td>
<td>LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH OPERATING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31545</td>
<td>LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH SUBMUCOSAL REMOVAL OF NON-NEOPLASTIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31546</td>
<td>LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH SUBMUCOSAL REMOVAL OF NON-NEOPLASTIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authentication Required</td>
<td></td>
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</tr>
<tr>
<td>31551</td>
<td>LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLACEMENT, YOUNGER THAN 12 YEARS OF AGE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31552</td>
<td>LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITHOUT INDWELLING STENT PLACEMENT, AGE 12 YEARS OR OLDER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31553</td>
<td>LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLING STENT PLACEMENT, YOUNGER THAN 12 YEARS OF AGE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31554</td>
<td>LARYNGOPLASTY; FOR LARYNGEAL STENOSIS, WITH GRAFT, WITH INDWELLING STENT PLACEMENT, AGE 12 YEARS OR OLDER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31555</td>
<td>LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31560</td>
<td>LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE OR TELESCOPE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31570</td>
<td>LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31571</td>
<td>LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE OR TELESCOPE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31572</td>
<td>LARYNGOSCOPY, FLEXIBLE; WITH ABLATION OR DESTRUCTION OF LESION(S) WITH LASER, UNILATERAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31573</td>
<td>LARYNGOSCOPY, FLEXIBLE; WITH THERAPEUTIC INJECTION(S) (EG, CHEMODENERVATION AGENT OR CORTICOSTEROID, INJECTED PERCUTANEOUS,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31574</td>
<td>LARYNGOSCOPY, FLEXIBLE; WITH INJECTION(S) FOR AUGMENTATION (EG, PERCUTANEOUS, TRANSORAL), UNILATERAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31575</td>
<td>LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31576</td>
<td>LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>31577</td>
<td>LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31578</td>
<td>LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31579</td>
<td>LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC, WITH STROBOSCOPY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31580</td>
<td>LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31584</td>
<td>LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31585</td>
<td>TREATMENT OF CLOSED LARYNGEA</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>31586</td>
<td>TREATMENT OF CLOSED LARYNGEA</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>31587</td>
<td>LARYNGOPLASTY, CRICOID SPLIT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31590</td>
<td>LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>31591</td>
<td>LARYNGOPLASTY, MEDIALIZATION, UNILATERAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31592</td>
<td>CRICOTRACHEAL RESECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>31599</td>
<td>UNLISTED PROCEDURE, LARYNX</td>
<td>Auth Required</td>
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<tr>
<td>31600</td>
<td>TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
<td></td>
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</tr>
<tr>
<td>31601</td>
<td>TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); YOUNGER THAN TWO YEARS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31603</td>
<td>TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>31605</td>
<td>TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE</td>
<td>No Auth Needed</td>
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<tr>
<td>31610</td>
<td>TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>31611</td>
<td>CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNGEAL SPEECH PROSTHESIS (EG, VOICE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31612</td>
<td>TRACHEAL PUNCTURE, PERCUTANEOUS WITH TRANSTRACHEAL ASPIRATION AND/OR INJECTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31613</td>
<td>TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31614</td>
<td>TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31615</td>
<td>TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31622</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; DIAGNOSTIC, WITH OR WITHOUT CELL WASHING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31623</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH BRUSHING OR PROTECTED BRUSHINGS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31624</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH BRONCHIAL ALVEOLAR LAVAGE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31625</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH BRONCHIAL OR ENDOBRONCHIAL BIOPSY(S),</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>31626</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF FIDUCIAL MARKERS, SINGLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31627</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH COMPUTER-ASSISTED, IMAGE-GUIDED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31628</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL LUNG BIOPSY(S), SINGLE LOBE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31629</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL NEEDLE ASPIRATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31630</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRACHEAL/BRONCHIAL DILATION OR CLOSED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31631</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH PLACEMENT OF TRACHEAL STENT(S) (INCLUDES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31632</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL LUNG BIOPSY(S), EACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31633</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL NEEDLE ASPIRATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31634</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WITH ASSESSMENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31635</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH REMOVAL OF FOREIGN BODY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31636</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH PLACEMENT OF BRONCHIAL STENT(S) (INCLUDES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31637</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; EACH ADDITIONAL MAJOR BRONCHUS STENTED (LIST</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31638</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH REVISION OF TRACHEAL OR BRONCHIAL STENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
<td></td>
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<tr>
<td>31640</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH EXCISION OF TUMOR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31641</td>
<td>BRONCHOSCOPY (RIGID OR FLEXIBLE); WITH DESTRUCTION OF TUMOR OR RELIEF OF STENOSIS BY ANY METHOD OTHER THAN EXCISION (EG, L)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31643</td>
<td>BRONCHOSCOPY (RIGID OR FLEXIBLE); WITH PLACEMENT OF CATHETER(S) FOR INTRACAVITARY RADIOELEMENT APPLICATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31645</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31646</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31647</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WHEN PERFORMED,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31648</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCHIAL VALVE(S), INITIAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31649</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCHIAL VALVE(S), EACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31651</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WHEN PERFORMED,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31652</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBUS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31653</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBUS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31654</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRANSENDOSCOPIC ENDOBRONCHIAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>31660</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 1 LOBE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth/No Auth Required</td>
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</tr>
<tr>
<td>31661</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BRONCHIAL THERMOPLASTY, 2 OR MORE</td>
<td>Auth Required</td>
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<tr>
<td>31700</td>
<td>CATHETERIZATION, TRANSGLOTTI</td>
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<tr>
<td>31708</td>
<td>INSTILLATION OF CONTRAST MAT</td>
<td>Auth Required</td>
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<tr>
<td>31710</td>
<td>CATHETERIZATION FOR BRONCHOGENESIS</td>
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<td>31717</td>
<td>CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY</td>
<td>No Auth Needed</td>
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<tr>
<td>31720</td>
<td>CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEAL</td>
<td>No Auth Needed</td>
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<tr>
<td>31725</td>
<td>CATHETER ASPIRATION (SEPARATE PROCEDURE); TRACHEOBRONCHIAL WITH FIBERSCOPE, BEDSIDE</td>
<td>No Auth Needed</td>
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<td>31730</td>
<td>TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/STENT OR INDWELLING TUBE FOR OXYGEN THERAPY</td>
<td>No Auth Needed</td>
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<tr>
<td>31750</td>
<td>TRACHEOPLASTY; CERVICAL</td>
<td>Auth Required</td>
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<td>31755</td>
<td>TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE</td>
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<td>31760</td>
<td>TRACHEOPLASTY; INTRATHORACIC</td>
<td>Auth Required</td>
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<tr>
<td>31766</td>
<td>CARINAL RECONSTRUCTION</td>
<td>Auth Required</td>
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<td>31770</td>
<td>BRONCHOPLASTY; GRAFT REPAIR</td>
<td>No Auth Needed</td>
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<td>31775</td>
<td>BRONCHOPLASTY; EXCISION STENOSIS AND ANASTOMOSIS</td>
<td>No Auth Needed</td>
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<td>31780</td>
<td>EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICAL</td>
<td>No Auth Needed</td>
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<td>31781</td>
<td>EXCISION TRACHEAL STENOSIS AND ANASTOMOSIS; CERVICOTHORACIC</td>
<td>No Auth Needed</td>
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<td>31785</td>
<td>EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL</td>
<td>No Auth Needed</td>
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<td>31786</td>
<td>EXCISION OF TRACHEAL TUMOR OR CARCINOMA; THORACIC</td>
<td>No Auth Needed</td>
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<td>31800</td>
<td>SUTURE OF TRACHEAL WOUND OR INJURY; CERVICAL</td>
<td>No Auth Needed</td>
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<tr>
<td>31805</td>
<td>SUTURE OF TRACHEAL WOUND OR INJURY; INTRATHORACIC</td>
<td>No Auth Needed</td>
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<tr>
<td>31820</td>
<td>SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR</td>
<td>No Auth Needed</td>
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<tr>
<td>31825</td>
<td>SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR</td>
<td>No Auth Needed</td>
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<td>31830</td>
<td>REVISION OF TRACHEOSTOMY SCAR</td>
<td>No Auth Needed</td>
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<td>31899</td>
<td>UNLISTED PROCEDURE, TRACHEA, BRONCHI</td>
<td>Auth Required</td>
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<td>32035</td>
<td>THORACOSTOMY; WITH RIB RESECTION FOR EMPYEMA</td>
<td>No Auth Needed</td>
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<td>32036</td>
<td>THORACOSTOMY; WITH OPEN FLAP DRAINAGE FOR EMPYEMA</td>
<td>No Auth Needed</td>
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<td>32096</td>
<td>THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE, INCISIONAL), UNILATERAL</td>
<td>No Auth Needed</td>
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<tr>
<td>32097</td>
<td>THORACOTOMY, WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG, WEDGE, INCISIONAL), UNILATERAL</td>
<td>No Auth Needed</td>
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<td>32098</td>
<td>THORACOTOMY, WITH BIOPSY(IES) OF PLEURA</td>
<td>No Auth Needed</td>
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<tr>
<td>32100</td>
<td>THORACOTOMY, MAJOR; WITH EXPLORATION AND BIOPSY</td>
<td>No Auth Needed</td>
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<tr>
<td>32110</td>
<td>THORACOTOMY, MAJOR; WITH CONTROL OF TRAUMATIC HEMORRHAGE AND/OR REPAIR OF LUNG TEAR</td>
<td>No Auth Needed</td>
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<td>32120</td>
<td>THORACOTOMY, MAJOR; FOR POSTOPERATIVE COMPLICATIONS</td>
<td>No Auth Needed</td>
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<tr>
<td>32124</td>
<td>THORACOTOMY, MAJOR; WITH OPEN INTRAPLEURAL PNEUMONOLYSIS</td>
<td>No Auth Needed</td>
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<td>32140</td>
<td>THORACOTOMY, MAJOR; WITH CYST(S) REMOVAL, WITH OR WITHOUT A PLEURAL PROCEDURE</td>
<td>No Auth Needed</td>
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<tr>
<td>32141</td>
<td>THORACOTOMY, MAJOR; WITH EXCISION-PLICATION OF BULLAE, WITH OR WITHOUT ANY PLEURAL PROCEDURE</td>
<td>No Auth Needed</td>
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<tr>
<td>32150</td>
<td>THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT</td>
<td>No Auth Needed</td>
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<td>32151</td>
<td>THORACOTOMY, MAJOR; WITH REMOVAL OF INTRAPULMONARY FOREIGN BODY</td>
<td>No Auth Needed</td>
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<td>32160</td>
<td>THORACOTOMY, MAJOR; WITH CARDIAC MASSAGE</td>
<td>No Auth Needed</td>
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<td>32200</td>
<td>PNEUMONOSTOMY; WITH OPEN DRAINAGE OF ABSCESS OR CYST</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<td>32215</td>
<td>PLEURAL SCARIFICATION FOR REPEAT PNEUMOTHORAX</td>
<td>No Auth Needed</td>
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<td>32220</td>
<td>DECORTICATION, PULMONARY (SEPARATE PROCEDURE); TOTAL</td>
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<tr>
<td>32225</td>
<td>DECORTICATION, PULMONARY (SEPARATE PROCEDURE); PARTIAL</td>
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<td>32310</td>
<td>PLEURECTOMY, PARIETAL (SEPARATE PROCEDURE)</td>
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<tr>
<td>32320</td>
<td>DECORTICATION AND PARIETAL PLEURECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>32400</td>
<td>BIOPSY, PLEURA; PERCUTANEOUS NEEDLE</td>
<td>No Auth Needed</td>
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<td>32405</td>
<td>BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS NEEDLE</td>
<td>No Auth Needed</td>
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<tr>
<td>32440</td>
<td>REMOVAL OF LUNG, TOTAL PNEUMONECTOMY;</td>
<td>No Auth Needed</td>
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<tr>
<td>32442</td>
<td>REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; WITH RESECTION OF SEGMENT OF TRACHEA FOLLOWED BY BRONCHO-TRACHEAL</td>
<td>No Auth Needed</td>
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<td>32445</td>
<td>REMOVAL OF LUNG, TOTAL PNEUMONECTOMY; EXTRAPLEURAL</td>
<td>No Auth Needed</td>
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<td>32480</td>
<td>REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE LOBE (LOBECTOMY)</td>
<td>No Auth Needed</td>
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<td>32482</td>
<td>REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; TWO LOBES (BILOBECTOMY)</td>
<td>No Auth Needed</td>
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<td>32484</td>
<td>REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; SINGLE SEGMENT (SEGMENTECTOMY)</td>
<td>No Auth Needed</td>
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<td>32486</td>
<td>REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; WITH CIRCUMFERENTIAL RESECTION OF SEGMENT OF BRONCHUS</td>
<td>No Auth Needed</td>
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<td>32488</td>
<td>REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; ALL REMAINING LUNG FOLLOWING PREVIOUS REMOVAL OF A PORTION</td>
<td>No Auth Needed</td>
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<td>32491</td>
<td>REMOVAL OF LUNG, OTHER THAN TOTAL PNEUMONECTOMY; EXCISION-PLICATION OF EMPHYSEMATOUS LUNG(S) (BULLOUS OR NON-</td>
<td>No Auth Needed</td>
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<tr>
<td>32501</td>
<td>RESECTION AND REPAIR OF PORTION OF BRONCHUS (BRONCHOPLASTY) WHEN PERFORMED AT TIME OF LOBECTOMY OR</td>
<td>No Auth Needed</td>
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<td>32503</td>
<td>RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL RESECTION, RIB(S) RESECTION(S),</td>
<td>No Auth Needed</td>
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<td>RESECTION OF APICAL LUNG TUMOR (EG, PANCOAST TUMOR), INCLUDING CHEST WALL RESECTION, RIB(S) RESECTION(S),</td>
<td>No Auth Needed</td>
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<td>32505</td>
<td>THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL</td>
<td>No Auth Needed</td>
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<td>32506</td>
<td>THORACOTOMY; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), EACH ADDITIONAL RESECTION, IPSILATERAL LIST</td>
<td>No Auth Needed</td>
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<td>32507</td>
<td>THORACOTOMY; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION TO</td>
<td>No Auth Needed</td>
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<td>32520</td>
<td>RESECTION OF LUNG; WITH RESE</td>
<td>Auth Required</td>
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<td>32522</td>
<td>RESECTION OF LUNG; WITH RECO</td>
<td>Auth Required</td>
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<td>32525</td>
<td>RESECTION OF LUNG; WITH MAJO</td>
<td>Auth Required</td>
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<td>32540</td>
<td>EXTRAPLEURAL ENUCLEATION OF EMpyema (EMPyEMECTOMY)</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<td>Authorization Required</td>
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<tr>
<td>32550</td>
<td>INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF</td>
<td>No Auth Needed</td>
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<tr>
<td>32551</td>
<td>TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABSCESS, HEMOTHORAX, EMPYEMA), WHEN PERFORMED (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>32552</td>
<td>REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF</td>
<td>No Auth Needed</td>
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<tr>
<td>32553</td>
<td>PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-</td>
<td>No Auth Needed</td>
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<tr>
<td>32554</td>
<td>THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT IMAGING GUIDANCE</td>
<td>No Auth Needed</td>
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<tr>
<td>32555</td>
<td>THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITH IMAGING GUIDANCE</td>
<td>No Auth Needed</td>
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<tr>
<td>32556</td>
<td>PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITHOUT IMAGING GUIDANCE</td>
<td>No Auth Needed</td>
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<tr>
<td>32557</td>
<td>PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITH IMAGING GUIDANCE</td>
<td>No Auth Needed</td>
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<tr>
<td>32560</td>
<td>CHEMICAL PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)</td>
<td>No Auth Needed</td>
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<tr>
<td>32561</td>
<td>INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYTIC AGENT FOR BREAK-UP OF MULTILOCULATED</td>
<td>No Auth Needed</td>
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<td>32562</td>
<td>INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYTIC AGENT FOR BREAK-UP OF MULTILOCULATED</td>
<td>No Auth Needed</td>
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<tr>
<td>32601</td>
<td>THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); LUNGS AND PLEURAL SPACE, WITHOUT BIOPSY</td>
<td>No Auth Needed</td>
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<td>32604</td>
<td>THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITH BIOPSY</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>32606</td>
<td>THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH BIOPSY</td>
<td>No Auth Needed</td>
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<td>32607</td>
<td>THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S) (EG, WEDGE, INCISIONAL), UNILATERAL</td>
<td>No Auth Needed</td>
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<td>32608</td>
<td>THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES) (EG, WEDGE, INCISIONAL), UNILATERAL</td>
<td>No Auth Needed</td>
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<td>32609</td>
<td>THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA</td>
<td>No Auth Needed</td>
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<td>32650</td>
<td>THORACOSCOPY, SURGICAL; WITH PLEURODESIS (EG, MECHANICAL OR CHEMICAL)</td>
<td>No Auth Needed</td>
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<tr>
<td>32651</td>
<td>THORACOSCOPY, SURGICAL; WITH PARTIAL PULMONARY DECORTICATION</td>
<td>No Auth Needed</td>
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<td>32652</td>
<td>THORACOSCOPY, SURGICAL; WITH TOTAL PULMONARY DECORTICATION, INCLUDING INTRAPLEURAL PNEUMONOLYSIS</td>
<td>No Auth Needed</td>
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<td>32653</td>
<td>THORACOSCOPY, SURGICAL; WITH REMOVAL OF INTRAPLEURAL FOREIGN BODY OR FIBRIN DEPOSIT</td>
<td>No Auth Needed</td>
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<tr>
<td>32654</td>
<td>THORACOSCOPY, SURGICAL; WITH CONTROL OF TRAUMATIC HEMORRHAGE</td>
<td>No Auth Needed</td>
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<tr>
<td>32655</td>
<td>THORACOSCOPY, SURGICAL; WITH EXCISION-PLICATION OF BULLAE, INCLUDING ANY PLEURAL PROCEDURE</td>
<td>No Auth Needed</td>
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<tr>
<td>32656</td>
<td>THORACOSCOPY, SURGICAL; WITH PARIETAL PLEURECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>32658</td>
<td>THORACOSCOPY, SURGICAL; WITH REMOVAL OF CLOT OR FOREIGN BODY FROM PERICARDIAL SAC</td>
<td>No Auth Needed</td>
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<tr>
<td>32659</td>
<td>THORACOSCOPY, SURGICAL; WITH CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION OF PERICARDIAL SAC FOR DRAINAGE</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<td>32661</td>
<td>THORACOSCOPY, SURGICAL; WITH EXCISION OF PERICARDIAL CYST, TUMOR, OR MASS</td>
<td>No Auth Needed</td>
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<tr>
<td>32662</td>
<td>THORACOSCOPY, SURGICAL; WITH EXCISION OF MEDIASTINAL CYST, TUMOR, OR MASS</td>
<td>No Auth Needed</td>
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<td>32663</td>
<td>THORACOSCOPY, SURGICAL; WITH LOBECTOMY, TOTAL OR SEGMENTAL</td>
<td>No Auth Needed</td>
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<tr>
<td>32664</td>
<td>THORACOSCOPY, SURGICAL; WITH THORACIC SYMPATHECTOMY</td>
<td>No Auth Needed</td>
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<td>32665</td>
<td>THORACOSCOPY, SURGICAL; WITH ESOPHAGOMYOTOMY (HELLE TYPE)</td>
<td>No Auth Needed</td>
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<tr>
<td>32666</td>
<td>THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS, NODULE), INITIAL UNILATERAL</td>
<td>No Auth Needed</td>
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<td>32667</td>
<td>THORACOSCOPY, SURGICAL; WITH THERAPEUTIC WEDGE RESECTION (EG, MASS OR NODULE), EACH ADDITIONAL RESECTION, IPSILATERAL (LIST</td>
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<tr>
<td>32668</td>
<td>THORACOSCOPY, SURGICAL; WITH DIAGNOSTIC WEDGE RESECTION FOLLOWED BY ANATOMIC LUNG RESECTION (LIST SEPARATELY IN ADDITION</td>
<td>No Auth Needed</td>
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<td>32669</td>
<td>THORACOSCOPY, SURGICAL; WITH REMOVAL OF A SINGLE LUNG SEGMENT (SEGMENTECTOMY)</td>
<td>No Auth Needed</td>
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<td>32670</td>
<td>THORACOSCOPY, SURGICAL; WITH REMOVAL OF 2 LOBES (BILOBECTOMY)</td>
<td>No Auth Needed</td>
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<tr>
<td>32671</td>
<td>THORACOSCOPY, SURGICAL; WITH REMOVAL OF LUNG (PNEUMONECTOMY)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>32672</td>
<td>THORACOSCOPY, SURGICAL; WITH RESECTION-PLICATION FOR EMPHYSEMATOUS LUNG (BULLOUS OR NON-BULLOUS) FOR LUNG VOLUME</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>32673</td>
<td>THORACOSCOPY, SURGICAL; WITH RESECTION OF THYMUS, UNILATERAL OR BILATERAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>32674</td>
<td>THORACOSCOPY, SURGICAL; WITH MEDIASTINAL AND REGIONAL LYMPHADENECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY)</td>
<td>No Auth Needed</td>
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<tr>
<td>32701</td>
<td>THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC BODY RADIATION THERAPY (SRS/SBRT), (PHOTON OR PARTICLE BEAM),</td>
<td>Auth Required</td>
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<tr>
<td>32800</td>
<td>REPAIR LUNG Hernia THROUGH CHEST WALL</td>
<td>No Auth Needed</td>
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<tr>
<td>32810</td>
<td>CLOSURE OF CHEST WALL FOLLOWING OPEN FLAP DRAINAGE FOR EMPYEMA (CLAGETT TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>32815</td>
<td>OPEN CLOSURE OF MAJOR BRONCHIAL FISTULA</td>
<td>No Auth Needed</td>
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<tr>
<td>32820</td>
<td>MAJOR RECONSTRUCTION, CHEST WALL (POSTTRAUMATIC)</td>
<td>No Auth Needed</td>
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<tr>
<td>32850</td>
<td>DONOR PNEUMONECTOMY(S) (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR</td>
<td>Auth Required</td>
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<tr>
<td>32851</td>
<td>LUNG TRANSPLANT, SINGLE; WITHOUT CARDIOPULMONARY BYPASS</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>32852</td>
<td>LUNG TRANSPLANT, SINGLE; WITH CARDIOPULMONARY BYPASS</td>
<td>Auth Required</td>
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<tr>
<td>32853</td>
<td>LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITHOUT CARDIOPULMONARY BYPASS</td>
<td>Auth Required</td>
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<tr>
<td>32854</td>
<td>LUNG TRANSPLANT, DOUBLE (BILATERAL SEQUENTIAL OR EN BLOC); WITH CARDIOPULMONARY BYPASS</td>
<td>Auth Required</td>
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<tr>
<td>32855</td>
<td>BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF</td>
<td>Auth Required</td>
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<tr>
<td>32856</td>
<td>BACKBENCH STANDARD PREPARATION OF CADAVER DONOR LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>32900</td>
<td>RESECTION OF RIBS, EXTRAPLEURAL, ALL STAGES</td>
<td>No Auth Needed</td>
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<tr>
<td>32905</td>
<td>THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);</td>
<td>No Auth Needed</td>
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<tr>
<td>32906</td>
<td>THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE OF</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>BRONCHOPLEURAL FISTULA</td>
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<td>32940</td>
<td>PNEUMONOLYSIS, EXTRAPERIOSTEAL, INCLUDING FILLING OR PACKING PROCEDURES</td>
<td>No Auth Needed</td>
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<td>32960</td>
<td>PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR</td>
<td>No Auth Needed</td>
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<td>32994</td>
<td>ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE PULMONARY TUMOR(S)</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>INCLUDING PLEURA OR CHEST WALL</td>
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<tr>
<td>32997</td>
<td>TOTAL LUNG LAVAGE (UNILATERAL)</td>
<td>No Auth Needed</td>
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<td>ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE PULMONARY TUMOR(S)</td>
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<td>INCLUDING PLEURA OR CHEST WALL</td>
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<tr>
<td>32999</td>
<td>UNLISTED PROCEDURE, LUNGS AND PLEURA</td>
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<tr>
<td>33010</td>
<td>PERICARDIOCENTESIS; INITIAL</td>
<td>No Auth Needed</td>
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<tr>
<td>33011</td>
<td>PERICARDIOCENTESIS; SUBSEQUENT</td>
<td>No Auth Needed</td>
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<tr>
<td>33015</td>
<td>TUBE PERICARDIOSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>33016</td>
<td>PERICARDIOCENTESIS, INCLUDING IMAGING GUIDANCE, WHEN PERFOR</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>33017</td>
<td>PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER,</td>
<td>No Auth Needed</td>
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<tr>
<td>33018</td>
<td>PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER,</td>
<td>No Auth Needed</td>
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<tr>
<td>33019</td>
<td>PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER,</td>
<td>No Auth Needed</td>
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<tr>
<td>33020</td>
<td>PERICARDIOTOMY FOR REMOVAL OF CLOT OR FOREIGN BODY (PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>33025</td>
<td>CREATION OF PERICARDIAL WINDOW OR PARTIAL RESECTION FOR DRAINAGE</td>
<td>No Auth Needed</td>
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<tr>
<td>33030</td>
<td>PERICARDECTOMY, SUBTOTAL OR COMPLETE; WITHOUT CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
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<tr>
<td>33031</td>
<td>PERICARDECTOMY, SUBTOTAL OR COMPLETE; WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
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<tr>
<td>33050</td>
<td>EXCISION OF PERICARDIAL CYST OR TUMOR</td>
<td>No Auth Needed</td>
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<tr>
<td>33120</td>
<td>EXCISION OF INTRACARDiac TUMOR, RESECTION WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
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<tr>
<td>33130</td>
<td>RESECTION OF EXTERNAL CARDiac TUMOR</td>
<td>No Auth Needed</td>
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<tr>
<td>33140</td>
<td>TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; (SEPARATE Procedure)</td>
<td>No Auth Needed</td>
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<tr>
<td>33141</td>
<td>TRANSMYOCARDIAL LASER REVASCULARIZATION, BY THORACOTOMY; PERFORMED AT THE TIME OF OTHER OPEN CARDiac PROCEDURE(S) (LIST SE</td>
<td>No Auth Needed</td>
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<tr>
<td>33200</td>
<td>INSERTION OF PERMANENT PACEM</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<td>33201</td>
<td>INSERTION OF PERMANENT PACEM</td>
<td>Auth Required</td>
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<tr>
<td>33202</td>
<td>INSERTION OF EPICARDIAL ELECTRODE(S); OPEN INCISION (EG, THORACOTOMY, MEDIAN STERNOTOMY, SUBXIPHOID APPROACH)</td>
<td>No Auth Needed</td>
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<tr>
<td>33203</td>
<td>INSERTION OF EPICARDIAL ELECTRODE(S); ENDOSCOPIC APPROACH (EG, THORACOSCOPY, PERICARDIOSCOPY)</td>
<td>No Auth Needed</td>
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<tr>
<td>33206</td>
<td>INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL</td>
<td>Auth Required</td>
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<td>33207</td>
<td>INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); VENTRICULAR</td>
<td>Auth Required</td>
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<td>33208</td>
<td>INSERTION OR REPLACEMENT OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL AND VENTRICULAR</td>
<td>Auth Required</td>
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<tr>
<td>33210</td>
<td>INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS SINGLE CHAMBER CARDIAC ELECTRODE OR PACEMAKER CATHETER (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>33211</td>
<td>INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING ELECTRODES (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>33212</td>
<td>INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; SINGLE CHAMBER, ATRIAL OR VENTRICULAR</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>33213</td>
<td>INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER</td>
<td>No Auth Needed</td>
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<tr>
<td>33214</td>
<td>UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO DUAL CHAMBER SYSTEM (INCLUDES REMOVAL OF)</td>
<td>No Auth Needed</td>
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<tr>
<td>33215</td>
<td>REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS PACEMAKER OR IMPLANTABLE DEFIBRILLATOR (RIGHT ATRIAL OR RIGHT)</td>
<td>No Auth Needed</td>
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<tr>
<td>33216</td>
<td>INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR IMPLANTABLE DEFIBRILLATOR</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>33217</td>
<td>INSERTION OF 2 TRANSVENOUS ELECTRODES, PERMANENT PACEMAKER OR IMPLANTABLE</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>DEFIBRILLATOR</td>
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<td>33218</td>
<td>REPAIR OF SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR IMPLANTABLE</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td></td>
<td>DEFIBRILLATOR</td>
<td></td>
<td></td>
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<tr>
<td>33220</td>
<td>REPAIR OF 2 TRANSVENOUS ELECTRODES FOR PERMANENT PACEMAKER OR IMPLANTABLE</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>DEFIBRILLATOR</td>
<td></td>
<td></td>
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<tr>
<td>33221</td>
<td>INSERTION OF PACemaker PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS</td>
<td>No Auth Needed</td>
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<tr>
<td>33222</td>
<td>REVISION OR RELOCATION OF SKIN POCKET FOR PACemaker</td>
<td>No Auth Needed</td>
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<tr>
<td>33223</td>
<td>RELOCATION OF SKIN POCKET FOR IMPLANTABLE DEFIBRILLATOR</td>
<td>No Auth Needed</td>
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<tr>
<td>33224</td>
<td>INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>PACING, WITH ATTACHMENT TO PREVIOUSLY PLACED</td>
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<tr>
<td>33225</td>
<td>INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR</td>
<td>No Auth Needed</td>
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<tr>
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<td>PACING, AT TIME OF INSERTION OF IMPLANTABLE</td>
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<td>33226</td>
<td>REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR)</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>ELECTRODE (INCLUDING REMOVAL, INSERTION)</td>
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<tr>
<td>33227</td>
<td>REMOVAL OF PERMANENT PACemaker PULSE GENERATOR WITH REPLACEMENT OF PACemaker</td>
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<tr>
<td></td>
<td>PULSE GENERATOR; SINGLE LEAD SYSTEM</td>
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<tr>
<td>33228</td>
<td>REMOVAL OF PERMANENT PACemaker PULSE GENERATOR WITH REPLACEMENT OF PACemaker</td>
<td>No Auth Needed</td>
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<td></td>
<td>PULSE GENERATOR; DUAL LEAD SYSTEM</td>
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<tr>
<td>33229</td>
<td>REMOVAL OF PERMANENT PACemaker PULSE GENERATOR WITH REPLACEMENT OF PACemaker</td>
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<tr>
<td></td>
<td>PULSE GENERATOR; MULTIPLE LEAD SYSTEM</td>
<td></td>
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<tr>
<td>33230</td>
<td>INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING</td>
<td>Auth Required</td>
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</tr>
<tr>
<td></td>
<td>DUAL LEADS</td>
<td></td>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>33231</td>
<td>INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS</td>
<td>Auth Required</td>
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<tr>
<td>33233</td>
<td>REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR</td>
<td>No Auth Needed</td>
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<tr>
<td>33234</td>
<td>REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); SINGLE LEAD SYSTEM, ATRIAL OR VENTRICULAR</td>
<td>No Auth Needed</td>
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<tr>
<td>33235</td>
<td>REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM</td>
<td>No Auth Needed</td>
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<tr>
<td>33236</td>
<td>REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOMY; SINGLE LEAD SYSTEM, ATRIAL OR</td>
<td>No Auth Needed</td>
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<td>33237</td>
<td>REMOVAL OF PERMANENT EPICARDIAL PACEMAKER AND ELECTRODES BY THORACOTOMY; DUAL LEAD SYSTEM</td>
<td>No Auth Needed</td>
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<tr>
<td>33238</td>
<td>REMOVAL OF PERMANENT TRANSVENOUS ELECTRODE(S) BY THORACOTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>33240</td>
<td>INSERTION OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING SINGLE LEAD</td>
<td>No Auth Needed</td>
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<tr>
<td>33241</td>
<td>REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR ONLY</td>
<td>No Auth Needed</td>
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<tr>
<td>33243</td>
<td>REMOVAL OF SINGLE OR DUAL CHAMBER IMPLANTABLE DEFIBRILLATOR ELECTRODE(S); BY THORACOTOMY</td>
<td>No Auth Needed</td>
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<td>33244</td>
<td>REMOVAL OF SINGLE OR DUAL CHAMBER IMPLANTABLE DEFIBRILLATOR ELECTRODE(S); BY TRANSVENOUS EXTRACTION</td>
<td>No Auth Needed</td>
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<tr>
<td>33245</td>
<td>IMPLANTATION OR REPLACEMENT</td>
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<td>33246</td>
<td>INSERTION OF EPICARDIAL SING</td>
<td>Auth Required</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<td>33249</td>
<td>INSERTION OR REPLACEMENT OF PERMANENT IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH TRANSEPICULAR LEAD(S), SINGLE OR DUAL CHAMBER</td>
<td>Auth Required</td>
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<td>33250</td>
<td>OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLFF-PARKINSON-WHITE, ATRIOVENTRICULAR)</td>
<td>No Auth Needed</td>
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<tr>
<td>33251</td>
<td>OPERATIVE ABLATION OF SUPRAVENTRICULAR ARRHYTHMOGENIC FOCUS OR PATHWAY (EG, WOLFF-PARKINSON-WHITE, ATRIOVENTRICULAR)</td>
<td>No Auth Needed</td>
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<tr>
<td>33253</td>
<td>OPERATIVE INCISIONS AND RECO</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>33254</td>
<td>OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>33255</td>
<td>OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE); WITHOUT</td>
<td>No Auth Needed</td>
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<tr>
<td>33256</td>
<td>OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE); WITH CARDIOPULMONARY</td>
<td>No Auth Needed</td>
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<tr>
<td>33257</td>
<td>OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S), LIMITED</td>
<td>No Auth Needed</td>
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<td>33258</td>
<td>OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S),</td>
<td>No Auth Needed</td>
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<td>33259</td>
<td>OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, PERFORMED AT THE TIME OF OTHER CARDIAC PROCEDURE(S),</td>
<td>No Auth Needed</td>
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<td>33261</td>
<td>OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY BYPASS</td>
<td>Auth Required</td>
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<td>33262</td>
<td>REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR;</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>33263</td>
<td>REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR;</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>33264</td>
<td>REMOVAL OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR;</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>33265</td>
<td>ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, LIMITED (EG, MODIFIED MAZE PROCEDURE),</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>33266</td>
<td>ENDOSCOPY, SURGICAL; OPERATIVE TISSUE ABLATION AND RECONSTRUCTION OF ATRIA, EXTENSIVE (EG, MAZE PROCEDURE), WITHOUT</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>33270</td>
<td>INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH SUBCUTANEOUS ELECTRODE,</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>33271</td>
<td>INSERTION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33272</td>
<td>REMOVAL OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33273</td>
<td>REPOSITIONING OF PREVIOUSLY IMPLANTED SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33274</td>
<td>TRANSCATHETER INSERTION OR REPLACEMENT OF PERMANENT LEADLESS PACEMAKER, RIGHT VENTRICULAR, INCLUDING IMAGING GUIDANCE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>33275</td>
<td>TRANSCATHETER REMOVAL OF PERMANENT LEADLESS PACEMAKER, RIGHT VENTRICULAR</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>33285</td>
<td>INSERTION, SUBCUTANEOUS CARDIAC RHYTHM MONITOR, INCLUDING PROGRAMMING</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>33286</td>
<td>REMOVAL, SUBCUTANEOUS CARDIAC RHYTHM MONITOR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33289</td>
<td>TRANSCATHETER IMPLANTATION OF WIRELESS PULMONARY ARTERY PRESSURE SENSOR FOR LONG-TERM HEMODYNAMIC MONITORING,</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>33300</td>
<td>REPAIR OF CARDIAC WOUND; WITHOUT BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>33305</td>
<td>REPAIR OF CARDIAC WOUND; WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33310</td>
<td>CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR VENTRICULAR THROMBUS); WITHOUT BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33315</td>
<td>CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY, ATRIAL OR VENTRICULAR THROMBUS); WITH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33320</td>
<td>SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITHOUT SHUNT OR CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33321</td>
<td>SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH SHUNT BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33322</td>
<td>SUTURE REPAIR OF AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33330</td>
<td>INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITHOUT SHUNT, OR CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33335</td>
<td>INSERTION OF GRAFT, AORTA OR GREAT VESSELS; WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33340</td>
<td>PERCUTANEOUS TRANSCATHETER CLOSURE OF THE LEFT ATRIAL APPENDAGE WITH ENDOCARDIAL IMPLANT, INCLUDING FLUOROSCOPY,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33361</td>
<td>TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; PERCUTANEOUS FEMORAL ARTERY APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33362</td>
<td>TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN FEMORAL ARTERY APPROACH</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>33363</td>
<td>TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN AXILLARY ARTERY APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33364</td>
<td>TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; OPEN ILIAC ARTERY APPROACH</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Authorization Required</td>
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<tr>
<td>33365</td>
<td>TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSAORTIC APPROACH (EG, MEDIAN)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>33366</td>
<td>TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; TRANSAPICAL EXPOSURE (EG, LEFT)</td>
<td>No Auth Needed</td>
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<tr>
<td>33367</td>
<td>TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; CARDIOPULMONARY BYPASS SUPPORT WITH</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>33368</td>
<td>TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; CARDIOPULMONARY BYPASS SUPPORT WITH</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>33369</td>
<td>TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR/TAVI) WITH PROSTHETIC VALVE; CARDIOPULMONARY BYPASS SUPPORT WITH</td>
<td>No Auth Needed</td>
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<tr>
<td>33390</td>
<td>VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; SIMPLE (IE, VALVOTOMY, DEBRIDELEMENT, DEBULKING,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33391</td>
<td>VALVULOPLASTY, AORTIC VALVE, OPEN, WITH CARDIOPULMONARY BYPASS; COMPLEX (EG, LEAFLET EXTENSION, LEAFLET RESECTION, LEAFLET</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>33404</td>
<td>CONSTRUCTION OF APICAL-AORTIC CONDUIT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33405</td>
<td>REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC VALVE OTHER THAN HOMOGRAFT OR STENTLESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33406</td>
<td>REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH ALLOGRAFT VALVE (FREEHAND)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33410</td>
<td>REPLACEMENT, AORTIC VALVE, WITH CARDIOPULMONARY BYPASS; WITH STENTLESS TISSUE VALVE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33411</td>
<td>REPLACEMENT, AORTIC VALVE; WITH AORTIC ANNULUS ENLARGEMENT, NONCORONARY CUSP</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33412</td>
<td>REPLACEMENT, AORTIC VALVE; WITH TRANSVENTRICULAR AORTIC ANNULUS ENLARGEMENT (KONNO PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>33413</td>
<td>REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE WITH ALLOGRAFT REPLACEMENT OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33414</td>
<td>REPAIR OF LEFT VENTRICULAR OUTFLOW TRACT OBSTRUCTION BY PATCH ENLARGEMENT OF THE OUTFLOW TRACT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33415</td>
<td>RESECTION OR INCISION OF SUBVALVULAR TISSUE FOR DISCRETE SUBVALVULAR AORTIC STENOSIS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33416</td>
<td>VENTRICULOMYOTOMY (-MYECTOMY) FOR IDIOPATHIC HYPERTROPHIC SUBAORTIC STENOSIS (EG, ASYMMETRIC SEPTAL HYPERTROPHY)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33417</td>
<td>AORTOPLASTY (GUSSET) FOR SUPRAVALVULAR STENOSIS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33418</td>
<td>TRANSCATHETER MITRALVALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33419</td>
<td>TRANSCATHETER MITRALVALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33420</td>
<td>VALVOTOMY, MITRAL VALVE; CLOSED HEART</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33422</td>
<td>VALVOTOMY, MITRAL VALVE; OPEN HEART, WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33425</td>
<td>VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33426</td>
<td>VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; WITH PROSTHETIC RING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33427</td>
<td>VALVULOPLASTY, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS; RADICAL RECONSTRUCTION, WITH OR WITHOUT RING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33430</td>
<td>REPLACEMENT, MITRAL VALVE, WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Procedure Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>REPLACEMENT, AORTIC VALVE; BY TRANSLOCATION OF AUTOLOGOUS PULMONARY VALVE AND TRANSVENTRICULAR AORTIC ANNUlus ENLARGEMENT OF THE LEFT</td>
<td>No Auth Needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VALVOTOMY, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VALVULOPLASTY, TRICUSPID VALVE; WITHOUT RING INSERTION</td>
<td>No Auth Needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VALVULOPLASTY, TRICUSPID VALVE; WITH RING INSERTION</td>
<td>No Auth Needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REPLACEMENT, TRICUSPID VALVE, WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRICUSPID VALVE REPOSITIONING AND PLICATION FOR EBSTEIN ANOMALY</td>
<td>No Auth Needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VALVOTOMY, PULMONARY VALVE, CLOSED HEART; TRANSVENTRICULAR</td>
<td>No Auth Needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VALVOTOMY, PULMONARY VALVE, CLOSED HEART; VIA PULMONARY ARTERY</td>
<td>Auth Required</td>
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<td></td>
</tr>
<tr>
<td>VALVOTOMY, PULMONARY VALVE, OPEN HEART; WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REPLACEMENT, PULMONARY VALVE</td>
<td>No Auth Needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RIGHT VENTRICULAR RESECTION FOR INFUNDIBULAR STENOSIS, WITH OR WITHOUT COMMISSUROTOMY</td>
<td>No Auth Needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRANSCATHETER PULMONARY VALVE IMPLANTATION, PERCUTANEOUS APPROACH, INCLUDING PRE-STENTING OF THE VALVE</td>
<td>No Auth Needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OUTFLOW TRACT AUGMENTATION (GUSSET), WITH OR WITHOUT COMMISSUROTOMY OR INFUNDIBULAR RESECTION</td>
<td>No Auth Needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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</tr>
<tr>
<td>33496</td>
<td>REPAIR OF NON-STRUCTURAL PROSTHETIC VALVE DYSFUNCTION WITH CARDIOPULMONARY BYPASS (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33500</td>
<td>REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33501</td>
<td>REPAIR OF CORONARY ARTERIOVENOUS OR ARTERIOCARDIAC CHAMBER FISTULA; WITHOUT CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33502</td>
<td>REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY LIGATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33503</td>
<td>REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY GRAFT, WITHOUT CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33504</td>
<td>REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY GRAFT, WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33505</td>
<td>REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; WITH CONSTRUCTION OF INTRAPULMONARY ARTERY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33506</td>
<td>REPAIR OF ANOMALOUS CORONARY ARTERY FROM PULMONARY ARTERY ORIGIN; BY TRANSLOCATION FROM PULMONARY ARTERY TO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33507</td>
<td>REPAIR OF ANOMALOUS (EG, INTRAMURAL) AORTIC ORIGIN OF CORONARY ARTERY BY UNROOFING OR TRANSLOCATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33508</td>
<td>ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OF VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE (LIST SEPARATELY IN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33510</td>
<td>CORONARY ARTERY BYPASS, VEIN ONLY; SINGLE CORONARY VENOUS GRAFT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33511</td>
<td>CORONARY ARTERY BYPASS, VEIN ONLY; TWO CORONARY VENOUS GRAFTS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33512</td>
<td>CORONARY ARTERY BYPASS, VEIN ONLY; THREE CORONARY VENOUS GRAFTS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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</tr>
<tr>
<td>33513</td>
<td>CORONARY ARTERY BYPASS, VEIN ONLY; FOUR CORONARY VENOUS GRAFTS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33514</td>
<td>CORONARY ARTERY BYPASS, VEIN ONLY; FIVE CORONARY VENOUS GRAFTS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33516</td>
<td>CORONARY ARTERY BYPASS, VEIN ONLY; SIX OR MORE CORONARY VENOUS GRAFTS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33517</td>
<td>CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SINGLE VEIN GRAFT (LIST SEPARATELY IN ADDITION TO CODE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33518</td>
<td>CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); TWO VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33519</td>
<td>CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); THREE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33521</td>
<td>CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FOUR VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33522</td>
<td>CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); FIVE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION TO CODE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33523</td>
<td>CORONARY ARTERY BYPASS, USING VENOUS GRAFT(S) AND ARTERIAL GRAFT(S); SIX OR MORE VENOUS GRAFTS (LIST SEPARATELY IN ADDITION)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33530</td>
<td>REOPERATION, CORONARY ARTERY BYPASS PROCEDURE OR VALVE PROCEDURE, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION (LIST)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33533</td>
<td>CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); SINGLE ARTERIAL GRAFT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33534</td>
<td>CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); TWO CORONARY ARTERIAL GRAFTS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33535</td>
<td>CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); THREE CORONARY ARTERIAL GRAFTS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>33536</td>
<td>CORONARY ARTERY BYPASS, USING ARTERIAL GRAFT(S); FOUR OR MORE CORONARY ARTERIAL GRAFTS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33542</td>
<td>MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33545</td>
<td>REPAIR OF POSTINFARCTION VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT MYOCARDIAL RESECTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33548</td>
<td>SURGICAL VENTRICULAR RESTORATION PROCEDURE, INCLUDES PROSTHETIC PATCH, WHEN PERFORMED (EG, VENTRICULAR)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33572</td>
<td>CORONARY ENDARTERECTOMY, OPEN, ANY METHOD, OF LEFT ANTERIOR DESCENDING, CIRCUMFLEX, OR RIGHT CORONARY ARTERY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33600</td>
<td>CLOSURE OF ATRIOVENTRICULAR VALVE (MITRAL OR TRICUSPID) BY SUTURE OR PATCH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33602</td>
<td>CLOSURE OF SEMILUNAR VALVE (AORTIC OR PULMONARY) BY SUTURE OR PATCH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33606</td>
<td>ANASTOMOSIS OF PULMONARY ARTERY TO AORTA (DAMUS-KAYE-STANSEL PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33608</td>
<td>REPAIR OF COMPLEX CARDIAC ANOMALY OTHER THAN PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT BY CONSTRUCTION OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33610</td>
<td>REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICILE WITH SUBAORTIC OBSTRUCTION) BY SURGICAL ENLARGEMENT OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33611</td>
<td>REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33612</td>
<td>REPAIR OF DOUBLE OUTLET RIGHT VENTRICLE WITH INTRAVENTRICULAR TUNNEL REPAIR; WITH REPAIR OF RIGHT VENTRICULAR OUTFLOW TRAC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33615</td>
<td>REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, TRICUSPID ATRESIA) BY CLOSURE OF ATRIAL SEPTAL DEFECT AND ANASTOMOSIS OF ATRIA OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Author Needed</td>
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<tr>
<td>33617</td>
<td>REPAIR OF COMPLEX CARDIAC ANOMALIES (EG, SINGLE VENTRICLE) BY MODIFIED FONTAN PROCEDURE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33619</td>
<td>REPAIR OF SINGLE VENTRICLE WITH AORTIC OUTFLOW OBSTRUCTION AND AORTIC ARCH HYPOPLASIA (HYPOPLASTIC LEFT HEART)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33620</td>
<td>APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG, HYBRID APPROACH STAGE 1)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33621</td>
<td>TRANSTHORACIC INSERTION OF CATHETER FOR STENT PLACEMENT WITH CATHETER REMOVAL AND CLOSURE (EG, HYBRID APPROACH STAGE 1)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33622</td>
<td>RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY (EG, SINGLE VENTRICLE OR HYPOPLASTIC LEFT HEART) WITH PALLIATION OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33641</td>
<td>REPAIR ATRIAL SEPTAL DEFECT, SECUNDUM, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT PATCH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33645</td>
<td>DIRECT OR PATCH CLOSURE, SINUS VENOSUS, WITH OR WITHOUT ANOMALOUS PULMONARY VENOUS DRAINAGE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33647</td>
<td>REPAIR OF ATRIAL SEPTAL DEFECT AND VENTRICULAR SEPTAL DEFECT, WITH DIRECT OR PATCH CLOSURE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33660</td>
<td>REPAIR OF INCOMPLETE OR PARTIAL ATROVENTRICULAR CANAL (OSTIUM PRIMUM ATRIAL SEPTAL DEFECT), WITH OR WITHOUT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33665</td>
<td>REPAIR OF INTERMEDIATE OR TRANSITIONAL ATROVENTRICULAR CANAL, WITH OR WITHOUT ATROVENTRICULAR VALVE REPAIR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33670</td>
<td>REPAIR OF COMPLETE ATROVENTRICULAR CANAL, WITH OR WITHOUT PROSTHETIC VALVE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33675</td>
<td>CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33676</td>
<td>CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION (ACYANOTIC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33677</td>
<td>CLOSURE OF MULTIPLE VENTRICULAR SEPTAL DEFECTS; WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WITHOUT GUSSET</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33681</td>
<td>CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33684</td>
<td>CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; WITH PULMONARY VALVOTOMY OR INFUNDIBULAR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33688</td>
<td>CLOSURE OF SINGLE VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH; WITH REMOVAL OF PULMONARY ARTERY BAND, WITH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33690</td>
<td>BANDING OF PULMONARY ARTERY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33692</td>
<td>COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33694</td>
<td>COMPLETE REPAIR TETRALOGY OF FALLOT WITHOUT PULMONARY ATRESIA; WITH TRANSANNULAR PATCH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33697</td>
<td>COMPLETE REPAIR TETRALOGY OF FALLOT WITH PULMONARY ATRESIA INCLUDING CONSTRUCTION OF CONDUIT FROM RIGHT VENTRICLE TO PULMO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33702</td>
<td>REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33710</td>
<td>REPAIR SINUS OF VALSALVA FISTULA, WITH CARDIOPULMONARY BYPASS; WITH REPAIR OF VENTRICULAR SEPTAL DEFECT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33720</td>
<td>REPAIR SINUS OF VALSALVA ANEURYSM, WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33722</td>
<td>CLOSURE OF AORTICO-LEFT VENTRICULAR TUNNEL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33724</td>
<td>REPAIR OF ISOLATED PARTIAL ANOMALOUS PULMONARY VENOUS RETURN (EG, SCIMITAR SYNDROME)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>33726</td>
<td>REPAIR OF PULMONARY VENOUS STENOSIS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33730</td>
<td>COMPLETE REPAIR OF ANOMALOUS PULMONARY VENOUS RETURN (SUPRACARDIAC, INTRACARDIAC, OR INFRACARDIAC TYPES)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33732</td>
<td>REPAIR OF COR TRIATRIATUM OR SUPRAVALVULAR MITRAL RING BY RESECTION OF LEFT ATRIAL MEMBRANE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33735</td>
<td>ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART (BLALOCK-HANLON TYPE OPERATION)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33736</td>
<td>ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33737</td>
<td>ATRIAL SEPTECTOMY OR SEPTOSTOMY; OPEN HEART, WITH INFLOW OCCLUSION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33750</td>
<td>SHUNT; SUBCLAVIAN TO PULMONARY ARTERY (BLALOCK-TAUSSIG TYPE OPERATION)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33755</td>
<td>SHUNT; ASCENDING AORTA TO PULMONARY ARTERY (WATERSTON TYPE OPERATION)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33762</td>
<td>SHUNT; DESCENDING AORTA TO PULMONARY ARTERY (POTTS-SMITH TYPE OPERATION)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33764</td>
<td>SHUNT; CENTRAL, WITH PROSTHETIC GRAFT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33766</td>
<td>SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO ONE LUNG (CLASSICAL GLENN PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33767</td>
<td>SHUNT; SUPERIOR VENA CAVA TO PULMONARY ARTERY FOR FLOW TO BOTH LUNGS (BIDIRECTIONAL GLENN PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33768</td>
<td>ANASTOMOSIS, CAVOPULMONARY, SECOND SUPERIOR VENA CAVA (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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</tr>
<tr>
<td>33770</td>
<td>REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND SUBPULMONARY STENOSIS; WITHOUT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33771</td>
<td>REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES WITH VENTRICULAR SEPTAL DEFECT AND SUBPULMONARY STENOSIS; WITH SURGICAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33774</td>
<td>REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33775</td>
<td>REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33776</td>
<td>REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33777</td>
<td>REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, ATRIAL BAFFLE PROCEDURE (EG, MUSTARD OR SENNING TYPE) WITH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33778</td>
<td>REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE);</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33779</td>
<td>REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33780</td>
<td>REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33781</td>
<td>REPAIR OF TRANSPOSITION OF THE GREAT ARTERIES, AORTIC PULMONARY ARTERY RECONSTRUCTION (EG, JATENE TYPE); WITH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33782</td>
<td>AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS REPAIR (IE, NIKAIDOH PROCEDURE);</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33783</td>
<td>AORTIC ROOT TRANSLOCATION WITH VENTRICULAR SEPTAL DEFECT AND PULMONARY STENOSIS REPAIR (IE, NIKAIDOH PROCEDURE);</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>33786</td>
<td>TOTAL REPAIR, TRUNCUS ARTERIOSUS (RASTELLI TYPE OPERATION)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>33788</td>
<td>REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33800</td>
<td>AORTIC SUSPENSION (AORTOPEXY) FOR TRACHEAL DECOMPRESSION (EG, FOR TRACHEOMALACIA) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33802</td>
<td>DIVISION OF ABERRANT VESSEL (VASCULAR RING);</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33803</td>
<td>DIVISION OF ABERRANT VESSEL (VASCULAR RING); WITH REANASTOMOSIS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33813</td>
<td>OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITHOUT CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33814</td>
<td>OBLITERATION OF AORTOPULMONARY SEPTAL DEFECT; WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33820</td>
<td>REPAIR OF PATENT DUCTUS ARTERIOSUS; BY LIGATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33822</td>
<td>REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, YOUNGER THAN 18 YEARS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33824</td>
<td>REPAIR OF PATENT DUCTUS ARTERIOSUS; BY DIVISION, 18 YEARS AND OLDER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33840</td>
<td>EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; WITH DIRECT ANASTOMOSIS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33845</td>
<td>EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; WITH GRAFT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33851</td>
<td>EXCISION OF COARCTATION OF AORTA, WITH OR WITHOUT ASSOCIATED PATENT DUCTUS ARTERIOSUS; REPAIR USING EITHER LEFT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33852</td>
<td>REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC MATERIAL; WITHOUT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>33853</td>
<td>REPAIR OF HYPOPLASTIC OR INTERRUPTED AORTIC ARCH USING AUTOGENOUS OR PROSTHETIC MATERIAL; WITH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33858</td>
<td>ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33859</td>
<td>ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33860</td>
<td>ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE SUSPENSION;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33863</td>
<td>ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, WITH OR WITHOUT VALVE SUSPENSION; WITH AORTIC ROOT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33864</td>
<td>ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS WITH VALVE SUSPENSION, WITH CORONARY RECONSTRUCTION AND VALVE-SPARING A</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33866</td>
<td>AORTIC HEMIARCH GRAFT INCLUDING ISOLATION AND CONTROL OF THE ARCH VESSELS, BEVELED OPEN DISTAL AORTIC ANASTOMOSIS EXTENDING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33870</td>
<td>TRANSVERSE ARCH GRAFT, WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33871</td>
<td>TRANSVERSE AORTIC ARCH GRAFT, WITH CARDIOPULMONARY BYPASS,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33875</td>
<td>DESCENDING THORACIC AORTA GRAFT, WITH OR WITHOUT BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33877</td>
<td>REPAIR OF THORACOABDOMINAL AORTIC ANEURYSM WITH GRAFT, WITH OR WITHOUT CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33880</td>
<td>ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33881</td>
<td>ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>33883</td>
<td>PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM,)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33884</td>
<td>PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM,)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33886</td>
<td>PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) DELAYED AFTER ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33889</td>
<td>OPEN SUBCLAVIAN TO CAROTID ARTERY TRANSPOSITION PERFORMED IN CONJUNCTION WITH ENDOVASCULAR REPAIR OF DESCENDING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33891</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN, TRANSCERVICAL RETROPHARYNGEAL CAROTID-CAROTID, PERFORMED IN CONJUNCTION WITH ENDOVASCULAR REPAIR OF DESCENDING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>33910</td>
<td>PULMONARY ARTERY EMBOLECTOMY; WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
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<tr>
<td>33915</td>
<td>PULMONARY ARTERY EMBOLECTOMY; WITHOUT CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
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<td>33916</td>
<td>PULMONARY ENDARTERECTOMY, WITH OR WITHOUT EMBOLECTOMY, WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
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<td>33917</td>
<td>REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT</td>
<td>No Auth Needed</td>
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<td>33918</td>
<td>REPAIR OF PULMONARY ATRESIA</td>
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<td>33920</td>
<td>REPAIR OF PULMONARY ATRESIA WITH VENTRICULAR SEPTAL DEFECT, BY CONSTRUCTION OR REPLACEMENT OF CONDUIT FROM RIGHT OR</td>
<td>No Auth Needed</td>
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<td>33922</td>
<td>TRANSECTION OF PULMONARY ARTERY WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
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<td>33924</td>
<td>LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN CONJUNCTION WITH A CONGENITAL HEART</td>
<td>No Auth Needed</td>
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<td>33925</td>
<td>REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITHOUT CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
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<td>REPAIR OF PULMONARY ARTERY ARBORIZATION ANOMALIES BY UNIFOCALIZATION; WITH CARDIOPULMONARY BYPASS</td>
<td>No Auth Needed</td>
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<td>33927</td>
<td>IMPLANTATION OF A TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART) WITH RECIPIENT CARDIECTOMY</td>
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<td>33928</td>
<td>REMOVAL AND REPLACEMENT OF TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART)</td>
<td>Auth Required</td>
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<td>33929</td>
<td>REMOVAL OF A TOTAL REPLACEMENT HEART SYSTEM (ARTIFICIAL HEART) FOR HEART TRANSPLANTATION (LIST SEPARATELY IN)</td>
<td>Auth Required</td>
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<tr>
<td>33930</td>
<td>DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION)</td>
<td>Auth Required</td>
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<td>33933</td>
<td>BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART/LUNG ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION</td>
<td>Auth Required</td>
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<td>33935</td>
<td>HEART-LUNG TRANSPLANT WITH RECIPIENT CARDIECTOMY-PNEUMONECTOMY</td>
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<td>33940</td>
<td>DONOR CARDIECTOMY (INCLUDING COLD PRESERVATION)</td>
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<td>33944</td>
<td>BACKBENCH STANDARD PREPARATION OF CADAVER DONOR HEART ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION OF</td>
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<td>33945</td>
<td>HEART TRANSPLANT, WITH OR WITHOUT RECIPIENT CARDIECTOMY</td>
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<td>33946</td>
<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; INITIATION, VENO-</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; INITIATION, VENO-</td>
<td>No Auth Needed</td>
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<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; DAILY MANAGEMENT,</td>
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<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; DAILY MANAGEMENT,</td>
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<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; INSERTION OF</td>
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<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; INSERTION OF</td>
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<td>No Auth Needed</td>
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<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; INSERTION OF CENTRAL</td>
<td>No Auth Needed</td>
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<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; INSERTION OF CENTRAL</td>
<td>No Auth Needed</td>
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<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REPOSITION</td>
<td>No Auth Needed</td>
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<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REPOSITION</td>
<td>No Auth Needed</td>
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<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Procedure Description</td>
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<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REPOSITION OF</td>
<td>No Auth Needed</td>
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<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REPOSITION CENTRAL</td>
<td>No Auth Needed</td>
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<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REMOVAL OF</td>
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<td>33966</td>
<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REMOVAL OF</td>
<td>No Auth Needed</td>
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<tr>
<td>33967</td>
<td>INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS</td>
<td>No Auth Needed</td>
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<tr>
<td>33968</td>
<td>REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE, PERCUTANEOUS</td>
<td>No Auth Needed</td>
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<td>33969</td>
<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REMOVAL OF</td>
<td>No Auth Needed</td>
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<td>33970</td>
<td>INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE FEMORAL ARTERY, OPEN APPROACH</td>
<td>No Auth Needed</td>
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<tr>
<td>33971</td>
<td>REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE INCLUDING REPAIR OF FEMORAL ARTERY, WITH OR WITHOUT GRAFT</td>
<td>No Auth Needed</td>
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<td>33972</td>
<td>INSERTION OF INTRA-AORTIC BALLOON ASSIST DEVICE THROUGH THE ASCENDING AORTA</td>
<td>No Auth Needed</td>
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<td>33973</td>
<td>REMOVAL OF INTRA-AORTIC BALLOON ASSIST DEVICE FROM THE ASCENDING AORTA, INCLUDING REPAIR OF THE ASCENDING AORTA,</td>
<td>No Auth Needed</td>
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<tr>
<td>33974</td>
<td>INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE</td>
<td>No Auth Needed</td>
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<td>33975</td>
<td>INSERTION OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>33977</td>
<td>REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, SINGLE VENTRICLE</td>
<td>No Auth Needed</td>
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<td>33978</td>
<td>REMOVAL OF VENTRICULAR ASSIST DEVICE; EXTRACORPOREAL, BIVENTRICULAR</td>
<td>No Auth Needed</td>
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<td>33979</td>
<td>INSERTION OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE</td>
<td>No Auth Needed</td>
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<td>33980</td>
<td>REMOVAL OF VENTRICULAR ASSIST DEVICE, IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE</td>
<td>No Auth Needed</td>
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<td>33981</td>
<td>REPLACEMENT OF EXTRACORPOREAL VENTRICULAR ASSIST DEVICE, SINGLE OR BIVENTRICULAR, PUMP(S), SINGLE OR EACH PUMP</td>
<td>No Auth Needed</td>
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<td>33982</td>
<td>REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WITHOUT</td>
<td>No Auth Needed</td>
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<td>33983</td>
<td>REPLACEMENT OF VENTRICULAR ASSIST DEVICE PUMP(S); IMPLANTABLE INTRACORPOREAL, SINGLE VENTRICLE, WITH CARDIOPULMONARY</td>
<td>No Auth Needed</td>
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<td>33984</td>
<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REMOVAL OF</td>
<td>No Auth Needed</td>
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<td>33985</td>
<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REMOVAL OF CENTRAL</td>
<td>No Auth Needed</td>
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<td>33986</td>
<td>EXTRACORPOREAL MEMBRANE OXYGENATION (ECMO)/EXTRACORPOREAL LIFE SUPPORT (ECLS) PROVIDED BY PHYSICIAN; REMOVAL OF CENTRAL</td>
<td>No Auth Needed</td>
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<tr>
<td>33987</td>
<td>ARTERIAL EXPOSURE WITH CREATION OF GRAFT CONDUIT (EG, CHIMNEY GRAFT) TO FACILITATE ARTERIAL PERFUSION FOR ECMO/ECLS (LIST</td>
<td>No Auth Needed</td>
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<tr>
<td>33988</td>
<td>INSERTION OF LEFT HEART VENT BY THORACIC INCISION (EG, STERNOTOMY, THORACOTOMY) FOR ECMO/ECLS</td>
<td>No Auth Needed</td>
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<tr>
<td>33989</td>
<td>REMOVAL OF LEFT HEART VENT BY THORACIC INCISION (EG, STERNOTOMY, THORACOTOMY) FOR ECMO/ECLS</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>33990</td>
<td>INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; ARTERIAL</td>
<td>Auth Required</td>
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<td>33991</td>
<td>INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; BOTH</td>
<td>Auth Required</td>
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<tr>
<td>33992</td>
<td>REMOVAL OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE AT SEPARATE AND DISTINCT SESSION FROM INSERTION</td>
<td>No Auth Needed</td>
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<td>33993</td>
<td>REPOSITIONING OF PERCUTANEOUS VENTRICULAR ASSIST DEVICE WITH IMAGING GUIDANCE AT SEPARATE AND DISTINCT SESSION</td>
<td>No Auth Needed</td>
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<td>33999</td>
<td>UNLISTED PROCEDURE, CARDIAC SURGERY</td>
<td>Auth Required</td>
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<td>34001</td>
<td>EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; CAROTID, SUBCLAVIAN OR INNOMINATE ARTERY, BY NECK INCISION</td>
<td>No Auth Needed</td>
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<td>34051</td>
<td>EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; INNOMINATE, SUBCLAVIAN ARTERY, BY THORACIC INCISION</td>
<td>No Auth Needed</td>
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<td>34101</td>
<td>EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL, INNOMINATE, SUBCLAVIAN ARTERY, BY ARM</td>
<td>No Auth Needed</td>
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<td>34111</td>
<td>EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR ARTERY, BY ARM INCISION</td>
<td>No Auth Needed</td>
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<td>34151</td>
<td>EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RENAL, CELIAC, MESENTERY, AORTOILIAC ARTERY, BY ABDOMINAL INCISION</td>
<td>No Auth Needed</td>
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<td>34201</td>
<td>EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPLITEAL, AORTOILIAC ARTERY, BY LEG INCISION</td>
<td>No Auth Needed</td>
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<td>34203</td>
<td>EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PERONEAL ARTERY, BY LEG INCISION</td>
<td>No Auth Needed</td>
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<td>34401</td>
<td>THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC VEIN, BY ABDOMINAL INCISION</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Authorization Required</td>
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<td>34421</td>
<td>THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY LEG INCISION</td>
<td>No Auth Needed</td>
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<td>34451</td>
<td>THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY ABDOMINAL AND LEG INCISION</td>
<td>No Auth Needed</td>
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<td>34471</td>
<td>THROMBECTOMY, DIRECT OR WITH CATHETER; SUBCLAVIAN VEIN, BY NECK INCISION</td>
<td>No Auth Needed</td>
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<td>34490</td>
<td>THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM INCISION</td>
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<td>34501</td>
<td>VALVULOPLASTY, FEMORAL VEIN</td>
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<td>34502</td>
<td>RECONSTRUCTION OF VENA CAVA, ANY METHOD</td>
<td>No Auth Needed</td>
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<td>34510</td>
<td>VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR</td>
<td>No Auth Needed</td>
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<td>34520</td>
<td>CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM</td>
<td>No Auth Needed</td>
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<td>34530</td>
<td>SAPHENOPOPLITEAL VEIN ANASTOMOSIS</td>
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<td>34701</td>
<td>ENDOVASCULAR REPAIR OF INFRARENAL AORTA BY DEPLOYMENT OF AN AORTO-AORTIC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING</td>
<td>No Auth Needed</td>
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<td>ENDOVASCULAR REPAIR OF INFRARENAL AORTA BY DEPLOYMENT OF AN AORTO-AORTIC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING</td>
<td>No Auth Needed</td>
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<td>34703</td>
<td>ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-UNI-ILIAC ENDOGRAFT INCLUDING</td>
<td>No Auth Needed</td>
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<td>34704</td>
<td>ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-UNI-ILIAC ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION,</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Auth Needed</td>
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<td>34705</td>
<td>ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-BI-ILIAC ENDOGRAFT INCLUDING PRE-</td>
<td>No Auth Needed</td>
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<td>34706</td>
<td>ENDOVASCULAR REPAIR OF INFRARENAL AORTA AND/OR ILIAC ARTERY(IES) BY DEPLOYMENT OF AN AORTO-BI-ILIAC ENDOGRAFT INCLUDING PRE-</td>
<td>No Auth Needed</td>
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<td>34707</td>
<td>ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPLOYMENT OF AN ILIO-ILIAC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE</td>
<td>No Auth Needed</td>
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<td>34708</td>
<td>ENDOVASCULAR REPAIR OF ILIAC ARTERY BY DEPLOYMENT OF AN ILIO-ILIAC TUBE ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE</td>
<td>No Auth Needed</td>
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<td>34709</td>
<td>PLACEMENT OF EXTENSION PROSTHESIS(ES) DISTAL TO THE COMMON ILIAC ARTERY(IES) OR PROXIMAL TO THE RENAL ARTERY(IES) FOR</td>
<td>No Auth Needed</td>
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<tr>
<td>34710</td>
<td>DELAYED PLACEMENT OF DISTAL OR PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>34711</td>
<td>DELAYED PLACEMENT OF DISTAL OR PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF INFRARENAL ABDOMINAL AORTIC OR</td>
<td>No Auth Needed</td>
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<tr>
<td>34712</td>
<td>TRANSCATHETER DELIVERY OF ENHANCED FIXATION DEVICE(S) TO THE ENDOGRAFT (EG, ANCHOR, SCREW, TACK) AND ALL ASSOCIATED</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>34713</td>
<td>PERCUTANEOUS ACCESS AND CLOSURE OF FEMORAL ARTERY FOR DELIVERY OF ENDOGRAFT THROUGH A LARGE SHEATH (12 FRENCH OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>34714</td>
<td>OPEN FEMORAL ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>34715</td>
<td>OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS BY INFRACLAVICULAR OR SUPRACLAVICULAR</td>
<td>No Auth Needed</td>
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<tr>
<td>34716</td>
<td>OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR</td>
<td>No Auth Needed</td>
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<tr>
<td>34717</td>
<td>ENDOVASCULAR REPAIR OF ILIAC ARTERY AT THE TIME OF AORTO-IL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>34718</td>
<td>ENDOVASCULAR REPAIR OF ILIAC ARTERY, NOT ASSOCIATED WITH PL</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>34808</td>
<td>ENDOVASCULAR PLACEMENT OF ILIAC ARTERY OCCLUSION DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>34812</td>
<td>OPEN FEMORAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS, BY GROIN INCISION, UNILATERAL (LIST SEPARATELY IN)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>34813</td>
<td>PLACEMENT OF FEMORAL-FEMORAL PROSTHETIC GRAFT DURING ENDOVASCULAR AORTIC ANEURYSM REPAIR (LIST SEPARATELY IN)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>34820</td>
<td>OPEN ILIAC ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR ILLIAC OCCLUSION DURING ENDOVASCULAR THERAPY,</td>
<td>No Auth Needed</td>
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<tr>
<td>34830</td>
<td>OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF ASSOCIATED ARTERIAL TRAUMA, FOLLOWING UNSUCCESSFUL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>34831</td>
<td>OPEN REPAIR OF INFRARENAL AORTIC ANEURYSM OR DISSECTION, PLUS REPAIR OF ASSOCIATED ARTERIAL TRAUMA, FOLLOWING UNSUCCESSFUL</td>
<td>No Auth Needed</td>
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<tr>
<td>34832</td>
<td>OPEN IILI ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT OF</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>34833</td>
<td>OPEN BRACHIAL ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR</td>
<td>No Auth Needed</td>
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<tr>
<td>34839</td>
<td>PHYSICIAN PLANNING OF A PATIENT-SPECIFIC FENESTRATED VISCERAL AORTIC ENDOGRAFT REQUIRING A MINIMUM OF 90 MINUTES OF</td>
<td>No Auth Needed</td>
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<td>34841</td>
<td>ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, INTRAMURAL HEMATOMA,</td>
<td>No Auth Needed</td>
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<tr>
<td>34842</td>
<td>ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, INTRAMURAL HEMATOMA,</td>
<td>No Auth Needed</td>
<td></td>
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<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<td>34843</td>
<td>ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, INTRAMURAL HEMATOMA,</td>
<td>No Auth Needed</td>
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<tr>
<td>34844</td>
<td>ENDOVASCULAR REPAIR OF VISCERAL AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING ULCER, INTRAMURAL HEMATOMA,</td>
<td>No Auth Needed</td>
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<tr>
<td>34845</td>
<td>ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMINAL AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING</td>
<td>No Auth Needed</td>
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<tr>
<td>34846</td>
<td>ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMINAL AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION,</td>
<td>No Auth Needed</td>
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<tr>
<td>34847</td>
<td>ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMINAL AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION,</td>
<td>No Auth Needed</td>
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<td>34848</td>
<td>ENDOVASCULAR REPAIR OF VISCERAL AORTA AND INFRARENAL ABDOMINAL AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION,</td>
<td>No Auth Needed</td>
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<tr>
<td>35001</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
<td>No Auth Needed</td>
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<tr>
<td>35002</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
<td>No Auth Needed</td>
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<td>35005</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
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<td>35011</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
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<td>35013</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
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<td>35021</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
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<td>35022</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
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<td>Code</td>
<td>Description</td>
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<td>35045</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
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<td>35081</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
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<td>35082</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
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<td>35091</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
<td>No Auth Needed</td>
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<td>35092</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
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<td>35102</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
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<td>35103</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
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<td>35111</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
<td>No Auth Needed</td>
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<td>35112</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
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<td>35121</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
<td>No Auth Needed</td>
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<td>35122</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
<td>No Auth Needed</td>
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<tr>
<td>35131</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
<td>No Auth Needed</td>
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<td>35132</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>35141</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
<td>No Auth Needed</td>
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<tr>
<td>35142</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
<td>No Auth Needed</td>
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<td>35151</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
<td>No Auth Needed</td>
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<tr>
<td>35152</td>
<td>DIRECT REPAIR OF ANEURYSM, PSEUDOANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR</td>
<td>No Auth Needed</td>
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<tr>
<td>35162</td>
<td>DIRECT REPAIR OF ANEURYSM,</td>
<td>Auth Required</td>
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<tr>
<td>35180</td>
<td>REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>35182</td>
<td>REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>35184</td>
<td>REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES</td>
<td>No Auth Needed</td>
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<tr>
<td>35188</td>
<td>REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK</td>
<td>No Auth Needed</td>
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<tr>
<td>35189</td>
<td>REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; THORAX AND ABDOMEN</td>
<td>No Auth Needed</td>
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<tr>
<td>35190</td>
<td>REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>35201</td>
<td>REPAIR BLOOD VESSEL, DIRECT; NECK</td>
<td>No Auth Needed</td>
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<tr>
<td>35206</td>
<td>REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>35207</td>
<td>REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER</td>
<td>No Auth Needed</td>
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<tr>
<td>35211</td>
<td>REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITH BYPASS</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>35216</td>
<td>REPAIR BLOOD VESSEL, DIRECT; INTRATHORACIC, WITHOUT BYPASS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>35221</td>
<td>REPAIR BLOOD VESSEL, DIRECT; INTRA-ABDOMINAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>35226</td>
<td>REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>35231</td>
<td>REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>35236</td>
<td>REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY</td>
<td>No Auth Needed</td>
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<tr>
<td>35241</td>
<td>REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITH BYPASS</td>
<td>No Auth Needed</td>
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<tr>
<td>35246</td>
<td>REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRATHORACIC, WITHOUT BYPASS</td>
<td>No Auth Needed</td>
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<tr>
<td>35251</td>
<td>REPAIR BLOOD VESSEL WITH VEIN GRAFT; INTRA-ABDOMINAL</td>
<td>No Auth Needed</td>
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<tr>
<td>35256</td>
<td>REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>35261</td>
<td>REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK</td>
<td>No Auth Needed</td>
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<tr>
<td>35266</td>
<td>REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>35271</td>
<td>REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITH BYPASS</td>
<td>No Auth Needed</td>
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<tr>
<td>35276</td>
<td>REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRATHORACIC, WITHOUT BYPASS</td>
<td>No Auth Needed</td>
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<tr>
<td>35281</td>
<td>REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; INTRA-ABDOMINAL</td>
<td>No Auth Needed</td>
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<tr>
<td>35286</td>
<td>REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY</td>
<td>No Auth Needed</td>
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<tr>
<td>35301</td>
<td>THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; CAROTID, VERTEBRAL, SUBCLAVIAN, BY NECK INCISION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>35302</td>
<td>THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; SUPERFICIAL FEMORAL ARTERY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>35303</td>
<td>THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; POPLITEAL ARTERY</td>
<td>No Auth Needed</td>
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<tr>
<td>35304</td>
<td>THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIOPERONEAL TRUNK ARTERY</td>
<td>No Auth Needed</td>
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<tr>
<td>35305</td>
<td>THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; TIBIAL OR PERONEAL ARTERY, INITIAL VESSEL</td>
<td>No Auth Needed</td>
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<tr>
<td>35306</td>
<td>THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; EACH ADDITIONAL TIBIAL OR PERONEAL ARTERY (LIST SEPARATELY IN)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>35311</td>
<td>THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; SUBCLAVIAN, INNOMINATE, BY THORACIC INCISION</td>
<td>No Auth Needed</td>
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<tr>
<td>35321</td>
<td>THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; AXILLARY-BRACHIAL</td>
<td>No Auth Needed</td>
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<td>35331</td>
<td>THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; ABDOMINAL AORTA</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<td>Auth Required</td>
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<td>35341</td>
<td>THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; MESENTERIC, CELIAC, OR RENAL</td>
<td>No Auth Needed</td>
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<td>35351</td>
<td>THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; ILIAC</td>
<td>No Auth Needed</td>
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<td>35355</td>
<td>THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; IlioFemoral</td>
<td>No Auth Needed</td>
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<tr>
<td>35361</td>
<td>THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; COMBINED AORTOILIAC</td>
<td>No Auth Needed</td>
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<tr>
<td>35363</td>
<td>THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; COMBINED AORTOILIOFEMORAL</td>
<td>No Auth Needed</td>
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<td>35371</td>
<td>THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; COMMON FEMORAL</td>
<td>No Auth Needed</td>
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<tr>
<td>35372</td>
<td>THROMBOENDARTERECTOMY, INCLUDING PATCH GRAFT, IF PERFORMED; DEEP (PROFUNDA) FEMORAL</td>
<td>No Auth Needed</td>
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<tr>
<td>35381</td>
<td>THROMBOENDARTERECTOMY, WITH</td>
<td>Auth Required</td>
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<tr>
<td>35390</td>
<td>REOPERATION, CAROTID, THROMBOENDARTERECTOMY, MORE THAN ONE MONTH AFTER ORIGINAL OPERATION (LIST</td>
<td>No Auth Needed</td>
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<tr>
<td>35400</td>
<td>ANGIOSCOPY (NON-CORONARY VESSELS OR GRAFTS) DURING THERAPEUTIC INTERVENTION (LIST SEPARATELY IN ADDITION TO CODE FOR</td>
<td>No Auth Needed</td>
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<tr>
<td>35500</td>
<td>HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY OR CORONARY ARTERY BYPASS PROCEDURE (LIST SEPARATELY IN</td>
<td>No Auth Needed</td>
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<tr>
<td>35501</td>
<td>BYPASS GRAFT, WITH VEIN; COMMON CAROTID-IPSILATERAL INTERNAL CAROTID</td>
<td>No Auth Needed</td>
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<tr>
<td>35506</td>
<td>BYPASS GRAFT, WITH VEIN; CAROTID-SUBCLAVIAN OR SUBCLAVIAN-CAROTID</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>35507</td>
<td>BYPASS GRAFT, WITH VEIN; SUB</td>
<td>Auth Required</td>
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<tr>
<td>35508</td>
<td>BYPASS GRAFT, WITH VEIN; CAROTID-VERTEBRAL</td>
<td>No Auth Needed</td>
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<td>35509</td>
<td>BYPASS GRAFT, WITH VEIN; CAROTID-CONTRALATERAL CAROTID</td>
<td>No Auth Needed</td>
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<tr>
<td>35510</td>
<td>BYPASS GRAFT, WITH VEIN; CAROTID-BRACHIAL</td>
<td>No Auth Needed</td>
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<td>35511</td>
<td>BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-SUBCLAVIAN</td>
<td>No Auth Needed</td>
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<tr>
<td>35512</td>
<td>BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-BRACHIAL</td>
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<td>35515</td>
<td>BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-VERTEBRAL</td>
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<td>BYPASS GRAFT, WITH VEIN; SUBCLAVIAN-AXILLARY</td>
<td>No Auth Needed</td>
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<td>BYPASS GRAFT, WITH VEIN; AXILLARY-AXILLARY</td>
<td>No Auth Needed</td>
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<td>35521</td>
<td>BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL</td>
<td>No Auth Needed</td>
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<td>35522</td>
<td>BYPASS GRAFT, WITH VEIN; AXILLARY-BRACHIAL</td>
<td>No Auth Needed</td>
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<td>35523</td>
<td>BYPASS GRAFT, WITH VEIN; BRACHIAL-ULNAR OR -RADIAL</td>
<td>No Auth Needed</td>
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<td>35525</td>
<td>BYPASS GRAFT, WITH VEIN; BRACHIAL-BRACHIAL</td>
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<td>Description</td>
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<td>35526</td>
<td>BYPASS GRAFT, WITH VEIN; AORTOSUBCLAVIAN OR CAROTID</td>
<td>No Auth Needed</td>
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<tr>
<td>35531</td>
<td>BYPASS GRAFT, WITH VEIN; AORTOCELIAC OR AORTOMESENTERIC</td>
<td>No Auth Needed</td>
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<td>35533</td>
<td>BYPASS GRAFT, WITH VEIN; AXILLARY-FEMORAL-FEMORAL</td>
<td>No Auth Needed</td>
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<tr>
<td>35535</td>
<td>BYPASS GRAFT WITH VEIN HEPATORENAL</td>
<td>No Auth Needed</td>
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<tr>
<td>35536</td>
<td>BYPASS GRAFT, WITH VEIN; SPLENORENAL</td>
<td>No Auth Needed</td>
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<tr>
<td>35537</td>
<td>BYPASS GRAFT, WITH VEIN; AORTOILIAC</td>
<td>No Auth Needed</td>
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<td>35538</td>
<td>BYPASS GRAFT, WITH VEIN; AORTOBI-ILIAC</td>
<td>No Auth Needed</td>
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<tr>
<td>35539</td>
<td>BYPASS GRAFT, WITH VEIN; AORTOFEMORAL</td>
<td>No Auth Needed</td>
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<td>BYPASS GRAFT, WITH VEIN; AORTOBIFEMORAL</td>
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<td>35541</td>
<td>BYPASS GRAFT, WITH VEIN; AOR</td>
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<td>35546</td>
<td>BYPASS GRAFT, WITH VEIN; AOR</td>
<td>Auth Required</td>
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<td>35556</td>
<td>BYPASS GRAFT, WITH VEIN; FEMORAL-POPLITEAL</td>
<td>No Auth Needed</td>
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<td>35558</td>
<td>BYPASS GRAFT, WITH VEIN; FEMORAL-FEMORAL</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Requirement</td>
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<td>35560</td>
<td>BYPASS GRAFT, WITH VEIN; AORTORENAL</td>
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<tr>
<td>35563</td>
<td>BYPASS GRAFT, WITH VEIN; IlioIliac</td>
<td>No Auth Needed</td>
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<td>35565</td>
<td>BYPASS GRAFT, WITH VEIN; Iliofemoral</td>
<td>No Auth Needed</td>
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<tr>
<td>35566</td>
<td>BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEAL ARTERY OR OTHER DISTAL VESSELS</td>
<td>No Auth Needed</td>
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<td>35567</td>
<td>BYPASS GRAFT, WITH VEIN; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEAL ARTERY OR OTHER DISTAL VESSELS</td>
<td>No Auth Needed</td>
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<tr>
<td>35568</td>
<td>BYPASS GRAFT, WITH VEIN; Iliofemoral</td>
<td>No Auth Needed</td>
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<tr>
<td>35570</td>
<td>HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION PROCEDURE (EG, AORTIC, VENA CAVAL,</td>
<td>No Auth Needed</td>
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<tr>
<td>35572</td>
<td>IN-SITU VEIN BYPASS; AORTOFE</td>
<td>Auth Required</td>
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<td>IN-SITU VEIN BYPASS; FEMORAL-POPLITEAL</td>
<td>No Auth Needed</td>
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<td>35575</td>
<td>IN-SITU VEIN BYPASS; FEMORAL-ANTERIOR TIBIAL, POSTERIOR TIBIAL, OR PERONEAL ARTERY</td>
<td>No Auth Needed</td>
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<tr>
<td>35577</td>
<td>IN-SITU VEIN BYPASS; POPLITEAL-TIBIAL, PERONEAL</td>
<td>No Auth Needed</td>
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<td>35580</td>
<td>HARVEST OF UPPER EXTREMITY ARTERY, ONE SEGMENT, FOR CORONARY ARTERY BYPASS PROCEDURE (LIST SEPARATELY IN ADDITION TO</td>
<td>No Auth Needed</td>
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<tr>
<td>35581</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; COMMON CAROTID-IPSILATER INTERNAL CAROTID</td>
<td>No Auth Needed</td>
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<td>Procedure Description</td>
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<td>35606</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-SUBCLAVIAN</td>
<td>No Auth Needed</td>
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<td>35612</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-SUBCLAVIAN</td>
<td>No Auth Needed</td>
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<td>35616</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-AXILLARY</td>
<td>No Auth Needed</td>
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<td>35621</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL</td>
<td>No Auth Needed</td>
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<td>35623</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-POPLITEAL OR -TIBIAL</td>
<td>No Auth Needed</td>
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<td>35626</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOSUBCLAVIAN OR CAROTID</td>
<td>No Auth Needed</td>
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<tr>
<td>35631</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOCELIAC, AORTOMESENTERIC, AORTORENAL</td>
<td>No Auth Needed</td>
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<tr>
<td>35632</td>
<td>BYPASS GRAFT W/OTHER THAN VEIN ILIO-CELIAC BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-CELIAC</td>
<td>No Auth Needed</td>
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<tr>
<td>35633</td>
<td>BYPASS GRAFT W/OTHER THAN VEIN ILIO-MESENTERIC BYPASS GRAFT, WITH OTHER THAN VEIN; ILIO-MESENTERIC</td>
<td>No Auth Needed</td>
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<td>35634</td>
<td>BYPASS GRAFT W/OTHER THAN VEIN ILORENOAN</td>
<td>No Auth Needed</td>
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<tr>
<td>35636</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; SPLENORENAL (SPLENIC TO RENAL ARTERIAL ANASTOMOSIS)</td>
<td>No Auth Needed</td>
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<td>35637</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOIAC</td>
<td>No Auth Needed</td>
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<td>35638</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIILIAC</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>35641</td>
<td>BYPASS GRAFT, WITH OTHER THA</td>
<td>Auth Required</td>
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<tr>
<td>35642</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; CAROTID-VERTEBRAL</td>
<td>No Auth Needed</td>
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<tr>
<td>35645</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; SUBCLAVIAN-VERTEBRAL</td>
<td>No Auth Needed</td>
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<tr>
<td>35646</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOBIFEMORAL</td>
<td>No Auth Needed</td>
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<tr>
<td>35647</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; AORTOFEMORAL</td>
<td>No Auth Needed</td>
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<td>35650</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-AXILLARY</td>
<td>No Auth Needed</td>
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<td>35654</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; AXILLARY-FEMORAL-FEMORAL</td>
<td>No Auth Needed</td>
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<tr>
<td>35656</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-POPLITEAL</td>
<td>No Auth Needed</td>
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<td>35661</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-FEMORAL</td>
<td>No Auth Needed</td>
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<tr>
<td>35663</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOILIAC</td>
<td>No Auth Needed</td>
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<tr>
<td>35665</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; ILIOFEMORAL</td>
<td>No Auth Needed</td>
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<tr>
<td>35666</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; FEMORAL-Anterior Tibial, Posterior Tibial, or Peroneal Artery</td>
<td>No Auth Needed</td>
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<tr>
<td>35671</td>
<td>BYPASS GRAFT, WITH OTHER THAN VEIN; Popliteal-Tibial or -Peroneal Artery</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<td>Auth Required</td>
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<tr>
<td>35681</td>
<td>BYPASS GRAFT; COMPOSITE, PROSTHETIC AND VEIN (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>35682</td>
<td>BYPASS GRAFT; AUTOGENOUS COMPOSITE, TWO SEGMENTS OF VEINS FROM TWO LOCATIONS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>35683</td>
<td>BYPASS GRAFT; AUTOGENOUS COMPOSITE, THREE OR MORE SEGMENTS OF VEIN FROM TWO OR MORE LOCATIONS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>Auth Required</td>
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<tr>
<td>35685</td>
<td>PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNTHETIC CONDUIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>35686</td>
<td>CREATION OF DISTAL ARTERIOVEOUS FISTULA DURING LOWER EXTREMITY BYPASS SURGERY (NON-HEMODIALYSIS) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>35691</td>
<td>TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO CAROTID ARTERY</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>35693</td>
<td>TRANSPOSITION AND/OR REIMPLANTATION; VERTEBRAL TO SUBCLAVIAN ARTERY</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>35694</td>
<td>TRANSPOSITION AND/OR REIMPLANTATION; SUBCLAVIAN TO CAROTID ARTERY</td>
<td>No Auth Needed</td>
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<tr>
<td>35695</td>
<td>TRANSPOSITION AND/OR REIMPLANTATION; CAROTID TO SUBCLAVIAN ARTERY</td>
<td>No Auth Needed</td>
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<tr>
<td>35697</td>
<td>REIMPLANTATION, VISCERAL ARTERY TO INFRARENAL AORTIC PROSTHESIS, EACH ARTERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>35700</td>
<td>REOPERATION, FEMORAL-POPLITEAL OR FEMORAL (POPLITEAL)-ANTERIOR TIBIAL, POSTERIOR TIBIAL, PERONEAL ARTERY, OR OTHER</td>
<td>No Auth Needed</td>
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<tr>
<td>35701</td>
<td>EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; CAROTID ARTERY</td>
<td>No Auth Needed</td>
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<tr>
<td>35702</td>
<td>EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; UPPER</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>35703</td>
<td>EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; LOWER</td>
<td>No Auth Needed</td>
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<tr>
<td>35721</td>
<td>EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; FEMORAL ARTERY</td>
<td>No Auth Needed</td>
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<td>35741</td>
<td>EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; POPLITEAL ARTERY</td>
<td>No Auth Needed</td>
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<td>35761</td>
<td>EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR), WITH OR WITHOUT LYSIS OF ARTERY; OTHER VESSELS</td>
<td>No Auth Needed</td>
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<tr>
<td>35800</td>
<td>EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK</td>
<td>No Auth Needed</td>
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<tr>
<td>35820</td>
<td>EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; CHEST</td>
<td>No Auth Needed</td>
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<tr>
<td>35840</td>
<td>EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; ABDOMEN</td>
<td>No Auth Needed</td>
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<tr>
<td>35860</td>
<td>EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTREMIT Y</td>
<td>No Auth Needed</td>
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<tr>
<td>35870</td>
<td>REPAIR OF GRAFT-ENTERIC FISTULA</td>
<td>No Auth Needed</td>
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<td>35875</td>
<td>THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR FISTULA);</td>
<td>No Auth Needed</td>
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<tr>
<td>35876</td>
<td>THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT (OTHER THAN HEMODIALYSIS GRAFT OR FISTULA); WITH REVISION OF ARTERIAL OR VENOUS G</td>
<td>No Auth Needed</td>
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<tr>
<td>35879</td>
<td>REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH VEIN PATCH ANGIOPLASTY</td>
<td>No Auth Needed</td>
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<tr>
<td>35881</td>
<td>REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITION</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Needed</td>
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<tr>
<td>35883</td>
<td>REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN; WITH NONAUTOGENOUS PATCH GRAFT</td>
<td>No Auth Needed</td>
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<td>35884</td>
<td>REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GROIN, OPEN; WITH AUTOGENOUS VEIN PATCH GRAFT</td>
<td>No Auth Needed</td>
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<tr>
<td>35901</td>
<td>EXCISION OF INFECTED GRAFT; NECK</td>
<td>No Auth Needed</td>
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<tr>
<td>35903</td>
<td>EXCISION OF INFECTED GRAFT; EXTREMITY</td>
<td>No Auth Needed</td>
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<td>35905</td>
<td>EXCISION OF INFECTED GRAFT; THORAX</td>
<td>No Auth Needed</td>
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<td>35907</td>
<td>EXCISION OF INFECTED GRAFT; ABDOMEN</td>
<td>No Auth Needed</td>
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<tr>
<td>36000</td>
<td>INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN</td>
<td>No Auth Needed</td>
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<tr>
<td>36002</td>
<td>INJECTION PROCEDURES (EG, THROMBIN) FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM</td>
<td>No Auth Needed</td>
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<tr>
<td>36005</td>
<td>INJECTION PROCEDURE FOR EXTREMITY VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR INTRACATHETER)</td>
<td>No Auth Needed</td>
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<tr>
<td>36010</td>
<td>INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA</td>
<td>No Auth Needed</td>
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<td>36011</td>
<td>SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN, JUGULAR VEIN)</td>
<td>No Auth Needed</td>
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<td>36012</td>
<td>SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL VEIN, PETROSAL SINU)</td>
<td>No Auth Needed</td>
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<tr>
<td>36013</td>
<td>INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
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<td>SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY</td>
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<td>SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY</td>
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<tr>
<td>36100</td>
<td>INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY</td>
<td>No Auth Needed</td>
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<td>36140</td>
<td>INTRODUCTION OF NEEDLE OR INTRACATHETER, UPPER OR LOWER EXTREMITY ARTERY</td>
<td>No Auth Needed</td>
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<td>36160</td>
<td>INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR</td>
<td>No Auth Needed</td>
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<td>36200</td>
<td>INTRODUCTION OF CATHETER, AORTA</td>
<td>No Auth Needed</td>
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<td>36215</td>
<td>SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR</td>
<td>No Auth Needed</td>
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<td>36216</td>
<td>SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A VASCULAR</td>
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<td>36217</td>
<td>SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR BRACHIOCEPHALIC</td>
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<td>36218</td>
<td>SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, THORACIC OR</td>
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<tr>
<td>36221</td>
<td>NON-SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID, VERTEBRAL, AND/OR</td>
<td>No Auth Needed</td>
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<td>SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY OF THE</td>
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<td>36224</td>
<td>SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL</td>
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<td>36225</td>
<td>SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL VERTEBRAL</td>
<td>No Auth Needed</td>
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<td>36226</td>
<td>SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL VERTEBRAL CIRCULATION AND</td>
<td>Auth Required</td>
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<td>36227</td>
<td>SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL EXTERNAL</td>
<td>No Auth Needed</td>
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<td>36228</td>
<td>SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID OR VERTEBRAL ARTERIES, UNILATERAL,</td>
<td>No Auth Needed</td>
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<td>36245</td>
<td>SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH, WITH</td>
<td>No Auth Needed</td>
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<td>36246</td>
<td>SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC, OR LOWER EXTREMITY ARTERY BRANCH,</td>
<td>No Auth Needed</td>
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<td>36247</td>
<td>SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC, OR LOWER</td>
<td>No Auth Needed</td>
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<td>36248</td>
<td>SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, ABDOMINAL, PELVIC, OR</td>
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<td>36251</td>
<td>SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY, INCLUDING</td>
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<td>36252</td>
<td>SELECTIVE CATHETER PLACEMENT (FIRST-ORDER), MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY, INCLUDING</td>
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<td>36253</td>
<td>SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTERY BRANCHES) RENAL ARTERY AND ANY ACCESSORY</td>
<td>No Auth Needed</td>
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<td>36254</td>
<td>SUPERSELECTIVE CATHETER PLACEMENT (ONE OR MORE SECOND ORDER OR HIGHER RENAL ARTERY BRANCHES) RENAL ARTERY AND ANY ACCESSORY</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Requirement</td>
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<tr>
<td>36260</td>
<td>INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF LIVER)</td>
<td>No Auth Needed</td>
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<tr>
<td>36261</td>
<td>REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP</td>
<td>No Auth Needed</td>
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<td>36262</td>
<td>REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP</td>
<td>No Auth Needed</td>
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<tr>
<td>36299</td>
<td>UNLISTED PROCEDURE, VASCULAR INJECTION</td>
<td>Auth Required</td>
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<td>36400</td>
<td>VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING PHYSICIAN'S SKILL, NOT TO BE USED FOR ROUTINE VENIPUNCTURE; FEMORAL</td>
<td>No Auth Needed</td>
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<td>36405</td>
<td>VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING PHYSICIST'S SKILL, NOT TO BE USED FOR ROUTINE VENIPUNCTURE; SCALP</td>
<td>No Auth Needed</td>
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<td>36406</td>
<td>VENIPUNCTURE, YOUNGER THAN AGE 3 YEARS, NECESSITATING PHYSICIST'S SKILL, NOT TO BE USED FOR ROUTINE VENIPUNCTURE; OTHER</td>
<td>No Auth Needed</td>
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<td>36410</td>
<td>VENIPUNCTURE, AGE 3 YEARS OR OLDER, NECESSITATING PHYSICIST'S SKILL (SEPARATE PROCEDURE), FOR DIAGNOSTIC OR THERAPEUTIC</td>
<td>No Auth Needed</td>
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<tr>
<td>36415</td>
<td>COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE</td>
<td>No Auth Needed</td>
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<tr>
<td>36416</td>
<td>COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)</td>
<td>No Auth Needed</td>
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<tr>
<td>36420</td>
<td>VENIPUNCTURE, CUTDOWN; YOUNGER THAN AGE 1 YEAR</td>
<td>No Auth Needed</td>
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<tr>
<td>36425</td>
<td>VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER</td>
<td>No Auth Needed</td>
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<tr>
<td>36430</td>
<td>TRANSFUSION, BLOOD OR BLOOD COMPONENTS</td>
<td>No Auth Needed</td>
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<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>36440</td>
<td>PUSH TRANSFUSION, BLOOD, 2 YEARS OR YOUNGER</td>
<td>No Auth Needed</td>
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<tr>
<td>36450</td>
<td>EXCHANGE TRANSFUSION, BLOOD; NEWBORN</td>
<td>No Auth Needed</td>
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<tr>
<td>36455</td>
<td>EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN</td>
<td>No Auth Needed</td>
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<tr>
<td>36456</td>
<td>PARTIAL EXCHANGE TRANSFUSION, BLOOD, PLASMA OR CRYSTALLOID NECESSITATING THE SKILL OF A PHYSICIAN OR OTHER QUALIFIED</td>
<td>No Auth Needed</td>
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<td>36460</td>
<td>TRANSFUSION, INTRAUTERINE, FETAL</td>
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<td>36465</td>
<td>INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE</td>
<td>Auth Required</td>
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<tr>
<td>36466</td>
<td>INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE</td>
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<tr>
<td>36468</td>
<td>INJECTION(S) OF SCLEROSANT FOR SPIDER VEINS (TELANGIECTASIA), LIMB OR TRUNK</td>
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<td>36470</td>
<td>INJECTION OF SCLEROSANT; SINGLE INCOMPETENT VEIN (OTHER THAN TELANGIECTASIA)</td>
<td>Auth Required</td>
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<td>36471</td>
<td>INJECTION OF SCLEROSANT; MULTIPLE INCOMPETENT VEINS (OTHER THAN TELANGIECTASIA), SAME LEG</td>
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<td>36473</td>
<td>ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING,</td>
<td>Auth Required</td>
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<td>36474</td>
<td>ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING,</td>
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<td>ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING,</td>
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<td>Procedure Code</td>
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<td>36476</td>
<td>Endovenous Ablation Therapy of Incompetent Vein, Extremity, Inclusive of All Imaging Guidance and Monitoring</td>
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<td>36478</td>
<td>Endovenous Ablation Therapy of Incompetent Vein, Extremity, Inclusive of All Imaging Guidance and Monitoring</td>
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<td>36479</td>
<td>Endovenous Ablation Therapy of Incompetent Vein, Extremity, Inclusive of All Imaging Guidance and Monitoring</td>
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<tr>
<td>36481</td>
<td>Percutaneous Portal Vein Catheterization by Any Method</td>
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<td>36482</td>
<td>Endovenous Ablation Therapy of Incompetent Vein, Extremity, by Transcatheter Delivery of a Chemical</td>
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<td>Endovenous Ablation Therapy of Incompetent Vein, Extremity, by Transcatheter Delivery of a Chemical</td>
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<td>36488</td>
<td>Placement of Central Venous</td>
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<td>36493</td>
<td>Repositioning of Previously</td>
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<td>36500</td>
<td>Venous Catheterization for Selective Organ Blood Sampling</td>
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<td>36510</td>
<td>Catheterization of Umbilical Vein for Diagnosis or Therapy, Newborn</td>
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<td>Code</td>
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<td>36511</td>
<td>THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS</td>
<td>No Auth Needed</td>
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<tr>
<td>36512</td>
<td>THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS</td>
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<td>36513</td>
<td>THERAPEUTIC APHERESIS; FOR PLATELETS</td>
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<td>36514</td>
<td>THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS</td>
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<td>36516</td>
<td>THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION, SELECTIVE ADSORPTION OR SELECTIVE</td>
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<td>36520</td>
<td>THERAPEUTIC APHERESIS (PLASM)</td>
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<td>PHOTOPHERESIS, EXTRACORPOREAL</td>
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<td>REVISION OF IMPLANTABLE VENO</td>
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<td>36535</td>
<td>REMOVAL OF IMPLANTABLE VENOUS</td>
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<tr>
<td>36536</td>
<td>MECHANICAL REMOVAL OF PERICARDIAL</td>
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<td>36537</td>
<td>MECHANICAL REMOVAL OF INTRAPERICARDIAL</td>
<td>Auth Required</td>
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<tr>
<td>36555</td>
<td>INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; YOUNGER THAN 5 YEARS OF AGE</td>
<td>No Auth Needed</td>
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<tr>
<td>36556</td>
<td>INSERTION OF NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; AGE 5 YEARS OR OLDER</td>
<td>No Auth Needed</td>
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<tr>
<td>36557</td>
<td>INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP; YOUNGER THAN</td>
<td>No Auth Needed</td>
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<tr>
<td>36558</td>
<td>INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP; AGE 5 YEARS OR</td>
<td>No Auth Needed</td>
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<tr>
<td>36560</td>
<td>INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; YOUNGER THAN 5 YEARS</td>
<td>No Auth Needed</td>
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<td>36561</td>
<td>INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER</td>
<td>No Auth Needed</td>
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<td>36563</td>
<td>INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE WITH SUBCUTANEOUS PUMP</td>
<td>No Auth Needed</td>
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<td>36565</td>
<td>INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING TWO CATHETERS VIA TWO SEPARATE VENOUS</td>
<td>No Auth Needed</td>
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<td>36566</td>
<td>INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING TWO CATHETERS VIA TWO SEPARATE VENOUS</td>
<td>No Auth Needed</td>
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<tr>
<td>36568</td>
<td>INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCUTANEOUS PORT OR PUMP, WITHOUT</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Auth Needed</td>
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<tr>
<td>36569</td>
<td>INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCUTANEOUS PORT OR PUMP, WITHOUT</td>
<td>No Auth Needed</td>
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<tr>
<td>36570</td>
<td>INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; YOUNGER THAN 5 YEARS OF AGE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36571</td>
<td>INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT; AGE 5 YEARS OR OLDER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36572</td>
<td>INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCUTANEOUS PORT OR PUMP, INCLUDING ALL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36573</td>
<td>INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCUTANEOUS PORT OR PUMP, INCLUDING ALL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36575</td>
<td>REPAIR OF TUNNELED OR NON-TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36576</td>
<td>REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION SITE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36578</td>
<td>REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36580</td>
<td>REPLACEMENT, COMPLETE, OF A NON-TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36581</td>
<td>REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36582</td>
<td>REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, THROUGH SAME</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36583</td>
<td>REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP, THROUGH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36584</td>
<td>REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER (PICC), WITHOUT SUBCUTANEOUS PORT OR PUMP,</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>36585</td>
<td>REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, THROUGH SAME</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36589</td>
<td>REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36590</td>
<td>REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36591</td>
<td>COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36592</td>
<td>COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, VENOUS, NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36593</td>
<td>DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36595</td>
<td>MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM CENTRAL VENOUS DEVICE VIA SEPARATE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36596</td>
<td>MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36597</td>
<td>REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GUIDANCE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36598</td>
<td>CONTRAST INJECTION(S) FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCESS DEVICE, INCLUDING FLUOROSCOPY,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36600</td>
<td>ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36620</td>
<td>ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); PERCUTANEOUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36625</td>
<td>ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); CUTDOWN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>36640</td>
<td>ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36660</td>
<td>CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36680</td>
<td>PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36800</td>
<td>INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); VEIN TO VEIN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36810</td>
<td>INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); ARTERIOVENOUS, EXTERNAL (SCRIBNER TYPE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36815</td>
<td>INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE (SEPARATE PROCEDURE); ARTERIOVENOUS, EXTERNAL REVISION, OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36818</td>
<td>ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36819</td>
<td>ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM BASILIC VEIN TRANSPOSITION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36820</td>
<td>ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VEIN TRANSPOSITION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36821</td>
<td>ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36823</td>
<td>INSERTION OF ARTERIAL AND VENOUS CANNULA(S) FOR ISOLATED EXTRACORPOREAL CIRCULATION INCLUDING REGIONAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36825</td>
<td>CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS (SEPARATE PROCEDURE); AUTOGENOUS GRAFT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36830</td>
<td>CREATION OF ARTERIOVENOUS FISTULA BY OTHER THAN DIRECT ARTERIOVENOUS ANASTOMOSIS (SEPARATE PROCEDURE); NONAUTOGENOUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>36831</td>
<td>THROMBECTOMY, OPEN, ARTERIOVENOUS FISTULA WITHOUT REVISION, AUTOGOSENUS OR NONAUTOGENOUS DIALYSIS GRAFT (SEPARATE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36832</td>
<td>REVISION, OPEN, ARTERIOVENOUS FISTULA; WITHOUT THROMBECTOMY, AUTOGOSENUS OR NONAUTOGENOUS DIALYSIS GRAFT (SEPARATE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36833</td>
<td>REVISION, OPEN, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY, AUTOGOSENUS OR NONAUTOGENOUS DIALYSIS GRAFT (SEPARATE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36835</td>
<td>INSERTION OF THOMAS SHUNT (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36838</td>
<td>DISTAL REVASCULARIZATION AND INTERVAL LIGATION (DRIL), UPPER EXTREMITY HEMODIALYSIS ACCESS (STEAL SYNDROME)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36860</td>
<td>EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITHOUT BALLOON CATHETER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36861</td>
<td>EXTERNAL CANNULA DECLOTTING (SEPARATE PROCEDURE); WITH BALLOON CATHETER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36901</td>
<td>INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36902</td>
<td>INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36903</td>
<td>INTRODUCTION OF NEEDLE(S) AND/OR CATHETER(S), DIALYSIS CIRCUIT, WITH DIAGNOSTIC ANGIOGRAPHY OF THE DIALYSIS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36904</td>
<td>PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR THROMBOLYSIS, DIALYSIS CIRCUIT, ANY METHOD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36905</td>
<td>PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR THROMBOLYSIS, DIALYSIS CIRCUIT, ANY METHOD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36906</td>
<td>PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR THROMBOLYSIS, DIALYSIS CIRCUIT, ANY METHOD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Authorization Needed</td>
<td></td>
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<tr>
<td>36907</td>
<td>TRANSLUMINAL BALLOON ANGIOPLASTY, CENTRAL DIALYSIS SEGMENT, PERFORMED THROUGH DIALYSIS CIRCUIT, INCLUDING ALL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36908</td>
<td>TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CENTRAL DIALYSIS SEGMENT, PERFORMED THROUGH DIALYSIS CIRCUIT,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>36909</td>
<td>DIALYSIS CIRCUIT PERMANENT VASCULAR EMBOLIZATION OR OCCLUSION (INCLUDING MAIN CIRCUIT OR ANY ACCESSORY VEINS),</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37140</td>
<td>VENOUS ANASTOMOSIS, OPEN; PORTOCAVAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37145</td>
<td>VENOUS ANASTOMOSIS, OPEN; RENOPORTAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37160</td>
<td>VENOUS ANASTOMOSIS, OPEN; CAVAL-MESENERIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37180</td>
<td>VENOUS ANASTOMOSIS, OPEN; SPLENORENAL, PROXIMAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37181</td>
<td>VENOUS ANASTOMOSIS, OPEN; SPLENORENAL, DISTAL (SELECTIVE DECOMPRESSION OF ESOPHAGOGASTRIC VARICES, ANY TECHNIQUE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37182</td>
<td>INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VENOUS ACCESS, HEPATIC AND PORTAL VEIN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37183</td>
<td>REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VENOUS ACCESS, HEPATIC AND PORTAL VEIN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37184</td>
<td>PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, NON-INTRACRANIAL, ARTERIAL OR ARTERIAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37185</td>
<td>PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, NON-INTRACRANIAL, ARTERIAL OR ARTERIAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37186</td>
<td>SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY (EG, NONPRIMARY MECHANICAL, SNARE BASKET, SUCTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>37187</td>
<td>PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37188</td>
<td>PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEIN(S), INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37191</td>
<td>INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSEL SELECTION, AND</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37192</td>
<td>REPOSITIONING OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSEL SELECTION, AND</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37193</td>
<td>RETRIEVAL (REMOVAL) OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSEL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37195</td>
<td>THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37197</td>
<td>TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY (E.G., FRACTURED VENOUS OR ARTERIAL CATHETER), INCLUDES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37200</td>
<td>TRANSCATHETER BIOPSY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37211</td>
<td>TRANSCATHETER THERAPY, ARTERIAL INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY OR INTRACRANIAL, ANY METHOD, INCLUDING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37212</td>
<td>TRANSCATHETER THERAPY, VENOUS INFUSION FOR THROMBOLYSIS, ANY METHOD, INCLUDING RADIOLOGICAL SUPERVISION AND</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37213</td>
<td>TRANSCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37214</td>
<td>TRANSCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37215</td>
<td>TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, OPEN OR PERCUTANEOUS, INCLUDING ANGIOPLASTY,</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>37216</td>
<td>TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, OPEN OR PERCUTANEOUS, INCLUDING ANGIoplasty,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37217</td>
<td>TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRATHORACIC COMMON CAROTID ARTERY OR INNOMINATE ARTERY BY RETROGRADE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37218</td>
<td>TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRATHORACIC COMMON CAROTID ARTERY OR INNOMINATE ARTERY, OPEN OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37220</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37221</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH TRANSLUMINAL STENT</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>37222</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL; WITH TRANSLUMINAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37223</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL; WITH TRANSLUMINAL STENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>37224</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL ANGIoplasty</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>37225</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH ATHERECTOMY</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>37226</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>37227</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL, POPLITEAL ARTERY(S), UNILATERAL; WITH TRANSLUMINAL</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>37228</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>37229</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
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<tr>
<td>37230</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH</td>
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<tr>
<td>37231</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL, PERONEAL ARTERY, UNILATERAL, INITIAL VESSEL; WITH</td>
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<td>37232</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, EACH ADDITIONAL VESSEL; WITH</td>
<td>No Auth Needed</td>
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<td>37233</td>
<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, EACH ADDITIONAL VESSEL; WITH</td>
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<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, EACH ADDITIONAL VESSEL; WITH</td>
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<td>REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL, EACH ADDITIONAL VESSEL; WITH</td>
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<td>37236</td>
<td>TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY, CERVICAL CAROTID, EXTRACRANIAL)</td>
<td>No Auth Needed</td>
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<td>TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S) (EXCEPT LOWER EXTREMITY, CERVICAL CAROTID, EXTRACRANIAL)</td>
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<td>TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL</td>
<td>No Auth Needed</td>
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<td>TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL</td>
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<td>37241</td>
<td>VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL</td>
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<td>37242</td>
<td>VASCULAR EMBOLIZATION OR OCCLUSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCEDURAL</td>
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<td>37246</td>
<td>TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSIVE DISEASE, INTRACRANIAL, CORONARY,</td>
<td>Auth Required</td>
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<td>37247</td>
<td>TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT LOWER EXTREMITY ARTERY(IES) FOR OCCLUSIVE DISEASE, INTRACRANIAL, CORONARY,</td>
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<td>37248</td>
<td>TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL</td>
<td>Auth Required</td>
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<td>37249</td>
<td>TRANSLUMINAL BALLOON ANGIOPLASTY (EXCEPT DIALYSIS CIRCUIT), OPEN OR PERCUTANEOUS, INCLUDING ALL IMAGING AND RADIOLOGICAL</td>
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<td>37252</td>
<td>INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION,</td>
<td>No Auth Needed</td>
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<td>37253</td>
<td>INTRAVASCULAR ULTRASOUND (NONCORONARY VESSEL) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION,</td>
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<td>37500</td>
<td>VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL (SEPS)</td>
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<td>37501</td>
<td>UNLISTED VASCULAR ENDOSCOPY PROCEDURE</td>
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<td>37565</td>
<td>LIGATION, INTERNAL JUGULAR VEIN</td>
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<td>37600</td>
<td>LIGATION; EXTERNAL CAROTID ARTERY</td>
<td>No Auth Needed</td>
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<td>37605</td>
<td>LIGATION; INTERNAL OR COMMON CAROTID ARTERY</td>
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<td>37606</td>
<td>LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WITH SELVERSTONE OR CRUTCHFIELD CLAMP</td>
<td>No Auth Needed</td>
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<td>37607</td>
<td>LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA</td>
<td>No Auth Needed</td>
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<td>37609</td>
<td>LIGATION OR BIOPSY, TEMPORAL ARTERY</td>
<td>No Auth Needed</td>
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<td>37615</td>
<td>LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK</td>
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<td>37616</td>
<td>LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); CHEST</td>
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<td>37617</td>
<td>LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN</td>
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<td>37618</td>
<td>LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); EXTREMITY</td>
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<td>37619</td>
<td>LIGATION OF INFERIOR VENA CAVA</td>
<td>No Auth Needed</td>
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<td>37650</td>
<td>LIGATION OF FEMORAL VEIN</td>
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<td>37660</td>
<td>LIGATION OF COMMON ILIAC VEIN</td>
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<td>37700</td>
<td>LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS</td>
<td>Auth Required</td>
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<td>37718</td>
<td>LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN</td>
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<td>37720</td>
<td>LIGATION AND DIVISION AND CO</td>
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<td>37722</td>
<td>LIGATION, DIVISION, AND STRIPPING, LONG (GREATER) SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE</td>
<td>Auth Required</td>
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<td>37730</td>
<td>LIGATION AND DIVISION AND CO</td>
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<td>37735</td>
<td>LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPPHENOUS VEINS WITH RADICAL EXCISION OF ULCER AND SKIN</td>
<td>No Auth Needed</td>
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<tr>
<td>37760</td>
<td>LIGATION OF PERFORATOR VEINS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WITHOUT SKIN GRAFT, OPEN</td>
<td>Auth Required</td>
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<tr>
<td>37761</td>
<td>LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG</td>
<td>Auth Required</td>
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<td>37765</td>
<td>STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS</td>
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<tr>
<td>37766</td>
<td>STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS</td>
<td>Auth Required</td>
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<tr>
<td>37780</td>
<td>LIGATION AND DIVISION OF SHORT SAPPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)</td>
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<td>37785</td>
<td>LIGATION, DIVISION, AND/OR EXCISION OF VARICOSE VEIN CLUSTER(S), ONE LEG</td>
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<td>37788</td>
<td>PENILE REVASCULARIZATION, ARTERY, WITH OR WITHOUT VEIN GRAFT</td>
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<td>37790</td>
<td>PENILE VENOUS OCCLUSIVE PROCEDURE</td>
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<td>37799</td>
<td>UNLISTED PROCEDURE, VASCULAR SURGERY</td>
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<td>38100</td>
<td>SPLENECTOMY; TOTAL (SEPARATE PROCEDURE)</td>
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<td>SPLENECTOMY; PARTIAL (SEPARATE PROCEDURE)</td>
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<td>38102</td>
<td>SPLENECTOMY; TOTAL, EN BLOC FOR EXTENSIVE DISEASE, IN CONJUNCTION WITH OTHER PROCEDURE (LIST IN ADDITION TO CODE FOR)</td>
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<td>38115</td>
<td>REPAIR OF RUPTURED SPLEEN (SPLENORRHAPHY) WITH OR WITHOUT PARTIAL SPLENECTOMY</td>
<td>No Auth Needed</td>
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<td>38120</td>
<td>LAPAROSCOPY, SURGICAL, SPLENECTOMY</td>
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<td>38129</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN</td>
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<td>38200</td>
<td>INJECTION PROCEDURE FOR SPLENOPORTOGRAPHY</td>
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<tr>
<td>38204</td>
<td>MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION</td>
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<tr>
<td>38205</td>
<td>BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; ALLOGENIC</td>
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<td>38206</td>
<td>BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; AUTOLOGOUS</td>
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<tr>
<td>38207</td>
<td>TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVATION AND STORAGE</td>
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<tr>
<td>38208</td>
<td>TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF PREVIOUSLY FROZEN HARVEST, WITHOUT WASHING</td>
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<td>38209</td>
<td>TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF PREVIOUSLY FROZEN HARVEST, WITH WASHING</td>
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<td>38210</td>
<td>TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CELL DEPLETION WITHIN HARVEST, T-CELL DEPLETION</td>
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<td>TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL DEPLETION</td>
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<td>TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CELL REMOVAL</td>
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<td>TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET DEPLETION</td>
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<td>38214</td>
<td>TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLUME) DEPLETION</td>
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<td>38215</td>
<td>TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL CONCENTRATION IN PLASMA, MONONUCLEAR, OR BUFFY COAT LAYER</td>
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<td>38220</td>
<td>DIAGNOSTIC BONE MARROW; ASPIRATION(S)</td>
<td>No Auth Needed</td>
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<td>38221</td>
<td>DIAGNOSTIC BONE MARROW; BIOPSY(IES)</td>
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<td>DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)</td>
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<td>38230</td>
<td>BONE MARROW HARVESTING FOR TRANSPLANTATION</td>
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<td>38231</td>
<td>BLOOD-DERIVED PERIPHERAL STEM</td>
<td>Auth Required</td>
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<tr>
<td>38232</td>
<td>BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS</td>
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<td>38240</td>
<td>BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTITION; ALLOGENIC</td>
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<td>38241</td>
<td>BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTITION; AUTOLOGOUS</td>
<td>Auth Required</td>
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<td>38242</td>
<td>BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTITION; ALLOGENEIC DONOR LYMPHOCYTE INFUSIONS</td>
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<td>38243</td>
<td>HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST</td>
<td>Auth Required</td>
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<td>38300</td>
<td>DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE</td>
<td>No Auth Needed</td>
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<td>38305</td>
<td>DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE</td>
<td>No Auth Needed</td>
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<td>38308</td>
<td>LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS</td>
<td>No Auth Needed</td>
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<td>38380</td>
<td>SUTURE AND/OR LIGATION OF THORACIC DUCT; CERVICAL APPROACH</td>
<td>No Auth Needed</td>
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<tr>
<td>38381</td>
<td>SUTURE AND/OR LIGATION OF THORACIC DUCT; THORACIC APPROACH</td>
<td>No Auth Needed</td>
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<td>38382</td>
<td>SUTURE AND/OR LIGATION OF THORACIC DUCT; ABDOMINAL APPROACH</td>
<td>No Auth Needed</td>
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<td>38500</td>
<td>BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, SUPERFICIAL</td>
<td>No Auth Needed</td>
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<td>38505</td>
<td>BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL, INGUINAL, AXILLARY)</td>
<td>No Auth Needed</td>
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<tr>
<td>38510</td>
<td>BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S)</td>
<td>No Auth Needed</td>
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<td>38520</td>
<td>BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP CERVICAL NODE(S) WITH EXCISION SCALENE FAT PAD</td>
<td>No Auth Needed</td>
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<td>38525</td>
<td>BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, DEEP AXILLARY NODE(S)</td>
<td>No Auth Needed</td>
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<td>BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INTERNAL MAMMARY NODE(S)</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<td>38531</td>
<td>BIOPSY OR EXCISION OF LYMPH NODE(S); OPEN, INGUINOJECTOMAL NODE(S)</td>
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<td>38542</td>
<td>DISSECTION, DEEP JUGULAR NODE(S)</td>
<td>No Auth Needed</td>
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<tr>
<td>38550</td>
<td>EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITHOUT DEEP NEUROVASCULAR DISSECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>38555</td>
<td>EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL; WITH DEEP NEUROVASCULAR DISSECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>38562</td>
<td>LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-AORTIC</td>
<td>No Auth Needed</td>
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<tr>
<td>38564</td>
<td>LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); RETROPERITONEAL (AORTIC AND/OR SPLENIC)</td>
<td>No Auth Needed</td>
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<td>38570</td>
<td>LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE</td>
<td>No Auth Needed</td>
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<tr>
<td>38571</td>
<td>LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>38572</td>
<td>LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING (BIOPSY), SINGLE OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>38573</td>
<td>LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING, PERITONEAL</td>
<td>No Auth Needed</td>
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<tr>
<td>38589</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, LYMPHATIC SYSTEM</td>
<td>Auth Required</td>
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<tr>
<td>38700</td>
<td>SUPRAHYOID LYMPHADENECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>38720</td>
<td>CERVICAL LYMPHADENECTOMY (COMPLETE)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>38724</td>
<td>CERVICAL LYMPHADENECTOMY (MODIFIED RADICAL NECK DISSECTION)</td>
<td>No Auth</td>
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<tr>
<td>38740</td>
<td>AXILLARY LYMPHADENECTOMY; SUPERFICIAL</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td>38745</td>
<td>AXILLARY LYMPHADENECTOMY; COMPLETE</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td>38746</td>
<td>THORACIC LYMPHADENECTOMY, REGIONAL, INCLUDING MEDIASTINAL AND PERITRACHEAL NODES (LIST SEPARATELY IN ADDITION TO CODE)</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td>38747</td>
<td>ABDOMINAL LYMPHADENECTOMY, REGIONAL, INCLUDING CELIAC, GASTRIC, PORTAL, PERIPANCREATIC, WITH OR WITHOUT PARA-</td>
<td>No Auth</td>
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<tr>
<td>38760</td>
<td>INGUINOFOEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUETS NODE (SEPARATE PROCEDURE)</td>
<td>No Auth</td>
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</tr>
<tr>
<td>38765</td>
<td>INGUINOFOEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL</td>
<td>No Auth</td>
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<tr>
<td>38770</td>
<td>PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES (SEPARATE PROCEDURE)</td>
<td>No Auth</td>
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<tr>
<td>38780</td>
<td>RETROPERITONEAL TRANSABDOMINAL LYMPHADENECTOMY, EXTENSIVE, INCLUDING PELVIC, AORTIC, AND RENAL NODES</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td>38790</td>
<td>INJECTION PROCEDURE; LYMPHANGIOGRAPHY</td>
<td>No Auth</td>
<td></td>
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<tr>
<td>38792</td>
<td>INJECTION PROCEDURE; FOR IDENTIFICATION OF SENTINEL NODE</td>
<td>No Auth</td>
<td></td>
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<tr>
<td>38794</td>
<td>CANNULATION, THORACIC DUCT</td>
<td>No Auth</td>
<td></td>
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<tr>
<td>38900</td>
<td>INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S) INCLUDES INJECTION OF NON-RADIOACTIVE DYE, WHEN</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>38999</td>
<td>UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM</td>
<td>Auth Required</td>
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<tr>
<td>39000</td>
<td>MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOPSY; CERVICAL APPROACH</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>39010</td>
<td>MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, REMOVAL OF FOREIGN BODY, OR BIOPSY; TRANSTHORACIC APPROACH, INCLUDING</td>
<td>No Auth Needed</td>
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<tr>
<td>39200</td>
<td>EXCISION OF MEDIASTINAL CYST</td>
<td>No Auth Needed</td>
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<tr>
<td>39220</td>
<td>EXCISION OF MEDIASTINAL TUMOR</td>
<td>Auth Required</td>
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<tr>
<td>39401</td>
<td>MEDIASTINOSCOPY; INCLUDES BIOPSY(IES) OF MEDIASTINAL MASS (EG, LYMPHOMA), WHEN</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>39402</td>
<td>MEDIASTINOSCOPY; WITH LYMPH NODE BIOPSY(IES) (EG, LUNG CANCER STAGING)</td>
<td>No Auth Needed</td>
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<tr>
<td>39499</td>
<td>UNLISTED PROCEDURE, MEDIASTINUM</td>
<td>Auth Required</td>
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<tr>
<td>39501</td>
<td>REPAIR, LACERATION OF DIAPHRAGM, ANY APPROACH</td>
<td>No Auth Needed</td>
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<tr>
<td>39503</td>
<td>REPAIR, NEONATAL DIAPHRAGMATIC HERNIA, WITH OR WITHOUT CHEST TUBE INSERTION AND WITH OR WITHOUT CREATION OF VENTRAL</td>
<td>No Auth Needed</td>
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<tr>
<td>39540</td>
<td>REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC, ACUTE</td>
<td>No Auth Needed</td>
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<tr>
<td>39541</td>
<td>REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC, CHRONIC</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>39545</td>
<td>IMBRICATION OF DIAPHRAGM FOR EVENTRATION, TRANSTHORACIC OR TRANSABDOMINAL, PARALYTIC OR</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>39560</td>
<td>RESECTION, DIAPHRAGM; WITH SIMPLE REPAIR (EG, PRIMARY SUTURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>39561</td>
<td>RESECTION, DIAPHRAGM; WITH COMPLEX REPAIR (EG, PROSTHETIC MATERIAL, LOCAL MUSCLE FLAP)</td>
<td>No Auth Needed</td>
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<tr>
<td>39599</td>
<td>UNLISTED PROCEDURE, DIAPHRAGM</td>
<td>Auth Required</td>
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<tr>
<td>40490</td>
<td>BIOPSY OF LIP</td>
<td>No Auth Needed</td>
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<tr>
<td>40500</td>
<td>VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT</td>
<td>No Auth Needed</td>
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<tr>
<td>40510</td>
<td>EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE</td>
<td>No Auth Needed</td>
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<tr>
<td>40520</td>
<td>EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE</td>
<td>No Auth Needed</td>
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<tr>
<td>40525</td>
<td>EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER OR FAN)</td>
<td>No Auth Needed</td>
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<tr>
<td>40527</td>
<td>EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER)</td>
<td>No Auth Needed</td>
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<tr>
<td>40530</td>
<td>RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>40650</td>
<td>REPAIR LIP, FULL THICKNESS; VERMILION ONLY</td>
<td>No Auth Needed</td>
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<tr>
<td>40652</td>
<td>REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT</td>
<td>No Auth Needed</td>
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<tr>
<td>40654</td>
<td>REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>40700</td>
<td>PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>40701</td>
<td>PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE PROCEDURE</td>
<td>No Auth Needed</td>
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<tr>
<td>40702</td>
<td>PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO STAGES</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>40720</td>
<td>PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>40761</td>
<td>PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECTIONING AND I</td>
<td>No Auth Needed</td>
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<tr>
<td>40799</td>
<td>UNLISTED PROCEDURE, LIPS</td>
<td>Auth Required</td>
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<tr>
<td>40800</td>
<td>DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE</td>
<td>No Auth Needed</td>
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<tr>
<td>40801</td>
<td>DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED</td>
<td>No Auth Needed</td>
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<tr>
<td>40804</td>
<td>REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE</td>
<td>No Auth Needed</td>
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<tr>
<td>40805</td>
<td>REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED</td>
<td>No Auth Needed</td>
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<tr>
<td>40806</td>
<td>INCISION OF LABIAL FRENUM (FRENOTOMY)</td>
<td>No Auth Needed</td>
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<tr>
<td>40808</td>
<td>BIOPSY, VESTIBULE OF MOUTH</td>
<td>No Auth Needed</td>
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<tr>
<td>40810</td>
<td>EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>40812</td>
<td>EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>40814</td>
<td>EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX REPAIR</td>
<td>No Auth Needed</td>
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<tr>
<td>40816</td>
<td>EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>40818</td>
<td>EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>40819</td>
<td>EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>40820</td>
<td>DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CRYO, CHEMICAL)</td>
<td>No Auth Needed</td>
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<tr>
<td>40830</td>
<td>CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>40831</td>
<td>CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>40840</td>
<td>VESTIBULOPLASTY; ANTERIOR</td>
<td>No Auth Needed</td>
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<tr>
<td>40842</td>
<td>VESTIBULOPLASTY; POSTERIOR, UNILATERER</td>
<td>No Auth Needed</td>
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<tr>
<td>40843</td>
<td>VESTIBULOPLASTY; POSTERIOR, BILATERER</td>
<td>No Auth Needed</td>
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<tr>
<td>40844</td>
<td>VESTIBULOPLASTY; ENTIRE ARCH</td>
<td>No Auth Needed</td>
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<tr>
<td>40845</td>
<td>VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization</td>
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<tr>
<td>40899</td>
<td>UNLISTED PROCEDURE, VESTIBULE OF MOUTH</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>41000</td>
<td>INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL</td>
<td>No Auth Needed</td>
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<tr>
<td>41005</td>
<td>INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERFICIAL</td>
<td>No Auth Needed</td>
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<tr>
<td>41006</td>
<td>INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP,</td>
<td>No Auth Needed</td>
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<tr>
<td>41007</td>
<td>INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE</td>
<td>No Auth Needed</td>
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<tr>
<td>41008</td>
<td>INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE</td>
<td>No Auth Needed</td>
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<tr>
<td>41009</td>
<td>INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE</td>
<td>No Auth Needed</td>
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<tr>
<td>41010</td>
<td>INCISION OF LINGUAL FRENUM (FRENOTOMY)</td>
<td>No Auth Needed</td>
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<td>41015</td>
<td>EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBLINGUAL</td>
<td>No Auth Needed</td>
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<tr>
<td>41016</td>
<td>EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMENTAL</td>
<td>No Auth Needed</td>
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<td>41017</td>
<td>EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMANDIBULAR</td>
<td>No Auth Needed</td>
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<tr>
<td>41018</td>
<td>EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; MASTICATOR SPACE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>41019</td>
<td>PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK REGION (PERCUTANEOUS, TRANSORAL, OR TRANSNAS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Needed</td>
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<tr>
<td>41100</td>
<td>BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>41105</td>
<td>BIOPSY OF TONGUE; POSTERIOR ONE-THIRD</td>
<td>No Auth Needed</td>
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<tr>
<td>41108</td>
<td>BIOPSY OF FLOOR OF MOUTH</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>41110</td>
<td>EXCISION OF LESION OF TONGUE WITHOUT CLOSURE</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>41112</td>
<td>EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS</td>
<td>No Auth Needed</td>
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<tr>
<td>41113</td>
<td>EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD</td>
<td>No Auth Needed</td>
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<tr>
<td>41114</td>
<td>EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP</td>
<td>No Auth Needed</td>
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<tr>
<td>41115</td>
<td>EXCISION OF LINGUAL FRENUM (FRENECTOMY)</td>
<td>No Auth Needed</td>
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<tr>
<td>41116</td>
<td>EXCISION, LESION OF FLOOR OF MOUTH</td>
<td>No Auth Needed</td>
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<tr>
<td>41120</td>
<td>GLOSSECTOMY; LESS THAN ONE-HALF TONGUE</td>
<td>No Auth Needed</td>
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<tr>
<td>41130</td>
<td>GLOSSECTOMY; HEMIGLOSSECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>41135</td>
<td>GLOSSECTOMY; PARTIAL, WITH UNILATERAL RADICAL NECK DISSECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>41140</td>
<td>GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITHOUT RADICAL NECK DISSECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>41145</td>
<td>GLOSSECTOMY; COMPLETE OR TOTAL, WITH OR WITHOUT TRACHEOSTOMY, WITH UNILATERAL RADICAL NECK DISSECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>41150</td>
<td>GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH AND MANDIBULAR RESECTION, WITHOUT RADICAL NECK DISSECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>41153</td>
<td>GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, WITH SUPRAHYOID NECK DISSECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>41155</td>
<td>GLOSSECTOMY; COMPOSITE PROCEDURE WITH RESECTION FLOOR OF MOUTH, MANDIBULAR RESECTION, AND RADICAL NECK DISSECTION</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>41250</td>
<td>REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS OF TONGUE</td>
<td>No Auth Needed</td>
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<tr>
<td>41251</td>
<td>REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE</td>
<td>No Auth Needed</td>
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<tr>
<td>41252</td>
<td>REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX</td>
<td>No Auth Needed</td>
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<tr>
<td>41510</td>
<td>SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>41512</td>
<td>TONGUE BASE SUSPENSION PERMANENT SUTURE TQ TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE</td>
<td>No Auth Needed</td>
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<tr>
<td>41520</td>
<td>FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)</td>
<td>No Auth Needed</td>
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<tr>
<td>41530</td>
<td>SUBMUCOSAL ABLTJ TONGUE RF 1/&gt; SITES PR SESSION SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, 1 OR MORE</td>
<td>No Auth Needed</td>
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<tr>
<td>41599</td>
<td>UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>41800</td>
<td>DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>41805</td>
<td>REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES</td>
<td>No Auth Needed</td>
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<tr>
<td>41806</td>
<td>REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE</td>
<td>No Auth Needed</td>
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<tr>
<td>41820</td>
<td>GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT</td>
<td>No Auth Needed</td>
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<tr>
<td>41821</td>
<td>OPERCULECTOMY, EXCISION PERICORONAL TISSUES</td>
<td>No Auth Needed</td>
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<td>41822</td>
<td>EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES</td>
<td>No Auth Needed</td>
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<td>41823</td>
<td>EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES</td>
<td>No Auth Needed</td>
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<td>41825</td>
<td>EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITHOUT REPAIR</td>
<td>No Auth Needed</td>
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<tr>
<td>41826</td>
<td>EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR</td>
<td>No Auth Needed</td>
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<td>41827</td>
<td>EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH COMPLEX REPAIR</td>
<td>No Auth Needed</td>
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<tr>
<td>41828</td>
<td>EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH QUADRANT (SPECIFY)</td>
<td>No Auth Needed</td>
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<tr>
<td>41830</td>
<td>ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY</td>
<td>No Auth Needed</td>
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<td>41850</td>
<td>DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES</td>
<td>No Auth Needed</td>
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<tr>
<td>41870</td>
<td>PERIODONTAL MUCOSAL GRAFTING</td>
<td>Auth Required</td>
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<td>Code</td>
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<tr>
<td>41872</td>
<td>GINGIVOPLASTY, EACH QUADRANT (SPECIFY)</td>
<td>No Auth Needed</td>
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<td>41874</td>
<td>ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)</td>
<td>No Auth Needed</td>
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<tr>
<td>41899</td>
<td>UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES</td>
<td>Auth Required</td>
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<tr>
<td>42000</td>
<td>DRAINAGE OF ABSCESS OF PALATE, UVULA</td>
<td>No Auth Needed</td>
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<tr>
<td>42100</td>
<td>BIOPSY OF PALATE, UVULA</td>
<td>No Auth Needed</td>
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<tr>
<td>42104</td>
<td>EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE</td>
<td>No Auth Needed</td>
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<tr>
<td>42106</td>
<td>EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE</td>
<td>No Auth Needed</td>
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<tr>
<td>42107</td>
<td>EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE</td>
<td>No Auth Needed</td>
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<tr>
<td>42120</td>
<td>RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION</td>
<td>No Auth Needed</td>
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<tr>
<td>42140</td>
<td>UVULECTOMY, EXCISION OF UVULA</td>
<td>No Auth Needed</td>
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<tr>
<td>42145</td>
<td>PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)</td>
<td>No Auth Needed</td>
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<tr>
<td>42160</td>
<td>DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)</td>
<td>No Auth Needed</td>
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<tr>
<td>42180</td>
<td>REPAIR, LACERATION OF PALATE; UP TO 2 CM</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<td>42182</td>
<td>REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX</td>
<td>No Auth Needed</td>
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<tr>
<td>42200</td>
<td>PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY</td>
<td>No Auth Needed</td>
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<tr>
<td>42205</td>
<td>PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY</td>
<td>No Auth Needed</td>
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<tr>
<td>42210</td>
<td>PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<tr>
<td>42215</td>
<td>PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION</td>
<td>No Auth Needed</td>
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<tr>
<td>42220</td>
<td>PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE</td>
<td>No Auth Needed</td>
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<td>42225</td>
<td>PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP</td>
<td>No Auth Needed</td>
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<tr>
<td>42226</td>
<td>LENGTHENING OF PALATE, AND PHARYNGEAL FLAP</td>
<td>No Auth Needed</td>
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<tr>
<td>42227</td>
<td>LENGTHENING OF PALATE, WITH ISLAND FLAP</td>
<td>No Auth Needed</td>
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<td>42235</td>
<td>REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP</td>
<td>No Auth Needed</td>
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<td>42260</td>
<td>REPAIR OF NASOLABIAL FISTULA</td>
<td>No Auth Needed</td>
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<td>42280</td>
<td>MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS</td>
<td>No Auth Needed</td>
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<td>42281</td>
<td>INSERTION OF PIN-RETAINED PALATAL PROSTHESIS</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>42299</td>
<td>UNLISTED PROCEDURE, PALATE, UVULA</td>
<td>Auth Required</td>
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<tr>
<td>42300</td>
<td>DRAINAGE OF ABSCESS; PAROTID, SIMPLE</td>
<td>No Auth Needed</td>
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<tr>
<td>42305</td>
<td>DRAINAGE OF ABSCESS; PAROTID, COMPLICATED</td>
<td>No Auth Needed</td>
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<tr>
<td>42310</td>
<td>DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL</td>
<td>No Auth Needed</td>
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<tr>
<td>42320</td>
<td>DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL</td>
<td>No Auth Needed</td>
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<tr>
<td>42325</td>
<td>FISTULIZATION OF SUBLINGUAL</td>
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<td>42326</td>
<td>FISTULIZATION OF SUBLINGUAL</td>
<td>Auth Required</td>
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<td>42330</td>
<td>SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMPLICATED, INTRAORAL</td>
<td>No Auth Needed</td>
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<td>42335</td>
<td>SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL</td>
<td>No Auth Needed</td>
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<td>42340</td>
<td>SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL</td>
<td>No Auth Needed</td>
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<tr>
<td>42400</td>
<td>BIOPSY OF SALIVARY GLAND; NEEDLE</td>
<td>No Auth Needed</td>
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<tr>
<td>42405</td>
<td>BIOPSY OF SALIVARY GLAND; INCISIONAL</td>
<td>No Auth Needed</td>
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<tr>
<td>42408</td>
<td>EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<td>42409</td>
<td>MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)</td>
<td>No Auth Needed</td>
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<tr>
<td>42410</td>
<td>EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DISSECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>42415</td>
<td>EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE</td>
<td>No Auth Needed</td>
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<tr>
<td>42420</td>
<td>EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE</td>
<td>No Auth Needed</td>
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<tr>
<td>42425</td>
<td>EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE</td>
<td>No Auth Needed</td>
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<tr>
<td>42426</td>
<td>EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH UNILATERAL RADICAL NECK DISSECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>42440</td>
<td>EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND</td>
<td>No Auth Needed</td>
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<tr>
<td>42450</td>
<td>EXCISION OF SUBLINGUAL GLAND</td>
<td>No Auth Needed</td>
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<tr>
<td>42500</td>
<td>PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE</td>
<td>No Auth Needed</td>
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<tr>
<td>42505</td>
<td>PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED</td>
<td>No Auth Needed</td>
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<tr>
<td>42507</td>
<td>PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>42509</td>
<td>PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS</td>
<td>No Auth Needed</td>
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<tr>
<td>42510</td>
<td>PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF BOTH SUBMANDIBULAR (WHARTON'S) DUCTS</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>42550</td>
<td>INJECTION PROCEDURE FOR SIALOGRAPHY</td>
<td>No Auth Needed</td>
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<tr>
<td>42600</td>
<td>CLOSURE SALIVARY FISTULA</td>
<td>No Auth Needed</td>
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<tr>
<td>42650</td>
<td>DILATION SALIVARY DUCT</td>
<td>No Auth Needed</td>
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<tr>
<td>42660</td>
<td>DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION</td>
<td>No Auth Needed</td>
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<td>42665</td>
<td>LIGATION SALIVARY DUCT, INTRAORAL</td>
<td>No Auth Needed</td>
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<td>42699</td>
<td>UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS</td>
<td>Auth Required</td>
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<td>42700</td>
<td>INCISION AND DRAINAGE ABSCESS; PERITONSILLAR</td>
<td>No Auth Needed</td>
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<td>42720</td>
<td>INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL APPROACH</td>
<td>No Auth Needed</td>
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<td>42725</td>
<td>INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL APPROACH</td>
<td>No Auth Needed</td>
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<tr>
<td>42800</td>
<td>BIOPSY; OROPHARYNX</td>
<td>No Auth Needed</td>
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<tr>
<td>42804</td>
<td>BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE</td>
<td>No Auth Needed</td>
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<tr>
<td>42806</td>
<td>BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION</td>
<td>No Auth Needed</td>
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<tr>
<td>42808</td>
<td>EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>42809</td>
<td>REMOVAL OF FOREIGN BODY FROM PHARYNX</td>
<td>No Auth Needed</td>
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<tr>
<td>42810</td>
<td>EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES</td>
<td>No Auth Needed</td>
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<tr>
<td>42815</td>
<td>EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX</td>
<td>No Auth Needed</td>
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<tr>
<td>42820</td>
<td>TONSILLECTOMY AND ADENOIDECTOMY; YOUNGER THAN AGE 12</td>
<td>No Auth Needed</td>
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<tr>
<td>42821</td>
<td>TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER</td>
<td>No Auth Needed</td>
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<tr>
<td>42825</td>
<td>TONSILLECTOMY, PRIMARY OR SECONDARY; YOUNGER THAN AGE 12</td>
<td>No Auth Needed</td>
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<tr>
<td>42826</td>
<td>TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER</td>
<td>No Auth Needed</td>
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<tr>
<td>42830</td>
<td>ADENOIDECTOMY, PRIMARY; YOUNGER THAN AGE 12</td>
<td>Auth Required</td>
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<tr>
<td>42831</td>
<td>ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER</td>
<td>No Auth Needed</td>
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<td>42835</td>
<td>ADENOIDECTOMY, SECONDARY; YOUNGER THAN AGE 12</td>
<td>No Auth Needed</td>
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<tr>
<td>42836</td>
<td>ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER</td>
<td>No Auth Needed</td>
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<tr>
<td>42842</td>
<td>RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; WITHOUT CLOSURE</td>
<td>Auth Required</td>
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<tr>
<td>42844</td>
<td>RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH LOCAL FLAP (EG, TONGUE, BUCCAL)</td>
<td>Auth Required</td>
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<td>Code</td>
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<tr>
<td>42845</td>
<td>RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH OTHER FLAP</td>
<td>Auth Required</td>
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<tr>
<td>42860</td>
<td>EXCISION OF TONSIL TAGS</td>
<td>No Auth Needed</td>
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<td>42870</td>
<td>EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>42890</td>
<td>LIMITED PHARYNGECTOMY</td>
<td>No Auth Needed</td>
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<td>42892</td>
<td>RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY ADVANCEMENT OF LATERAL AND POSTERIOR PHARYNGEAL</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>42894</td>
<td>RESECTION OF PHARYNGEAL WALL REQUIRING CLOSURE WITH MYOCUTANEOUS FLAP</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>42900</td>
<td>SUTURE PHARYNX FOR WOUND OR INJURY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>42950</td>
<td>PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>42953</td>
<td>PHARYNGOESOPHAGEAL REPAIR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>42955</td>
<td>PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>42960</td>
<td>CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY); SIMPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>42961</td>
<td>CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY); COMPLICATED, REQUIRING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>42962</td>
<td>CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POST-TONSILLECTOMY); WITH SECONDARY SURGICAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>42970</td>
<td>CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); SIMPLE, WITH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>42971</td>
<td>CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); COMPLICATED,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>42972</td>
<td>CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); WITH SECONDARY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>42999</td>
<td>UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>43020</td>
<td>ESOPHAGOTOMY, CERVICAL APPROACH, WITH REMOVAL OF FOREIGN BODY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43030</td>
<td>CRICOPHARYNGEAL MYOTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43045</td>
<td>ESOPHAGOTOMY, THORACIC APPROACH, WITH REMOVAL OF FOREIGN BODY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43100</td>
<td>EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; CERVICAL APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43101</td>
<td>EXCISION OF LESION, ESOPHAGUS, WITH PRIMARY REPAIR; THORACIC OR ABDOMINAL APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43107</td>
<td>TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH PHARYNGOGASTROSTOMY OR CERVICAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43108</td>
<td>TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITHOUT THORACOTOMY; WITH COLON INTERPOSITION OR SMALL INTESTINE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43112</td>
<td>TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH PHARYNGOGASTROSTOMY OR CERVICAL ESOPHAGOGASTROSTOMY, WITH OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43113</td>
<td>TOTAL OR NEAR TOTAL ESOPHAGECTOMY, WITH THORACOTOMY; WITH COLON INTERPOSITION OR SMALL INTESTINE RECONSTRUCTION, INCLUDING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>43116</td>
<td>PARTIAL ESOPHAGECTOMY, CERVICAL, WITH FREE INTESTINAL GRAFT, INCLUDING MICROVASCULAR ANASTOMOSIS, OBTAINING THE GRAFT AND</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43117</td>
<td>PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, WITH OR WITHOUT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43118</td>
<td>PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY AND SEPARATE ABDOMINAL INCISION, WITH OR WITHOUT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43121</td>
<td>PARTIAL ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH THORACOTOMY ONLY, WITH OR WITHOUT PROXIMAL GASTRECTOMY, WITH THORACIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43122</td>
<td>PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT PROXIMAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43123</td>
<td>PARTIAL ESOPHAGECTOMY, THORACOABDOMINAL OR ABDOMINAL APPROACH, WITH OR WITHOUT PROXIMAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43124</td>
<td>TOTAL OR PARTIAL ESOPHAGECTOMY, WITHOUT RECONSTRUCTION (ANY APPROACH), WITH CERVICAL ESOPHAGOSTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43130</td>
<td>DIVERTICULECTOMY OF HYOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERVICAL APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43135</td>
<td>DIVERTICULECTOMY OF HYOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; THORACIC APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43180</td>
<td>ESOPHAGOSCOPY, RIGID, TRANSORAL WITH DIVERTICULECTOMY OF HYOPHARYNX OR CERVICAL ESOPHAGUS (EG, ZENKER'S)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43191</td>
<td>ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43192</td>
<td>ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43193</td>
<td>ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>43194</td>
<td>ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH REMOVAL OF FOREIGN BODY(S)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43195</td>
<td>ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BALLOON DILATION (LESS THAN 30 MM DIAMETER)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43196</td>
<td>ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OVER GUIDE WIRE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43197</td>
<td>ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; DIAGnostic, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43198</td>
<td>ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; WITH BIOPSY, SINGLE OR MULTIPLE</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>43200</td>
<td>ESOPHAGOSCOPY, RIGID OR FLEXIBLE; DIAGnostic, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43201</td>
<td>ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43202</td>
<td>ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43204</td>
<td>ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INJECTION SCLEROSIS OF ESOPHAGEAL VARICES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43205</td>
<td>ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOPHAGEAL VARICES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43206</td>
<td>ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH OPTICAL ENDOMICROSCOPY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43210</td>
<td>ESOPHAGOASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ESOPHAGOGASTRIC FUNDOPLASTY, PARTIAL OR COMPLETE, INCLUDES</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>43211</td>
<td>ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH ENDOSCOPIC MUCOSAL RESECTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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</tr>
<tr>
<td>43212</td>
<td>ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43213</td>
<td>ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR, RETROGRADE (INCLUDES)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43214</td>
<td>ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER) (INCLUDES FLUOROSCOPIC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43215</td>
<td>ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH REMOVAL OF FOREIGN BODY(S)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43216</td>
<td>ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43217</td>
<td>ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43220</td>
<td>ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BALLOON DILATION (LESS THAN 30 MM DIAMETER)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43226</td>
<td>ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OVER GUIDE WIRE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43227</td>
<td>ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43229</td>
<td>ESOPHAGOSCOPY, FLEXIBLE, TRANSORAL; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INCLUDES PRE- AND POST-DILATION)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43231</td>
<td>ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43232</td>
<td>ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43233</td>
<td>ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH DILATION OF ESOPHAGUS WITH BALLOON (30 MM DIAMETER OR LARGER)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>43235</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43236</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43237</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43238</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43239</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43240</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43241</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43242</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43243</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43244</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43245</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43246</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43247</td>
<td>ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH REMOVAL OF FOREIGN BODY(S)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authentication Required</td>
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</tr>
<tr>
<td>43248</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43249</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43250</td>
<td>ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43251</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43252</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43253</td>
<td>ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH TRANSENDOSCOPIC ULTRASOUND-GUIDED TRANSMURAL INJECTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43254</td>
<td>ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ENDOSCOPIC MUCOSAL RESECTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43255</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43256</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43257</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43258</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43259</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43260</td>
<td>ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43261</td>
<td>ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH BIOPSY, SINGLE OR MULTIPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43262</td>
<td>ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP); WITH SPHINCTEROTOMY/PAPILLOTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Auth Required</td>
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<tr>
<td>43263</td>
<td>ENDOSCOPIC RETROGRADe CHOLANGIOPANCREATEOGRAPHY (ERCP); WITH PRESSURE MEASUREMENT OF SPHINCTER OF ODDI</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43264</td>
<td>ENDOSCOPIC RETROGRADe CHOLANGIOPANCREATEOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADe REMOVAL OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43265</td>
<td>ENDOSCOPIC RETROGRADe CHOLANGIOPANCREATEOGRAPHY (ERCP); WITH ENDOSCOPIC RETROGRADe DESTRUCTION,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43266</td>
<td>ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH PLACEMENT OF ENDOSCOPIC STENT (INdURES PRE- AND POST-DILATION ANd</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43267</td>
<td>ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INdURES PRE-</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43268</td>
<td>NDSC CANNULATION PAPILLA VIS BILE &amp;/ PNCRTC DUX ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZATION OF COMMON BILE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43269</td>
<td>ENDOSCOPIC RETROGRADe CHOLANGIOPANCREATEOGRAPHY (ERCP); WITH PLACEMENT OF ENDOSCOPIC STENT INTO BILIARY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43270</td>
<td>ENDOSCOPIC RETROGRADe CHOLANGIOPANCREATEOGRAPHY (ERCP); WITH REMOVAL OF FOREIGN BODY(S) OR STENT(S)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43271</td>
<td>ENDOSCOPIC RETROGRADe CHOLANGIOPANCREATEOGRAPHY (ERCP); WITH REMOVAL AND EXCHANGE OF STENT(S), BILIARY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43272</td>
<td>ENDOSCOPIC RETROGRADe CHOLANGIOPANCREATEOGRAPHY (ERCP); WITH TRAN-ENDOSCOPIC BALLOON DILATION OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43273</td>
<td>ENDOSCOPIC RETROGRADe CHOLANGIOPANCREATEOGRAPHY (ERCP); WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43274</td>
<td>LAPS ESOPHAGOMYOTOMY W/FUNDOPLASTY IF PERFORMED LAPAROSCOPy, SURGICAL, ESOPHAGOMYOTOMY (HELLER TYPE), WITH</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>43275</td>
<td>LAPAROSCOPy, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURES)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
<td>Notes</td>
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<tr>
<td>43281</td>
<td>LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>43282</td>
<td>LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITH</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>43283</td>
<td>LAPAROSCOPY, SURGICAL, ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY)</td>
<td>Auth Required</td>
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<tr>
<td>43284</td>
<td>LAPAROSCOPY, SURGICAL, ESOPHAGEAL SPHINCTER AUGMENTATION PROCEDURE, PLACEMENT OF SPHINCTER AUGMENTATION</td>
<td>Auth Required</td>
<td>Authorization not required for an ASC</td>
</tr>
<tr>
<td>43285</td>
<td>REMOVAL OF ESOPHAGEAL SPHINCTER AUGMENTATION DEVICE</td>
<td>Auth Required</td>
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<tr>
<td>43286</td>
<td>ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, WITH LAPAROSCOPIC MOBILIZATION OF THE ABDOMINAL AND MEDIASTINAL ESOPHAGUS AND</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>43287</td>
<td>ESOPHAGECTOMY, DISTAL TWO-THIRDS, WITH LAPAROSCOPIC MOBILIZATION OF THE ABDOMINAL AND LOWER MEDIASTINAL</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>43288</td>
<td>ESOPHAGECTOMY, TOTAL OR NEAR TOTAL, WITH THORACOSCOPIC MOBILIZATION OF THE UPPER, MIDDLE, AND LOWER MEDIASTINAL ESOPHAGUS,</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>43289</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>43300</td>
<td>ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43305</td>
<td>ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), CERVICAL APPROACH; WITH REPAIR OF TRACHEOESOPHAGEAL FISTULA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43310</td>
<td>ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITHOUT REPAIR OF TRACHEOESOPHAGEAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43312</td>
<td>ESOPHAGOPLASTY (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH REPAIR OF TRACHEOESOPHAGEAL FISTULA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>43313</td>
<td>ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITHOUT REPAIR OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43314</td>
<td>ESOPHAGOPLASTY FOR CONGENITAL DEFECT (PLASTIC REPAIR OR RECONSTRUCTION), THORACIC APPROACH; WITH REPAIR OF</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>43320</td>
<td>ESOPHAGOASTROSTOMY (CARDIOPLASTY), WITH OR WITHOUT VAGOTOMY AND PYLOROPLASTY, TRANSABDOMINAL OR T</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43325</td>
<td>ESOPHAGOASTRIC FUNDOPLASTY; WITH FUNDIC PATCH (THAL-NISSEN PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43327</td>
<td>ESOPHAGOASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; LAPAROTOMY</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>43328</td>
<td>ESOPHAGOASTRIC FUNDOPLASTY PARTIAL OR COMPLETE; THORACOTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>43330</td>
<td>ESOPHAGOMYOTOMY (HELLER TYPE); ABDOMINAL APPROACH</td>
<td>No Auth Needed</td>
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<tr>
<td>43331</td>
<td>ESOPHAGOMYOTOMY (HELLER TYPE); THORACIC APPROACH</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>43332</td>
<td>REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL; WITHOUT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43333</td>
<td>REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA LAPAROTOMY, EXCEPT NEONATAL; WITH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43334</td>
<td>REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY, EXCEPT NEONATAL; WITHOUT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43335</td>
<td>REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOTOMY, EXCEPT NEONATAL; WITH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43336</td>
<td>REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPLICATION), VIA THORACOABDOMINAL INCISION, EXCEPT NEONATAL; WITHOUT IMPLANTAT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>No Auth Needed</td>
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<tr>
<td>43337</td>
<td>REPAIR, PARAESOPHAGEAL HIATAL HERNIA (INCLUDING FUNDOPICATION), VIA THORACOABDOMINAL INCISION, EXCEPT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43338</td>
<td>ESOPHAGEAL LENGTHENING PROCEDURE (EG, COLLIS GASTROPLASTY OR WEDGE GASTROPLASTY) (LIST SEPARATELY IN ADDITION)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43340</td>
<td>ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); ABDOMINAL APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43341</td>
<td>ESOPHAGOJEJUNOSTOMY (WITHOUT TOTAL GASTRECTOMY); THORACIC APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43351</td>
<td>ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; THORACIC APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43352</td>
<td>ESOPHAGOSTOMY, FISTULIZATION OF ESOPHAGUS, EXTERNAL; CERVICAL APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43360</td>
<td>GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING ESOPHAGEAL LESION OR FISTULA, OR FOR PREVIOUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43361</td>
<td>GASTROINTESTINAL RECONSTRUCTION FOR PREVIOUS ESOPHAGECTOMY, FOR OBSTRUCTING ESOPHAGEAL LESION OR FISTULA, OR FOR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43400</td>
<td>LIGATION, DIRECT, ESOPHAGEAL VARICES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43401</td>
<td>TRANSECTION OF ESOPHAGUS WITH REPAIR, FOR ESOPHAGEAL VARICES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43405</td>
<td>LIGATION OR STAPLING AT GASTROESOPHAGEAL JUNCTION FOR PRE-EXISTING ESOPHAGEAL PERFORATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43410</td>
<td>SUTURE OF ESOPHAGEAL WOUND OR INJURY; CERVICAL APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43415</td>
<td>SUTURE OF ESOPHAGEAL WOUND OR INJURY; TRANSTHORACIC OR TRANSABDOMINAL APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>43420</td>
<td>CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43425</td>
<td>CLOSURE OF ESOPHAGOSTOMY OR FISTULA; TRANSTHORACIC OR TRANSABDOMINAL APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43450</td>
<td>DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>43453</td>
<td>DILATION OF ESOPHAGUS, OVER GUIDE WIRE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43460</td>
<td>ESOPHAGOGASTRIC TAMponade, With Balloon (SENGSTAKEN TYPE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43496</td>
<td>FREE JEJUNUM TRANSFER WITH MICROVASCULAR ANASTOMOSIS</td>
<td>No Auth Needed</td>
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<tr>
<td>43499</td>
<td>UNLISTED PROCEDURE, ESOPHAGUS</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>43500</td>
<td>GASTROTOMY; WITH EXPLORATION OR FOREIGN BODY REMOVAL</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>43501</td>
<td>GASTROTOMY; WITH SUTURE REPAIR OF BLEEDING ULCER</td>
<td>No Auth Needed</td>
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<tr>
<td>43502</td>
<td>GASTROTOMY; WITH SUTURE REPAIR OF PRE-EXISTING ESOPHAGOGASTRIC LACERATION (EG, MALLORY-WEISS)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>43510</td>
<td>GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PERMANENT INTRALUMINAL TUBE (EG, CELESTIN OR MOUSSEAUX-BARBIN)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43520</td>
<td>PYLOROMYOTOMY, CUTTING OF PYLORIC MUSCLE (FREDET-RAMSTEDT TYPE OPERATION)</td>
<td>No Auth Needed</td>
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<tr>
<td>43605</td>
<td>BIOPSY OF STOMACH; BY LAPAROTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>43610</td>
<td>EXCISION, LOCAL; ULCER OR BENIGN TUMOR OF STOMACH</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>43611</td>
<td>EXCISION, LOCAL; MALIGNANT TUMOR OF STOMACH</td>
<td>No Auth Needed</td>
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<tr>
<td>43620</td>
<td>GASTRECTOMY, TOTAL; WITH ESOPHAGOENTEROSTOMY</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>43621</td>
<td>GASTRECTOMY, TOTAL; WITH ROUX-EN-Y RECONSTRUCTION</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>43622</td>
<td>GASTRECTOMY, TOTAL; WITH FORMATION OF INTESTINAL POUCH, ANY TYPE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>43631</td>
<td>GASTRECTOMY, PARTIAL, DISTAL; WITH GASTRODUODENOSTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43632</td>
<td>GASTRECTOMY, PARTIAL, DISTAL; WITH GASTROJEJUNOSTOMY</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>43633</td>
<td>GASTRECTOMY, PARTIAL, DISTAL; WITH ROUX-EN-Y RECONSTRUCTION</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>43634</td>
<td>GASTRECTOMY, PARTIAL, DISTAL; WITH FORMATION OF INTESTINAL POUCH</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>43635</td>
<td>VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY PROCEDURE)</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>43638</td>
<td>GASTRECTOMY, PARTIAL, PROXIM</td>
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<tr>
<td>43639</td>
<td>GASTRECTOMY, PARTIAL, PROXIM</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>43640</td>
<td>VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR SELECTIVE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
<td>Notes</td>
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<tr>
<td>43641</td>
<td>VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL (HIGHLY SELECTIVE)</td>
<td>Auth Required</td>
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<tr>
<td>43644</td>
<td>LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND ROUX-EN-Y GASTROENTEROSTOMY (ROUX LIMB 150)</td>
<td>Auth Required</td>
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<tr>
<td>43645</td>
<td>LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; WITH GASTRIC BYPASS AND SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSO</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>43647</td>
<td>LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>43648</td>
<td>LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>43651</td>
<td>LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>43652</td>
<td>LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SELECTIVE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>43653</td>
<td>LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDURE) (SEPARATE PROCEDURE)</td>
<td>Auth Required</td>
<td>Authorization not required for an ASC</td>
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<tr>
<td>43659</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, STOMACH</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>43752</td>
<td>NASO- OR ORO-GASTRIC TUBE PLACEMENT, REQUIRING PHYSICIAN'S SKILL AND FLUOROSCOPIC GUIDANCE (INCLUDES)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43753</td>
<td>GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC, NECESSITATING PHYSICIAN'S SKILL (EG, FOR GASTROINTESTINAL HEMORRHAGE)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>43754</td>
<td>GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN (EG, ACID ANALYSIS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43755</td>
<td>GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH GASTRIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>43756</td>
<td>DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE SPECIMEN (EG, BILE STUDY FOR CRYSTALS OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43757</td>
<td>DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECTION OF MULTIPLE FRACTIONAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43761</td>
<td>REPOSITIONING OF THE GASTRIC FEEDING TUBE, THROUGH THE DUODENUM FOR ENTERIC NUTRITION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43762</td>
<td>REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INCLUDES REMOVAL, WHEN PERFORMED, WITHOUT IMAGING OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43763</td>
<td>REPLACEMENT OF GASTROSTOMY TUBE, PERCUTANEOUS, INCLUDES REMOVAL, WHEN PERFORMED, WITHOUT IMAGING OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43770</td>
<td>LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (EG, GASTRIC BAND)</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>43771</td>
<td>LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REVISION OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY</td>
<td>Auth Required</td>
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<tr>
<td>43772</td>
<td>LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY</td>
<td>Auth Required</td>
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<tr>
<td>43773</td>
<td>LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE COMPONENT ONLY</td>
<td>Auth Required</td>
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<tr>
<td>43774</td>
<td>LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC RESTRICTIVE DEVICE AND SUBCUTANEOUS</td>
<td>Auth Required</td>
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<td>43775</td>
<td>LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; LONGITUDINAL GASTRECTOMY (IE, SLEEVE GASTRECTOMY)</td>
<td>Auth Required</td>
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<tr>
<td>43800</td>
<td>PYLOROPLASTY</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>43810</td>
<td>GASTRODUODENOSTOMY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
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<td>Auth Required</td>
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<tr>
<td>43820</td>
<td>GASTROJEJUNOSTOMY; WITHOUT VAGOTOMY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>43825</td>
<td>GASTROJEJUNOSTOMY; WITH VAGOTOMY, ANY TYPE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>43830</td>
<td>GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDURE) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>43831</td>
<td>GASTROSTOMY, OPEN; NEONATAL, FOR FEEDING</td>
<td>No Auth Needed</td>
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<tr>
<td>43832</td>
<td>GASTROSTOMY, OPEN; WITH CONSTRUCTION OF GASTRIC TUBE (EG, JANEWAY PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>43840</td>
<td>GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR INJURY</td>
<td>Auth Required</td>
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<tr>
<td>43842</td>
<td>GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; VERTICAL-BANDED GASTROPLASTY</td>
<td>Auth Required</td>
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<tr>
<td>43843</td>
<td>GASTRIC RESTRICTIVE PROCEDURE, WITHOUT GASTRIC BYPASS, FOR MORBID OBESITY; OTHER THAN VERTICAL-BANDED GASTROPLASTY</td>
<td>Auth Required</td>
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<tr>
<td>43845</td>
<td>GASTRIC RESTRICTIVE PROCEDURE WITH PARTIAL GASTRECTOMY, PYLORUS-PRESERVING DUODENOILEOSTOMY AND ILEOILEOSTOMY</td>
<td>Auth Required</td>
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<tr>
<td>43846</td>
<td>GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SHORT LIMB (150 CM OR LESS) ROUX-EN-Y GASTROEN</td>
<td>Auth Required</td>
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<tr>
<td>43847</td>
<td>GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SMALL INTESTINE RECONSTRUCTION TO LIMIT ABSORPTION</td>
<td>Auth Required</td>
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<tr>
<td>43848</td>
<td>REVISION, OPEN, OF GASTRIC RESTRICTIVE PROCEDURE FOR MORBID OBESITY, OTHER THAN ADJUSTABLE GASTRIC RESTRICTIVE DEVICE (SEP</td>
<td>Auth Required</td>
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<tr>
<td>43850</td>
<td>REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOESTOMY) WITH RECONSTRUCTION; WITHOUT VAGOTOMY</td>
<td>Auth Required</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<td>43855</td>
<td>REVISION OF GASTRODUODENAL ANASTOMOSIS (GASTRODUODENOSTOMY) WITH RECONSTRUCTION; WITH VAGOTOMY</td>
<td>Auth Required</td>
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<tr>
<td>43860</td>
<td>REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTRECTOMY OR</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>43865</td>
<td>REVISION OF GASTROJEJUNAL ANASTOMOSIS (GASTROJEJUNOSTOMY) WITH RECONSTRUCTION, WITH OR WITHOUT PARTIAL GASTRECTOMY OR</td>
<td>No Auth Needed</td>
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<tr>
<td>43870</td>
<td>CLOSURE OF GASTROSTOMY, SURGICAL</td>
<td>No Auth Needed</td>
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<tr>
<td>43880</td>
<td>CLOSURE OF GASTROCOLIC FISTULA</td>
<td>No Auth Needed</td>
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<tr>
<td>43881</td>
<td>IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN</td>
<td>Auth Required</td>
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<tr>
<td>43882</td>
<td>REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM, OPEN</td>
<td>Auth Required</td>
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<tr>
<td>43886</td>
<td>GASTRIC RESTRICTIVE PROCEDURE, OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY</td>
<td>Auth Required</td>
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<td>43887</td>
<td>GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY</td>
<td>Auth Required</td>
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<td>43888</td>
<td>GASTRIC RESTRICTIVE PROCEDURE, OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY</td>
<td>Auth Required</td>
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<tr>
<td>43999</td>
<td>UNLISTED PROCEDURE, STOMACH</td>
<td>Auth Required</td>
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<tr>
<td>44005</td>
<td>ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>44010</td>
<td>DUODENOTOMY, FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Procedure Description</td>
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<tr>
<td>44015</td>
<td>TUBE OR NEEDLE CATHETER JEJUNOSTOMY FOR ENTERAL ALIMENTATION, INTRAOPERATIVE, ANY METHOD (LIST SEPARATELY IN ADDITION TO)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>44020</td>
<td>ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR EXPLORATION, BIOPSY(S), OR FOREIGN BODY REMOVAL</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>44021</td>
<td>ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER TUBE)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>44025</td>
<td>ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER TUBE)</td>
<td>No Auth Needed</td>
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<tr>
<td>44021</td>
<td>ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER TUBE)</td>
<td>No Auth Needed</td>
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<td>44025</td>
<td>ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER TUBE)</td>
<td>No Auth Needed</td>
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<td>44025</td>
<td>ENTEROTOMY, SMALL INTESTINE, OTHER THAN DUODENUM; FOR DECOMPRESSION (EG, BAKER TUBE)</td>
<td>No Auth Needed</td>
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<tr>
<td>44050</td>
<td>REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY</td>
<td>Auth Required</td>
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<td>44055</td>
<td>CORRECTION OF MALROTATION BY LYSIS OF DUODENAL BANDS AND/OR REDUCTION OF MIDGUT VOLVULUS (EG, LADD PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>44100</td>
<td>BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)</td>
<td>No Auth Needed</td>
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<tr>
<td>44110</td>
<td>EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>44111</td>
<td>EXCISION OF ONE OR MORE LESIONS OF SMALL OR LARGE INTESTINE NOT REQUIRING ANASTOMOSIS, EXTERIORIZATION, OR</td>
<td>No Auth Needed</td>
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<tr>
<td>44120</td>
<td>ENTERECTOMY, RESECTION OF SMALL INTESTINE; SINGLE RESECTION AND ANASTOMOSIS</td>
<td>No Auth Needed</td>
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<tr>
<td>44121</td>
<td>ENTERECTOMY, RESECTION OF SMALL INTESTINE; EACH ADDITIONAL RESECTION AND ANASTOMOSIS (LIST SEPARATELY IN ADDITION TO)</td>
<td>No Auth Needed</td>
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<tr>
<td>44125</td>
<td>ENTERECTOMY, RESECTION OF SMALL INTESTINE; WITH ENTEROSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>44126</td>
<td>ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL SEGMENT OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<td>44127</td>
<td>ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL SEGMENT OF</td>
<td>No Auth Needed</td>
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<tr>
<td>44128</td>
<td>ENTERECTOMY, RESECTION OF SMALL INTESTINE FOR CONGENITAL ATRESIA, SINGLE RESECTION AND ANASTOMOSIS OF PROXIMAL SEGMENT OF</td>
<td>No Auth Needed</td>
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<td>44130</td>
<td>ENTEROENTEROSTOMY, ANASTOMOSIS OF INTESTINE, WITH OR WITHOUT CUTANEOUS ENTEROSTOMY (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>44132</td>
<td>DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION), OPEN; FROM CADAVER DONOR</td>
<td>Auth Required</td>
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<tr>
<td>44133</td>
<td>DONOR ENTERECTOMY (INCLUDING COLD PRESERVATION), OPEN; PARTIAL, FROM LIVING DONOR</td>
<td>Auth Required</td>
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<tr>
<td>44135</td>
<td>INTESTINAL ALLOTRANSPLANTATION; FROM CADAVER DONOR</td>
<td>Auth Required</td>
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<tr>
<td>44136</td>
<td>INTESTINAL ALLOTRANSPLANTATION; FROM LIVING DONOR</td>
<td>Auth Required</td>
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<tr>
<td>44137</td>
<td>REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE</td>
<td>Auth Required</td>
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<tr>
<td>44139</td>
<td>MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST SEPARATELY IN ADDITION TO)</td>
<td>No Auth Needed</td>
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<tr>
<td>44140</td>
<td>COLECTOMY, PARTIAL; WITH ANASTOMOSIS</td>
<td>No Auth Needed</td>
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<tr>
<td>44141</td>
<td>COLECTOMY, PARTIAL; WITH SKIN LEVEL CECOSTOMY OR COLOSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>44143</td>
<td>COLECTOMY, PARTIAL; WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>44144</td>
<td>COLECTOMY, PARTIAL; WITH RESECTION, WITH COLOSTOMY OR ILEOSTOMY AND CREATION OF MUCOFISTULA</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>44145</td>
<td>COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)</td>
<td>No Auth Needed</td>
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<td>44146</td>
<td>COLECTOMY, PARTIAL; WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS), WITH COLOSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>44147</td>
<td>COLECTOMY, PARTIAL; ABDOMINAL AND TRANSANAL APPROACH</td>
<td>No Auth Needed</td>
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<td>44150</td>
<td>COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH ILEOSTOMY OR ILEOPROCTOSTOMY</td>
<td>Auth Required</td>
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<tr>
<td>44151</td>
<td>COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY; WITH CONTINENT ILEOSTOMY</td>
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<td>44152</td>
<td>COLECTOMY, TOTAL, ABDOMINAL,</td>
<td>Auth Required</td>
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<td>44153</td>
<td>COLECTOMY, TOTAL, ABDOMINAL,</td>
<td>Auth Required</td>
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<td>44155</td>
<td>COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOSTOMY</td>
<td>No Auth Needed</td>
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<td>44156</td>
<td>COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH CONTINENT ILEOSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>44157</td>
<td>COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, INCLUDES LOOP ILEOSTOMY, AND RECTAL</td>
<td>No Auth Needed</td>
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<tr>
<td>44158</td>
<td>COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY; WITH ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVOIR (S OR J), INCLUDES</td>
<td>No Auth Needed</td>
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<tr>
<td>44160</td>
<td>COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>44180</td>
<td>LAPAROSCOPY, SURGICAL, ENTEROLYSIS (FREEING OF INTESTINAL ADHESION) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>44186</td>
<td>LAPAROSCOPY, SURGICAL; JEJUNOSTOMY (EG, FOR DECOMPRESSION OR FEEDING)</td>
<td>No Auth Needed</td>
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<tr>
<td>44187</td>
<td>LAPAROSCOPY, SURGICAL; ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE</td>
<td>No Auth Needed</td>
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<td>44188</td>
<td>LAPAROSCOPY, SURGICAL, COLOSTOMY OR SKIN LEVEL CECOSTOMY</td>
<td>Auth Required</td>
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<tr>
<td>44200</td>
<td>LAPAROSCOPY, SURGICAL; ENTER</td>
<td>Auth Required</td>
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<td>44201</td>
<td>LAPAROSCOPY, SURGICAL; JEJUN</td>
<td>Auth Required</td>
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<tr>
<td>44202</td>
<td>LAPAROSCOPY, SURGICAL; ENTERECTOMY, RESECTION OF SMALL INTESTINE, SINGLE RESECTION AND ANASTOMOSIS</td>
<td>No Auth Needed</td>
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<td>44203</td>
<td>LAPAROSCOPY, SURGICAL; EACH ADDITIONAL SMALL INTESTINE RESECTION AND ANASTOMOSIS</td>
<td>No Auth Needed</td>
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<td>44204</td>
<td>LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS</td>
<td>No Auth Needed</td>
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<tr>
<td>44205</td>
<td>LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH REMOVAL OF TERMINAL ILEUM WITH ILEOCOLOSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>44206</td>
<td>LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH END COLOSTOMY AND CLOSURE OF DISTAL SEGMENT (HARTMANN TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>44207</td>
<td>LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS)</td>
<td>No Auth Needed</td>
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<td>44208</td>
<td>LAPAROSCOPY, SURGICAL; COLECTOMY, PARTIAL, WITH ANASTOMOSIS, WITH COLOPROCTOSTOMY (LOW PELVIC ANASTOMOSIS) WITH COLOSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>44209</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>44210</td>
<td>LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITHOUT PROCTECTOMY, WITH ILEOSTOMY OR ILEOPROCTOSTOMY</td>
<td>No Auth Needed</td>
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<td>44211</td>
<td>LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVO</td>
<td>No Auth Needed</td>
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<td>44212</td>
<td>LAPAROSCOPY, SURGICAL; COLECTOMY, TOTAL, ABDOMINAL, WITH PROCTECTOMY, WITH ILEOSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>44213</td>
<td>LAPAROSCOPY, SURGICAL, MOBILIZATION (TAKE-DOWN) OF SPLENIC FLEXURE PERFORMED IN CONJUNCTION WITH PARTIAL COLECTOMY (LIST</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>44217</td>
<td>LAPAROSCOPY, SURGICAL, CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE, WITH RESECTION AND ANASTOMOSIS</td>
<td>No Auth Needed</td>
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<tr>
<td>44227</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)</td>
<td>Auth Required</td>
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<tr>
<td>44228</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE</td>
<td>Auth Required</td>
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<tr>
<td>44230</td>
<td>PLACEMENT, ENTEROSTOMY OR CECOSTOMY, TUBE OPEN (EG, FOR FEEDING OR DECOMPRESSION) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44239</td>
<td>ILEOSTOMY OR JEJUNOSTOMY, NON-TUBE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44300</td>
<td>REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44314</td>
<td>REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44316</td>
<td>CONTINENT ILEOSTOMY (KOCK PROCEDURE) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44320</td>
<td>COLOSTOMY OR SKIN LEVEL CECOSTOMY;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>44322</td>
<td>COLOSTOMY OR SKIN LEVEL CECOSTOMY; WITH MULTIPLE BIOPSIES (EG, FOR CONGENITAL MEGACOLON) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44340</td>
<td>REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44345</td>
<td>REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44346</td>
<td>REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44360</td>
<td>SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; DIAGNOSTIC, INCLUDING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44361</td>
<td>SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH BIOPSY, SINGLE OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44363</td>
<td>SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF FOREIGN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44364</td>
<td>SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF TUMOR(S),</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44365</td>
<td>SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH REMOVAL OF TUMOR(S),</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44366</td>
<td>SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH CONTROL OF BLEEDING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44369</td>
<td>SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH ABLATION OF TUMOR(S),</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44370</td>
<td>SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH TRANSENDOSCOPIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44372</td>
<td>SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH PLACEMENT OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>44373</td>
<td>SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, NOT INCLUDING ILEUM; WITH CONVERSION OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44376</td>
<td>SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; DIAGNOSTIC, WITH OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44377</td>
<td>SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; WITH BIOPSY, SINGLE OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44378</td>
<td>SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; WITH CONTROL OF BLEEDING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44379</td>
<td>SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; WITH TRANSENDOSCOPIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44380</td>
<td>ILEOSCOPY, THROUGH STOMA; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44381</td>
<td>ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44382</td>
<td>ILEOSCOPY, THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44384</td>
<td>ILEOSCOPY, THROUGH STOMA; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44385</td>
<td>ENDOSCOPIC EVALUATION OF SMALL INTESTINAL POUCH (EG, KOCK POUCH, ILEAL RESERVOIR {S OR J}); DIAGNOSTIC, INCLUDING COLLECTION OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44386</td>
<td>ENDOSCOPIC EVALUATION OF SMALL INTESTINAL POUCH (EG, KOCK POUCH, ILEAL RESERVOIR {S OR J}); WITH BIOPSY, SINGLE OR MULTIPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44388</td>
<td>COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44389</td>
<td>COLONOSCOPY THROUGH STOMA; WITH BIOPSY, SINGLE OR MULTIPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Denominator</td>
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<tr>
<td>44390</td>
<td>ENDOSCOPIC EVALUATION OF SMALL INTESTINAL POUCH (EG, KOCK POUCH, ILEAL RESERVOIR [S OR J]); DIAGNOSTIC, INCLUDING COLLECTION OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44391</td>
<td>ENDOSCOPIC EVALUATION OF SMALL INTESTINAL POUCH (EG, KOCK POUCH, ILEAL RESERVOIR [S OR J]); WITH BIOPSY, SINGLE OR MULTIPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44392</td>
<td>COLONOSCOPY THROUGH STOMA; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44394</td>
<td>COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44401</td>
<td>COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INCLUDES PRE-AND POST-DILATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44402</td>
<td>COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC STENT PLACEMENT (INCLUDING PRE-AND POST-DILATION AND GUIDE WIRE PASSAGE,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44403</td>
<td>COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC MUCOSAL RESECTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44404</td>
<td>COLONOSCOPY THROUGH STOMA; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44405</td>
<td>COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44406</td>
<td>COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC ULTRASOUND EXAMINATION, LIMITED TO THE SIGMOID, DESCENDING,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44407</td>
<td>COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44408</td>
<td>COLONOSCOPY THROUGH STOMA; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44500</td>
<td>INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>44602</td>
<td>SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPTURE; SINGLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44603</td>
<td>SUTURE OF SMALL INTESTINE (ENTERORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPTURE; MULTIPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44604</td>
<td>SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPTURE (SINGLE OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44605</td>
<td>SUTURE OF LARGE INTESTINE (COLORRHAPHY) FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY OR RUPTURE (SINGLE OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44615</td>
<td>INTESTINAL STRICTUROPLASTY (ENTEROTOMY AND ENTERORRHAPHY) WITH OR WITHOUT DILATION, FOR INTESTINAL OBSTRUCTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44620</td>
<td>CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44625</td>
<td>CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND ANASTOMOSIS OTHER THAN COLORECTAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44626</td>
<td>CLOSURE OF ENTEROSTOMY, LARGE OR SMALL INTESTINE; WITH RESECTION AND COLORECTAL ANASTOMOSIS (EG, CLOSURE OF HARTMANN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44640</td>
<td>CLOSURE OF INTESTINAL CUTANEOUS FISTULA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44650</td>
<td>CLOSURE OF ENTEROENTERIC OR ENTEROCOLIC FISTULA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44660</td>
<td>CLOSURE OF ENTEROVESICAL FISTULA; WITHOUT INTESTINAL OR BLADDER RESECTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44661</td>
<td>CLOSURE OF ENTEROVESICAL FISTULA; WITH INTESTINE AND/OR BLADDER RESECTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44680</td>
<td>INTESTINAL PLICATION (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>44700</td>
<td>EXCLUSION OF SMALL INTESTINE FROM PELVIS BY MESH OR OTHER PROSTHESIS, OR NATIVE TISSUE (EG, BLADDER OR OMENTUM)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44701</td>
<td>INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44705</td>
<td>PREPARATION OF FECAL MICROBIOTA FOR INSTILLATION, INCLUDING ASSESSMENT OF DONOR SPECIMEN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44715</td>
<td>BACKBENCH STANDARD PREPARATION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION,</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>44720</td>
<td>BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMOSIS, EACH</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>44721</td>
<td>BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR INTESTINE ALLOGRAFT PRIOR TO TRANSPLANTATION; ARTERIAL ANASTOMOSIS,</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>44799</td>
<td>UNLISTED PROCEDURE, SMALL INTESTINE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>44800</td>
<td>EXCISION OF MECKEL'S DIVERTICULUM (DIVERTICULECTOMY) OR OMPHALOMESENTERIC DUCT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44820</td>
<td>EXCISION OF LESION OF MESENTERY (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44850</td>
<td>SUTURE OF MESENTERY (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44899</td>
<td>UNLISTED PROCEDURE, MECKEL'S DIVERTICULUM AND THE MESENTERY</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>44900</td>
<td>INCISION AND DRAINAGE OF APPENDICEAL ABSCESS; OPEN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44950</td>
<td>APPENDECTOMY;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>44955</td>
<td>APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (NOT AS SEPARATE PROCEDURE) (LIST SEPARATE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44960</td>
<td>APPENDECTOMY; FOR RUPTURED APPENDIX WITH ABSCESS OR GENERALIZED PERITONITIS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44970</td>
<td>LAPAROSCOPY, SURGICAL, APPENDECTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>44979</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>45000</td>
<td>TRANSRECTAL DRAINAGE OF PELVIC ABSCESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45005</td>
<td>INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45020</td>
<td>INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45100</td>
<td>BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45108</td>
<td>ANORECTAL MYOMECTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45110</td>
<td>PROCTECTOMY; COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45111</td>
<td>PROCTECTOMY; PARTIAL RESECTION OF RECTUM, TRANSABDOMINAL APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45112</td>
<td>PROCTECTOMY, COMBINED ABDOMINOPERINEAL, PULL-THROUGH PROCEDURE (EG, COLO-ANAL ANASTOMOSIS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45113</td>
<td>PROCTECTOMY, PARTIAL, WITH RECTAL MUCOSECTOMY, ILEOANAL ANASTOMOSIS, CREATION OF ILEAL RESERVOIR (S OR J), WITH OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>45114</td>
<td>PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; ABDOMINAL AND TRANSSACRAL APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45116</td>
<td>PROCTECTOMY, PARTIAL, WITH ANASTOMOSIS; TRANSSACRAL APPROACH ONLY (KRASKE TYPE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45119</td>
<td>PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANAL ANASTOMOSIS), WITH CREATION OF COLONIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45120</td>
<td>PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL APPROACH; WITH PULL-THROUGH PROCEDURE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45121</td>
<td>PROCTECTOMY, COMPLETE (FOR CONGENITAL MEGACOLON), ABDOMINAL AND PERINEAL APPROACH; WITH SUBTOTAL OR TOTAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45123</td>
<td>PROCTECTOMY, PARTIAL, WITHOUT ANASTOMOSIS, PERINEAL APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45126</td>
<td>PELVIC EXENTERATION FOR COLORECTAL MALIGNANCY, WITH PROCTECTOMY (WITH OR WITHOUT COLOSTOMY), WITH REMOVAL OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45130</td>
<td>EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; PERINEAL APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45135</td>
<td>EXCISION OF RECTAL PROCIDENTIA, WITH ANASTOMOSIS; ABDOMINAL AND PERINEAL APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45136</td>
<td>EXCISION OF ILEOANAL RESERVOIR WITH ILEOSTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45150</td>
<td>DIVISION OF STRicture OF RECTUM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45160</td>
<td>EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSSACRAL OR TRANSOCOCYGEAL APPROACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45171</td>
<td>EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (IE, PARTIAL THICKNESS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>45172</td>
<td>EXCISION OF RECTAL TUMOR, TRANSDUCTION; INCLUDING MUSCULARIS PROPRIA (IE, FULL THICKNESS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45190</td>
<td>DESTRUCTION OF RECTAL TUMOR (EG, ELECTRODESiccATION, ELECTROSURGERY, LASER ABLATION, LASER RESECTION, CRYOSURGERY) TRANSDUCTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45300</td>
<td>PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45303</td>
<td>PROCTOSIGMOIDOSCOPY, RIGID; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45305</td>
<td>PROCTOSIGMOIDOSCOPY, RIGID; WITH BIOPSY, SINGLE OR MULTIPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45307</td>
<td>PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF FOREIGN BODY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45308</td>
<td>PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45309</td>
<td>PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYPS, OR OTHER LESIONS BY SNARE TECHNIQUE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45315</td>
<td>PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF MULTIPLE TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS, BIPOLAR CAUTERY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45317</td>
<td>PROCTOSIGMOIDOSCOPY, RIGID; WITH CONTROL OF BLEEDING (EG, INJECTION, BIPOLAR CAUTERY, UNIPOLAR CAUTERY, LASER, HEATER PROBE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45320</td>
<td>PROCTOSIGMOIDOSCOPY, RIGID; WITH ABALATION OF TUMOR(S), POLYPS, OR OTHER LESION(S) NOT AMENABLE TO REMOVAL BY HOT BIOPSY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45321</td>
<td>PROCTOSIGMOIDOSCOPY, RIGID; WITH DECOMPRESSION OF VOLVULUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45327</td>
<td>PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization</td>
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<tr>
<td>45330</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45331</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45332</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>45333</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45334</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45335</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>45337</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45338</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45340</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC BALLOON DILATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45341</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>45342</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45346</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INCLUDES PRE- AND POST-DILATION AND GUIDE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45347</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>45349</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOCOSCOPIC MUCOSAL RESECTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45350</td>
<td>SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG, HEMORRHODS)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>45378</td>
<td>COLONOSCOPY, FLEXIBLE; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<tr>
<td>45379</td>
<td>COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF FOREIGN BODY(S)</td>
<td>No Auth Needed</td>
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<tr>
<td>45380</td>
<td>COLONOSCOPY, FLEXIBLE; WITH BIOPSY, SINGLE OR MULTIPLE</td>
<td>No Auth Needed</td>
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<tr>
<td>45381</td>
<td>COLONOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE</td>
<td>No Auth Needed</td>
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<tr>
<td>45382</td>
<td>COLONOSCOPY, FLEXIBLE; WITH CONTROL OF BLEEDING, ANY METHOD</td>
<td>No Auth Needed</td>
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<tr>
<td>45384</td>
<td>COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEPS</td>
<td>No Auth Needed</td>
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<tr>
<td>45385</td>
<td>COLONOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYP(S), OR OTHER LESION(S) BY SNARE TECHNIQUE</td>
<td>No Auth Needed</td>
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<tr>
<td>45386</td>
<td>COLONOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC BALLOON DILATION</td>
<td>No Auth Needed</td>
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<tr>
<td>45388</td>
<td>COLONOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S) (INCLUDES PRE- AND POST-DILATION AND GUIDE)</td>
<td>No Auth Needed</td>
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<tr>
<td>45389</td>
<td>COLONOSCOPY, FLEXIBLE; WITH ENDOCOSCOPIC STENT PLACEMENT (INCLUDES PRE- AND POST-DILATION AND GUIDE WIRE PASSAGE, WHEN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45390</td>
<td>COLONOSCOPY, FLEXIBLE; WITH ENDOCOSCOPIC MUCOSAL RESECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>45391</td>
<td>COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE RECTUM, SIGMOID, DESCENDING, TRANSVERSE,</td>
<td>No Auth Needed</td>
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<tr>
<td>45392</td>
<td>COLONOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>45393</td>
<td>COLONOSCOPY, FLEXIBLE; WITH DECOMPRESSION (FOR PATHOLOGIC DISTENTION) (EG, VOLVULUS, MEGACOLON), INCLUDING PLACEMENT OF</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>45395</td>
<td>LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMPLETE, COMBINED ABDOMINOPERINEAL, WITH COLOSTOMY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>45397</td>
<td>LAPAROSCOPY, SURGICAL; PROCTECTOMY, COMBINED ABDOMINOPERINEAL PULL-THROUGH PROCEDURE (EG, COLO-ANAL ANASTOMOSIS),</td>
<td>No Auth Needed</td>
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<tr>
<td>45398</td>
<td>COLONOSCOPY, FLEXIBLE; WITH BAND LIGATION(S) (EG, HEMORRHOIDS)</td>
<td>No Auth Needed</td>
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<tr>
<td>45399</td>
<td>UNLISTED PROCEDURE, COLON</td>
<td>Auth Required</td>
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<tr>
<td>45400</td>
<td>LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE)</td>
<td>No Auth Needed</td>
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<tr>
<td>45402</td>
<td>LAPAROSCOPY, SURGICAL; PROCTOPEXY (FOR PROLAPSE), WITH SIGMOID RESECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>45499</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, RECTUM</td>
<td>Auth Required</td>
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<tr>
<td>45500</td>
<td>PROCTOPLASTY; FOR STENOSIS</td>
<td>No Auth Needed</td>
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<tr>
<td>45505</td>
<td>PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE</td>
<td>No Auth Needed</td>
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<tr>
<td>45520</td>
<td>PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>45540</td>
<td>PROCTOPEXY (EG, FOR PROLAPSE); ABDOMINAL APPROACH</td>
<td>No Auth Needed</td>
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<tr>
<td>45541</td>
<td>PROCTOPEXY (EG, FOR PROLAPSE); PERINEAL APPROACH</td>
<td>No Auth Needed</td>
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<tr>
<td>45550</td>
<td>PROCTOPEXY (EG, FOR PROLAPSE); WITH SIGMOID RESECTION, ABDOMINAL APPROACH</td>
<td>No Auth Needed</td>
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<tr>
<td>45560</td>
<td>REPAIR OF RECTOCELE (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>45562</td>
<td>EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45563</td>
<td>EXPLORATION, REPAIR, AND PRESACRAL DRAINAGE FOR RECTAL INJURY; WITH COLOSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>45800</td>
<td>CLOSURE OF RECTOVESICAL FISTULA;</td>
<td>No Auth Needed</td>
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<tr>
<td>45805</td>
<td>CLOSURE OF RECTOVESICAL FISTULA; WITH COLOSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>45820</td>
<td>CLOSURE OF RECTOURETHRAL FISTULA;</td>
<td>No Auth Needed</td>
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<tr>
<td>45825</td>
<td>CLOSURE OF RECTOURETHRAL FISTULA; WITH COLOSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>45900</td>
<td>REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>45905</td>
<td>DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL</td>
<td>No Auth Needed</td>
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<tr>
<td>45910</td>
<td>DILATION OF RECTAL STRicture (SEPared PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL</td>
<td>No Auth Needed</td>
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<tr>
<td>CPT Code</td>
<td>Description</td>
<td>Authorization</td>
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<tr>
<td>45915</td>
<td>REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>45990</td>
<td>ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), DIAGNOSTIC</td>
<td>No Auth Needed</td>
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<tr>
<td>45999</td>
<td>UNLISTED PROCEDURE, RECTUM</td>
<td>Auth Required</td>
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<tr>
<td>46020</td>
<td>PLACEMENT OF SETON</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>46030</td>
<td>REMOVAL OF ANAL SETON, OTHER MARKER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46040</td>
<td>INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46045</td>
<td>INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR, OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46050</td>
<td>INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46060</td>
<td>INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY OR FISTULOTOMY, SUBMUSCULAR, WITH OR WITHOUT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>46070</td>
<td>INCISION, ANAL SEPTUM (INFANT)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>46080</td>
<td>SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>46083</td>
<td>INCISION OF THROMBOSED HEMORRHOID, EXTERNAL</td>
<td>No Auth Needed</td>
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<tr>
<td>46200</td>
<td>FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>46220</td>
<td>PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46221</td>
<td>HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46230</td>
<td>EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46250</td>
<td>HEMORRHOIDECTOMY, EXTERNAL, COMPLETE</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>46255</td>
<td>HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46257</td>
<td>HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46258</td>
<td>HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46260</td>
<td>HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE;</td>
<td>No Auth Needed</td>
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<tr>
<td>46261</td>
<td>HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>46262</td>
<td>HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46270</td>
<td>SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBCUTANEOUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46275</td>
<td>SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SUBMUSCULAR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46280</td>
<td>SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); COMPLEX OR MULTIPLE, WITH OR WITHOUT PLACEMENT OF</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>46285</td>
<td>SURGICAL TREATMENT OF ANAL FISTULA (FISTULECTOMY/FISTULOTOMY); SECOND STAGE</td>
<td>No Auth Needed</td>
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<tr>
<td>46288</td>
<td>CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>46320</td>
<td>ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORHROID</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>46500</td>
<td>INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46505</td>
<td>CHEMODENERVATION OF INTERNAL ANAL SPHINCTER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46500</td>
<td>ANOSCOPY; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46600</td>
<td>ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE, OPERATING MICROSCOPE) AND</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46604</td>
<td>ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46606</td>
<td>ANOSCOPY; WITH BIOPSY, SINGLE OR MULTIPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46607</td>
<td>ANOSCOPY; WITH HIGH-RESOLUTION MAGNIFICATION (HRA) (EG, COLPOSCOPE, OPERATING MICROSCOPE) AND CHEMICAL AGENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46608</td>
<td>ANOSCOPY; WITH REMOVAL OF FOREIGN BODY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46610</td>
<td>ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPOLAR CAUTERY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46611</td>
<td>ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Procedure</td>
<td>Description</td>
<td>Authorization Needed</td>
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<tr>
<td>46612</td>
<td>Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46614</td>
<td>Anoscopy; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, no auth needed)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46615</td>
<td>Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46700</td>
<td>Anoplasty, plastic operation for stricture; adult</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46705</td>
<td>Anoplasty, plastic operation for stricture; infant</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46706</td>
<td>Repair of anal fistula with fibrin glue</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46707</td>
<td>Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [sis])</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46710</td>
<td>Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; transperineal approach</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46712</td>
<td>Repair of ileoanal pouch fistula/sinus (eg, perineal or vaginal), pouch advancement; combined transperineal and transabdom</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46715</td>
<td>Repair of low imperforate anus; with anoperineal fistula (cut-back procedure)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46716</td>
<td>Repair of low imperforate anus; with transposition of anoperineal or anovestibular fistula</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46730</td>
<td>Repair of high imperforate anus without fistula; perineal or sacroperineal approach</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46735</td>
<td>Repair of high imperforate anus without fistula; combined transabdominal and sacroperineal approaches</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>46740</td>
<td>REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PERINEAL OR SACROPERINEAL APPROACH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46742</td>
<td>REPAIR OF HIGH IMPERFORATE ANUS WITH RECTOURETHRAL OR RECTOVAGINAL FISTULA;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>COMBINED TRANSABDOMINAL AND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46744</td>
<td>REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SACROPERINEAL APPROACH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46746</td>
<td>REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>COMBINED ABDOMINAL AND SACROPERINEAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46748</td>
<td>REPAIR OF CLOACAL ANOMALY BY ANORECTOVAGINOPLASTY AND URETHROPLASTY,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>COMBINED ABDOMINAL AND SACROPERINEAL</td>
<td></td>
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</tr>
<tr>
<td>46750</td>
<td>SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46751</td>
<td>SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; CHILD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46753</td>
<td>GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46754</td>
<td>REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>46760</td>
<td>SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46761</td>
<td>SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(PARK POSTERIOR ANAL REPAIR)</td>
<td></td>
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<tr>
<td>46900</td>
<td>DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CONTAGIOSUM, HERPETIC VESICLE), SIMPLE;</td>
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<tr>
<td>46910</td>
<td>DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CONTAGIOSUM, HERPETIC VESICLE), SIMPLE;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>46916</td>
<td>DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE;</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>46917</td>
<td>DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE;</td>
<td>No Auth Needed</td>
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<tr>
<td>46922</td>
<td>DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE;</td>
<td>No Auth Needed</td>
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<tr>
<td>46924</td>
<td>DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE</td>
<td>No Auth Needed</td>
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<tr>
<td>46930</td>
<td>DESTRUCTION INTERNAL HEMORRHOID THERMAL ENERGY DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46934</td>
<td>DESTRUCTION OF HEMORRHOIDS,</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>46935</td>
<td>DESTRUCTION OF HEMORRHOIDS,</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>46936</td>
<td>DESTRUCTION OF HEMORRHOIDS,</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>46940</td>
<td>CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46942</td>
<td>CURETTAGE OR CAUTERY OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQUENT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>46945</td>
<td>LIGATION OF INTERNAL HEMORRHOIDS; SINGLE PROCEDURE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46946</td>
<td>LIGATION OF INTERNAL HEMORRHOIDS; MULTIPLE PROCEDURES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46947</td>
<td>HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>46948</td>
<td>HEMORRHOIDECTOMY, INTERNAL, BY TRANSANAL HEMORRHOIDAL DEART</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>46999</td>
<td>UNLISTED PROCEDURE, ANUS</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>47000</td>
<td>BIOPSY OF LIVER, NEEDLE; PERCUTANEOUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47001</td>
<td>BIOPSY OF LIVER, NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (LIST SEPARATELY IN ADDITION TO)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47010</td>
<td>HEPATOTOMY; FOR OPEN DRAINAGE OF ABSCESS OR CYST, ONE OR TWO STAGES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47015</td>
<td>LAPAROTOMY, WITH ASPIRATION AND/OR INJECTION OF HEPATIC PARASITIC (EG, AMOEBCIC OR ECHINOCOCCAL) CYST(S) OR ABSCESS(ES)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47100</td>
<td>BIOPSY OF LIVER, WEDGE</td>
<td>No Auth Needed</td>
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<tr>
<td>47120</td>
<td>HEPATECTOMY, RESECTION OF LIVER; PARTIAL LOBECTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47122</td>
<td>HEPATECTOMY, RESECTION OF LIVER; TRISEGMENTECTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47125</td>
<td>HEPATECTOMY, RESECTION OF LIVER; TOTAL LEFT LOBECTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47130</td>
<td>HEPATECTOMY, RESECTION OF LIVER; TOTAL RIGHT LOBECTOMY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47133</td>
<td>DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM CADAVER DONOR</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>47135</td>
<td>LIVER ALLOTRANSPLANTATION; ORTHOTOPIC, PARTIAL OR WHOLE, FROM CADAVER OR LIVING DONOR, ANY AGE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>47140</td>
<td>DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; LEFT LATERAL SEGMENT ONLY (SEGMENTS II AND III)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>47141</td>
<td>DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TOTAL LEFT LOBECTOMY (SEGMENTS II, III AND IV)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>47142</td>
<td>DONOR HEPATECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR; TOTAL RIGHT LOBECTOMY (SEGMENTS V, VI, VII AND VIII)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>47143</td>
<td>BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>47144</td>
<td>BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>47145</td>
<td>BACKBENCH STANDARD PREPARATION OF CADAVER DONOR WHOLE LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION, INCLUDING</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>47146</td>
<td>BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION; VENOUS</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>47147</td>
<td>BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR LIVER GRAFT PRIOR TO ALLOTRANSPLANTATION; ARTERIAL</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>47300</td>
<td>MARSUPIALIZATION OF CYST OR ABSCESS OF LIVER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47350</td>
<td>MANAGEMENT OF LIVER HEMORRHAGE; SIMPLE SUTURE OF LIVER WOUND OR INJURY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47360</td>
<td>MANAGEMENT OF LIVER HEMORRHAGE; COMPLEX SUTURE OF LIVER WOUND OR INJURY, WITH OR WITHOUT HEPATIC ARTERY LIGATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47361</td>
<td>MANAGEMENT OF LIVER HEMORRHAGE; EXPLORATION OF HEPATIC WOUND, EXTENSIVE DEBRIDEMENT, COAGULATION AND/OR SUTURE,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47362</td>
<td>MANAGEMENT OF LIVER HEMORRHAGE; RE-EXPLORATION OF HEPATIC WOUND FOR REMOVAL OF PACKING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>47370</td>
<td>LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47371</td>
<td>LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47379</td>
<td>UNLISTED LAPAROSCOPIC PROCEDURE, LIVER</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>47380</td>
<td>ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47381</td>
<td>ABLATION, OPEN, OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL</td>
<td>No Auth Needed</td>
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<tr>
<td>47382</td>
<td>ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>47383</td>
<td>ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, CRYOABLATION</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>47399</td>
<td>UNLISTED PROCEDURE, LIVER</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>47400</td>
<td>HEPATICOTOMY OR HEPATICOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47420</td>
<td>CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS, WITH OR WITHOUT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47425</td>
<td>CHOLEDOCHOTOMY OR CHOLEDOCHOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS, WITH OR WITHOUT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47460</td>
<td>TRANSDUODENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH OR WITHOUT TRANSDUODENAL EXTRACTION OF CALCULUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>47480</td>
<td>CHOLECYSTOTOMY OR CHOLECYSTOSTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF CALCULUS (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>47490</td>
<td>PERCUTANEOUS CHOLECYSTOSTOMY</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>47531</td>
<td>INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PROCEDURE INCLUDING IMAGING GUIDANCE (EG,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47532</td>
<td>INJECTION PROCEDURE FOR CHOLANGIOGRAPHY, PERCUTANEOUS, COMPLETE DIAGNOSTIC</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td></td>
<td>PROCEDURE INCLUDING IMAGING GUIDANCE (EG,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47533</td>
<td>PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHOLANGIOGRAPHY WHEN PERFORMED,</td>
<td></td>
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<tr>
<td>47534</td>
<td>PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHOLANGIOGRAPHY WHEN PERFORMED,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47535</td>
<td>CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL BILIARY</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>DRAINAGE CATHETER, PERCUTANEOUS,</td>
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<tr>
<td>47536</td>
<td>EXCHANGE OF BILIARY DRAINAGE CATHETER (EG,</td>
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<tr>
<td></td>
<td>EXTERNAL, INTERNAL-EXTERNAL, OR CONVERSION OF</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>INTERNAL-EXTERNAL TO EXTERNAL ONLY),</td>
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<tr>
<td>47537</td>
<td>REMOVAL OF BILIARY DRAINAGE CATHETER,</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>PERCUTANEOUS, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURRENT INDWELLING</td>
<td></td>
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<tr>
<td>47538</td>
<td>PLACEMENT OF STENT(S) INTO A BILE DUCT,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE (EG,</td>
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<tr>
<td>47539</td>
<td>PLACEMENT OF STENT(S) INTO A BILE DUCT,</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE (EG,</td>
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<tr>
<td>47540</td>
<td>PLACEMENT OF STENT(S) INTO A BILE DUCT,</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE (EG,</td>
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<tr>
<td>47541</td>
<td>PLACEMENT OF ACCESS THROUGH THE BILIARY TREE AND INTO SMALL BOWEL TO ASSIST</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>WITH AN ENDOSCOPIC BILIARY PROCEDURE (EG,</td>
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<tr>
<td>47542</td>
<td>BALLOON DILATION OF BILIARY DUCT(S) OR OF AMPULLA (SPHINCTEROPLASTY),</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>PERCUTANEOUS, INCLUDING IMAGING GUIDANCE (EG,</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
<td>ASC Note</td>
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<tr>
<td>47543</td>
<td>ENDOLUMINAL BIOPSY(IES) OF BILIARY TREE, PERCUTANEOUS, ANY METHOD(S) (EG, BRUSH, FORCEPS, AND/OR NEEDLE), INCLUDING IMAGING</td>
<td>No Auth Needed</td>
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<tr>
<td>47544</td>
<td>REMOVAL OF CALCULI/DEBRIS FROM BILIARY DUCT(S) AND/OR GALLBLADDER, PERCUTANEOUS, INCLUDING DESTRUCTION OF CALCULI BY ANY</td>
<td>No Auth Needed</td>
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<tr>
<td>47550</td>
<td>BILIARY ENDOSCOPY, INTRAOPERATIVE (CHOLEDACOHOSCOPY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>47552</td>
<td>BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY</td>
<td>No Auth Needed</td>
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<tr>
<td>47553</td>
<td>BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH BIOPSY, SINGLE OR MULTIPLE</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>47554</td>
<td>BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH REMOVAL OF CALCULUS/CALCULI</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>47555</td>
<td>BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF BILIARY DUCT STRICTURE(S) WITHOUT STENT</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>47556</td>
<td>BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; WITH DILATION OF BILIARY DUCT STRICTURE(S) WITH STENT</td>
<td>No Auth Needed</td>
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<tr>
<td>47562</td>
<td>LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY</td>
<td>Auth Required</td>
<td>Authorization not required for an ASC</td>
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<tr>
<td>47563</td>
<td>LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY</td>
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<td>Authorization not required for an ASC</td>
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<tr>
<td>47564</td>
<td>LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT</td>
<td>Auth Required</td>
<td>Authorization not required for an ASC</td>
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<tr>
<td>47570</td>
<td>LAPAROSCOPY, SURGICAL; CHOLECYSTOENTEROSTOMY</td>
<td>Auth Required</td>
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<tr>
<td>47579</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT</td>
<td>Auth Required</td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>47600</td>
<td>CHOLECYSTECTOMY;</td>
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<tr>
<td>47605</td>
<td>CHOLECYSTECTOMY; WITH CHOLANGIOGRAPHY</td>
<td>Auth Required</td>
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<tr>
<td>47610</td>
<td>CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT;</td>
<td>Auth Required</td>
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<tr>
<td>47612</td>
<td>CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH CHOLEDOCHOENTEROSTOMY</td>
<td>Auth Required</td>
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<tr>
<td>47620</td>
<td>CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT; WITH TRANSUDENAL SPHINCTEROTOMY OR SPHINCTEROPLASTY, WITH</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>47700</td>
<td>EXPLORATION FOR CONGENITAL ATRESIA OF BILE DUCTS, WITHOUT REPAIR, WITH OR WITHOUT LIVER BIOPSY, WITH OR WITHOUT CHOLANGIOG</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>47701</td>
<td>PORTOENTEROSTOMY (EG, KASAI PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>47711</td>
<td>EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; EXTRAHEPATIC</td>
<td>No Auth Needed</td>
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<tr>
<td>47712</td>
<td>EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; INTRAHEPATIC</td>
<td>No Auth Needed</td>
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<tr>
<td>47715</td>
<td>EXCISION OF CHOLEDOCHAL CYST</td>
<td>No Auth Needed</td>
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<tr>
<td>47716</td>
<td>ANASTOMOSIS, CHOLEDOCHAL CYS</td>
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<tr>
<td>47720</td>
<td>CHOLECYSTOENTEROSTOMY; DIRECT</td>
<td>No Auth Needed</td>
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<tr>
<td>47721</td>
<td>CHOLECYSTOENTEROSTOMY; WITH GASTROENTEROSTOMY</td>
<td>No Auth Needed</td>
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<td>Procedure Description</td>
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<tr>
<td>CHOLECYSTENTEROSTOMY; ROUX-EN-Y</td>
<td>No Auth Needed</td>
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<tr>
<td>CHOLECYSTENTEROSTOMY; ROUX-EN-Y WITH GASTROENTEROSTOMY</td>
<td>No Auth Needed</td>
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<td>ANASTOMOSIS, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT</td>
<td>No Auth Needed</td>
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<tr>
<td>ANASTOMOSIS, OF INTRAHEPATIC DUCTS AND GASTROINTESTINAL TRACT</td>
<td>No Auth Needed</td>
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<td>ANASTOMOSIS, ROUX-EN-Y, OF EXTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT</td>
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<td>ANASTOMOSIS, ROUX-EN-Y, OF INTRAHEPATIC BILIARY DUCTS AND GASTROINTESTINAL TRACT</td>
<td>No Auth Needed</td>
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<tr>
<td>RECONSTRUCTION, PLASTIC, OF EXTRAHEPATIC BILIARY DUCTS WITH END-TO-END ANASTOMOSIS</td>
<td>No Auth Needed</td>
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<td>PLACEMENT OF CHOLEDOCHAL STENT</td>
<td>No Auth Needed</td>
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<tr>
<td>U-TUBE HEPATICOENTEROSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>SUTURE OF EXTRAHEPATIC BILIARY DUCT FOR PRE-EXISTING INJURY (SEPARATE PROCEDURE)</td>
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<td>UNLISTED PROCEDURE, BILIARY TRACT</td>
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<tr>
<td>PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS;</td>
<td>No Auth Needed</td>
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<tr>
<td>PLACEMENT OF DRAINS, PERIPANCREATIC, FOR ACUTE PANCREATITIS; WITH CHOLECYSTOSTOMY,</td>
<td>No Auth Needed</td>
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<tr>
<td>GASTROSTOMY, AND JEJUNOSTOMY</td>
<td>No Auth Needed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>48005</td>
<td>RESECTION OR DEBRIDEMENT OF</td>
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<tr>
<td>48020</td>
<td>REMOVAL OF PANCREATIC CALCULUS</td>
<td>No Auth Needed</td>
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<tr>
<td>48100</td>
<td>BIOPSY OF PANCREAS, OPEN (EG, FINE NEEDLE ASPIRATION, NEEDLE CORE BIOPSY, WEDGE BIOPSY)</td>
<td>No Auth Needed</td>
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<tr>
<td>48102</td>
<td>BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE</td>
<td>No Auth Needed</td>
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<tr>
<td>48105</td>
<td>RESECTION OR DEBRIDEMENT OF PANCREAS AND PERIPANCREATIC TISSUE FOR ACUTE NECROTIZING PANCREATITIS</td>
<td>No Auth Needed</td>
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<tr>
<td>48120</td>
<td>EXCISION OF LESION OF PANCREAS (EG, CYST, ADENOMA)</td>
<td>No Auth Needed</td>
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<tr>
<td>48140</td>
<td>PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITHOUT PANCREATICOJEJUNOSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>48145</td>
<td>PANCREATECTOMY, DISTAL SUBTOTAL, WITH OR WITHOUT SPLENECTOMY; WITH PANCREATICOJEJUNOSTOMY</td>
<td>No Auth Needed</td>
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<td>48146</td>
<td>PANCREATECTOMY, DISTAL, NEAR-TOTAL WITH PRESERVATION OF DUODENUM (CHILD-TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>48148</td>
<td>EXCISION OF AMPULLA OF VATER</td>
<td>No Auth Needed</td>
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<td>48150</td>
<td>PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECTOMY, CHOLEDOCHOENTEROSTOMY AND</td>
<td>No Auth Needed</td>
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<tr>
<td>48152</td>
<td>PANCREATECTOMY, PROXIMAL SUBTOTAL WITH TOTAL DUODENECTOMY, PARTIAL GASTRECTOMY, CHOLEDOCHOENTEROSTOMY AND</td>
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<td>48153</td>
<td>PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOENTEROSTOMY AND</td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>48154</td>
<td>PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOENTEROSTOMY AND</td>
<td>No Auth Needed</td>
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<tr>
<td>48155</td>
<td>PANCREATECTOMY, TOTAL</td>
<td>No Auth Needed</td>
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<tr>
<td>48160</td>
<td>PANCREATECTOMY, TOTAL OR SUBTOTAL, WITH AUTOLOGOUS TRANSPLANTATION OF PANCREAS OR PANCREATIC ISLET CELLS</td>
<td>No Auth Needed</td>
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<tr>
<td>48180</td>
<td>PANCREATECTOMY, TOTAL OR SUBTOTAL, WITH AUTOLOGOUS TRANSPLANTATION OF PANCREAS OR PANCREATIC ISLET CELLS</td>
<td>No Auth Needed</td>
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<tr>
<td>48200</td>
<td>MARSUPIALIZATION OF PANCREATIC CYST</td>
<td>No Auth Needed</td>
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<tr>
<td>48510</td>
<td>EXTERNAL DRAINAGE, PSEUDOCYST OF PANCREAS; OPEN</td>
<td>No Auth Needed</td>
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<tr>
<td>48520</td>
<td>INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; DIRECT</td>
<td>No Auth Needed</td>
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<tr>
<td>48540</td>
<td>INTERNAL ANASTOMOSIS OF PANCREATIC CYST TO GASTROINTESTINAL TRACT; ROUX-EN-Y</td>
<td>No Auth Needed</td>
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<td>48545</td>
<td>PANCREATORRHAPHY FOR INJURY</td>
<td>No Auth Needed</td>
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<td>48547</td>
<td>DUODENAL EXCLUSION WITH GASTROJEJUNOSTOMY FOR PANCREATIC INJURY</td>
<td>No Auth Needed</td>
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<tr>
<td>48548</td>
<td>PANCREATECTOMY, PROXIMAL SUBTOTAL WITH NEAR-TOTAL DUODENECTOMY, CHOLEDOCHOENTEROSTOMY AND</td>
<td>No Auth Needed</td>
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<tr>
<td>48550</td>
<td>DONOR PANCREATECTOMY (INCLUDING COLD PRESERVATION), WITH OR WITHOUT DUODENAL SEGMENT FOR TRANSPLANTATION</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>48551</td>
<td>BACKBENCH STANDARD PREPARATION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION</td>
<td>Auth Required</td>
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<tr>
<td>48552</td>
<td>BACKBENCH RECONSTRUCTION OF CADAVER DONOR PANCREAS ALLOGRAFT PRIOR TO TRANSPLANTATION, VENOUS ANASTOMOSIS,</td>
<td>Auth Required</td>
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<tr>
<td>48554</td>
<td>TRANSPLANTATION OF PANCREATIC ALLOGRAFT</td>
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<td>48556</td>
<td>REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT</td>
<td>Auth Required</td>
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<tr>
<td>48999</td>
<td>UNLISTED PROCEDURE, PANCREAS</td>
<td>Auth Required</td>
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<td>49000</td>
<td>EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)</td>
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<tr>
<td>49002</td>
<td>REOPENING OF RECENT LAPAROTOMY</td>
<td>No Auth Needed</td>
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<td>49010</td>
<td>EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>49013</td>
<td>PREPERITONEAL PELVIC PACKING FOR HEMORRHAGE ASSOCIATED WITH</td>
<td>No Auth Needed</td>
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<tr>
<td>49014</td>
<td>RE-EXPLORATION OF PELVIC WOUND WITH REMOVAL OF PREPERITONEA</td>
<td>No Auth Needed</td>
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<tr>
<td>49020</td>
<td>DRAINAGE OF PERITONEAL ABSCESS OR LOCALIZED PERITONITIS, EXCLUSIVE OF APPENDICEAL ABSCESS; OPEN</td>
<td>No Auth Needed</td>
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<tr>
<td>49040</td>
<td>DRAINAGE OF SUBDIAPHRAGMATIC OR SUBPHRENIC ABSCESS; OPEN</td>
<td>No Auth Needed</td>
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<tr>
<td>49060</td>
<td>DRAINAGE OF RETROPERITONEAL ABSCESS; OPEN</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>49062</td>
<td>DRAINAGE OF EXTRAPERITONEAL LYMPHOCELE TO PERITONEAL CAVITY, OPEN</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>49082</td>
<td>ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE</td>
<td>No Auth Needed</td>
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<tr>
<td>49083</td>
<td>ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE</td>
<td>No Auth Needed</td>
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<tr>
<td>49084</td>
<td>PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<tr>
<td>49085</td>
<td>REMOVAL OF PERITONEAL FOREIGN</td>
<td>Auth Required</td>
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<tr>
<td>49180</td>
<td>BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE</td>
<td>No Auth Needed</td>
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<tr>
<td>49185</td>
<td>SCLEROTHERAPY OF A FLUID COLLECTION (EG, LYMPHOCELE, CYST, OR SEROMA), PERCUTANEOUS, INCLUDING CONTRAST</td>
<td>No Auth Needed</td>
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<tr>
<td>49203</td>
<td>EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>49204</td>
<td>EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL</td>
<td>Auth Required</td>
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<td>49205</td>
<td>EXCISION OR DESTRUCTION, OPEN, INTRA-ABDOMINAL TUMORS, CYSTS OR ENDOMETRIOMAS, 1 OR MORE PERITONEAL</td>
<td>Auth Required</td>
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<tr>
<td>49215</td>
<td>EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>49220</td>
<td>STAGING LAPAROTOMY FOR HODGKINS DISEASE OR LYMPHOMA (INCLUDES SPLENECTOMY, NEEDLE OR OPEN BIOPSIES OF BOTH LIVER LOBES,</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>49250</td>
<td>UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>49255</td>
<td>OMENTECTOMY, EPILOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>49320</td>
<td>LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM, DIAGNOSTIC, WITH OR WITHOUT</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>COLLECTION OF SPECIMEN(S) BY BRUSHING OR</td>
<td></td>
<td></td>
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<tr>
<td>49321</td>
<td>LAPAROSCOPY, SURGICAL; WITH BIOPSY (SINGLE OR MULTIPLE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>49322</td>
<td>LAPAROSCOPY, SURGICAL; WITH ASPIRATION OF CAVITY OR CYST (EG, OVARIAN CYST)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(SINGLE OR MULTIPLE)</td>
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<tr>
<td>49323</td>
<td>LAPAROSCOPY, SURGICAL; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL CAVITY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>49324</td>
<td>LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER,</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td></td>
<td>PERMANENT</td>
<td></td>
<td></td>
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<tr>
<td>49325</td>
<td>LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>CANNULA OR CATHETER, WITH REMOVAL OF INTRALUMINA</td>
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<tr>
<td>49326</td>
<td>LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE) (LIST</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>SEPARATELY IN ADDITION TO CODE FOR PRIMARY</td>
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<td>49327</td>
<td>LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER),</td>
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<tr>
<td>49329</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM</td>
<td>Auth Required</td>
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<tr>
<td></td>
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<td>Authorization not required for an ASC</td>
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<tr>
<td>49400</td>
<td>INJECTION OF AIR OR CONTRAST INTO PERITONEAL CAVITY (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>49402</td>
<td>REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY</td>
<td>No Auth Needed</td>
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<tr>
<td>49405</td>
<td>IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA,</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>SEROMA, LYMPHOCELE, CYST); VISCERAL (EG, KIDNEY, LIVER,</td>
<td></td>
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<td>Auth Needed</td>
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<tr>
<td>49406</td>
<td>IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROMA, LYMPHOCELE, CYST); PERITONEAL OR</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>49407</td>
<td>IMAGE-GUIDED FLUID COLLECTION DRAINAGE BY CATHETER (EG, ABSCESS, HEMATOMA, SEROMA, LYMPHOCELE, CYST); PERITONEAL OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>49411</td>
<td>PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUTANEOUS, INTRA-</td>
<td>No Auth Needed</td>
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<tr>
<td>49412</td>
<td>PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OPEN, INTRA-</td>
<td>No Auth Needed</td>
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<tr>
<td>49418</td>
<td>INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CHEMOTHERAPY INSTILLATION, MANAGEMENT</td>
<td>No Auth Needed</td>
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<tr>
<td>49419</td>
<td>INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, WITH SUBCUTANEOUS RESERVOIR, PERMANENT (IE, TOTALLY IMPLANTABLE)</td>
<td>No Auth Needed</td>
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<tr>
<td>49421</td>
<td>INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; PERMANENT</td>
<td>No Auth Needed</td>
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<tr>
<td>49422</td>
<td>REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER</td>
<td>No Auth Needed</td>
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<tr>
<td>49423</td>
<td>EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL GUIDANCE (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>49424</td>
<td>CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED DRAINAGE CATHETER OR TUBE (SEPARATE</td>
<td>No Auth Needed</td>
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<tr>
<td>49425</td>
<td>INSERTION OF PERITONEAL-VENOUS SHUNT</td>
<td>No Auth Needed</td>
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<tr>
<td>49426</td>
<td>REVISION OF PERITONEAL-VENOUS SHUNT</td>
<td>No Auth Needed</td>
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<tr>
<td>49427</td>
<td>INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PERITONEAL-VENOUS SHUNT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Approval Needed</td>
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<tr>
<td>49428</td>
<td>LIGATION OF PERITONEAL-VENOUS SHUNT</td>
<td>No Auth Needed</td>
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<tr>
<td>49429</td>
<td>REMOVAL OF PERITONEAL-VENOUS SHUNT</td>
<td>No Auth Needed</td>
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<tr>
<td>49435</td>
<td>INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH REMOTE CHEST EXIT SITE (LIST SEPARATELY IN)</td>
<td>No Auth Needed</td>
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<tr>
<td>49436</td>
<td>DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER</td>
<td>No Auth Needed</td>
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<tr>
<td>49440</td>
<td>INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S),</td>
<td>No Auth Needed</td>
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<tr>
<td>49441</td>
<td>INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>49442</td>
<td>INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S),</td>
<td>No Auth Needed</td>
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<tr>
<td>49446</td>
<td>CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>49450</td>
<td>REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING</td>
<td>No Auth Needed</td>
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<tr>
<td>49451</td>
<td>REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST</td>
<td>No Auth Needed</td>
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<tr>
<td>49452</td>
<td>REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION(S),</td>
<td>No Auth Needed</td>
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<tr>
<td>49460</td>
<td>MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO-</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>49465</td>
<td>CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO-</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>49491</td>
<td>REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (YOUNGER THAN 37 WEEKS GESTATION AT BIRTH), PERFORMED FROM BIRTH UP TO 50</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>49492</td>
<td>REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT (YOUNGER THAN 37 WEEKS GESTATION AT BIRTH), PERFORMED FROM BIRTH UP TO 50</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>49495</td>
<td>REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT YOUNGER THAN AGE 6 MONTHS, OR PRETERM INFANT OLDER THAN 50 WEEKS</td>
<td>Auth Required</td>
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<tr>
<td>49496</td>
<td>REPAIR, INITIAL INGUINAL HERNIA, FULL TERM INFANT YOUNGER THAN AGE 6 MONTHS, OR PRETERM INFANT OLDER THAN 50 WEEKS</td>
<td>Auth Required</td>
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<td>49500</td>
<td>REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO YOUNGER THAN 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE</td>
<td>Auth Required</td>
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<tr>
<td>49501</td>
<td>REPAIR INITIAL INGUINAL HERNIA, AGE 6 MONTHS TO YOUNGER THAN 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED</td>
<td>Auth Required</td>
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<tr>
<td>49505</td>
<td>REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE</td>
<td>Auth Required</td>
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<tr>
<td>49507</td>
<td>REPAIR INITIAL INGUINAL HERNIA, AGE 5 YEARS OR OLDER; INCARCERATED OR STRANGULATED</td>
<td>Auth Required</td>
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<tr>
<td>49520</td>
<td>REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; REDUCIBLE</td>
<td>Auth Required</td>
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<tr>
<td>49521</td>
<td>REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED</td>
<td>Auth Required</td>
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<tr>
<td>49525</td>
<td>REPAIR INGUINAL HERNIA, SLIDING, ANY AGE</td>
<td>Auth Required</td>
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<tr>
<td>49540</td>
<td>REPAIR LUMBAR HERNIA</td>
<td>Auth Required</td>
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<tr>
<td>49550</td>
<td>REPAIR INITIAL FEMORAL HERNIA, ANY AGE; REDUCIBLE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>49553</td>
<td>REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED</td>
<td>Auth Required</td>
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<tr>
<td>49555</td>
<td>REPAIR RECURRENT FEMORAL HERNIA; REDUCIBLE</td>
<td>Auth Required</td>
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<tr>
<td>49557</td>
<td>REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED</td>
<td>Auth Required</td>
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<tr>
<td>49560</td>
<td>REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE</td>
<td>Auth Required</td>
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<td>49561</td>
<td>REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED</td>
<td>Auth Required</td>
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<tr>
<td>49565</td>
<td>REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE</td>
<td>Auth Required</td>
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<td>49566</td>
<td>REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; INCARCERATED OR STRANGULATED</td>
<td>Auth Required</td>
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<tr>
<td>49568</td>
<td>IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA REPAIR OR MESH FOR CLOSURE OF DEBRIDEMENT FOR</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>49570</td>
<td>REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); REDUCIBLE (SEPARATE PROCEDURE)</td>
<td>Auth Required</td>
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<tr>
<td>49572</td>
<td>REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED</td>
<td>Auth Required</td>
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<tr>
<td>49580</td>
<td>REPAIR UMBILICAL HERNIA, YOUNGER THAN AGE 5 YEARS; REDUCIBLE</td>
<td>Auth Required</td>
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<td>49582</td>
<td>REPAIR UMBILICAL HERNIA, YOUNGER THAN AGE 5 YEARS; INCARCERATED OR STRANGULATED</td>
<td>Auth Required</td>
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<tr>
<td>49585</td>
<td>REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OLDER; REDUCIBLE</td>
<td>Auth Required</td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<td>49587</td>
<td>REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OLDER; INCARCERATED OR STRANGULATED</td>
<td>Auth Required</td>
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<tr>
<td>49590</td>
<td>REPAIR SPIGELIAN HERNIA</td>
<td>Auth Required</td>
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<tr>
<td>49600</td>
<td>REPAIR OF SMALL OMPHALOCELE, WITH PRIMARY CLOSURE</td>
<td>No Auth Needed</td>
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<tr>
<td>49605</td>
<td>REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH OR WITHOUT PROSTHESES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>49606</td>
<td>REPAIR OF LARGE OMPHALOCELE OR GASTROSCHISIS; WITH REMOVAL OF PROSTHESES, FINAL REDUCTION AND CLOSURE, IN OPERATING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>49610</td>
<td>REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); FIRST STAGE</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>49611</td>
<td>REPAIR OF OMPHALOCELE (GROSS TYPE OPERATION); SECOND STAGE</td>
<td>No Auth Needed</td>
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<td>49650</td>
<td>LAPAROSCOPY, SURGICAL; REPAIR INITIAL INGUINAL HERNIA</td>
<td>Auth Required</td>
<td>Authorization not required for an ASC</td>
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<td>49651</td>
<td>LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA</td>
<td>Auth Required</td>
<td>Authorization not required for an ASC</td>
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<tr>
<td>49652</td>
<td>LAPS REPAIR HERNIA EXCEPT INCAL/INGUN REDUCIBLE LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC</td>
<td>Auth Required</td>
<td>Authorization not required for an ASC</td>
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<tr>
<td>49653</td>
<td>LAP RPR HRNA XCPT INCAL/INGUN NCRC8/STRANGULATED LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR</td>
<td>Auth Required</td>
<td>Authorization not required for an ASC</td>
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<tr>
<td>49654</td>
<td>LAPAROSCOPY REPAIR INCISIONAL HERNIA REDUCIBLE LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION,</td>
<td>Auth Required</td>
<td>Authorization not required for an ASC</td>
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<tr>
<td>49655</td>
<td>LAPS RPR INCISIONAL HERNIA NCRC8/STRANGULATED LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA</td>
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<td>Authorization not required for an ASC</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
<td>Authorization</td>
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<tr>
<td>49656</td>
<td>LAPS RPR RECURRENT INCISIONAL HERNIA REDUCIBLE LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH)</td>
<td>Auth Required</td>
<td>Authorization not required for an ASC</td>
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<tr>
<td>49657</td>
<td>LAPS RPR RECURRENT INCAL HRNA NCR8/STRANGULATEDLAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA (INCLUDES MESH INSERTIO)</td>
<td>Auth Required</td>
<td>Authorization not required for an ASC</td>
</tr>
<tr>
<td>49659</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, HERNIoplastY, HERNIorrrHAPHY, HERNIOTOMY</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>49900</td>
<td>SUTURE, SECONDARY, OF ABDOMINAL WALL FOR EVISCERATION OR DEHISCENCE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>49904</td>
<td>OMENTAL FLAP, EXTRA-ABDOMINAL (EG, FOR RECONSTRUCTION OF STERNAL AND CHEST WALL DEFECTS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>49905</td>
<td>OMENTAL FLAP, INTRA-ABDOMINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>49906</td>
<td>FREE OMENTAL FLAP WITH MICROVASCULAR ANASTOMOSIS</td>
<td>No Auth Needed</td>
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<tr>
<td>49999</td>
<td>UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM</td>
<td>Auth Required</td>
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<tr>
<td>50010</td>
<td>RENAL EXPLORATION, NOT NECESSITATING OTHER SPECIFIC PROCEDURES</td>
<td>No Auth Needed</td>
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<tr>
<td>50020</td>
<td>DRAINAGE OF PERIRENAL OR RENAL ABSCESS; OPEN</td>
<td>No Auth Needed</td>
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<tr>
<td>50040</td>
<td>NEPHROSTOMY, NEPHROTOMY WITH DRAINAGE</td>
<td>Auth Required</td>
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<tr>
<td>50045</td>
<td>NEPHROTOMY, WITH EXPLORATION</td>
<td>Auth Required</td>
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<tr>
<td>50060</td>
<td>NEPHROLITHOTOMY; REMOVAL OF CALCULUS</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>50065</td>
<td>NEPHROLITHOTOMY; SECONDARY SURGICAL OPERATION FOR CALCULUS</td>
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<tr>
<td>50070</td>
<td>NEPHROLITHOTOMY; COMPLICATED BY CONGENITAL KIDNEY ABNORMALITY</td>
<td>Auth Required</td>
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<td>50075</td>
<td>NEPHROLITHOTOMY; REMOVAL OF LARGE STAGHORN CALCULUS FILLING RENAL PELVIS AND CALYCES (INCLUDING ANATROPHIC)</td>
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<td>50080</td>
<td>PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, LITHOTRIPSY, STENTING,</td>
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<td>Authorization not required for an ASC</td>
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<td>50081</td>
<td>PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, LITHOTRIPSY, STENTING,</td>
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<td>Authorization not required for an ASC</td>
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<td>50100</td>
<td>TRANSECTION OR REPOSITIONING OF ABERRANT RENAL VESSELS (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<td>50120</td>
<td>PYELOTOMY; WITH EXPLORATION</td>
<td>No Auth Needed</td>
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<tr>
<td>50125</td>
<td>PYELOTOMY; WITH DRAINAGE, PYELOSTOMY</td>
<td>No Auth Needed</td>
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<td>50130</td>
<td>PYELOTOMY; WITH REMOVAL OF CALCULUS (PYELOLITHOTOMY, PELVIOLITHOTOMY, INCLUDING COAGULUM PYELOLITHOTOMY)</td>
<td>No Auth Needed</td>
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<td>50135</td>
<td>PYELOTOMY; COMPLICATED (EG, SECONDARY OPERATION, CONGENITAL KIDNEY ABNORMALITY)</td>
<td>No Auth Needed</td>
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<td>50200</td>
<td>RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE</td>
<td>No Auth Needed</td>
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<tr>
<td>50205</td>
<td>RENAL BIOPSY; BY SURGICAL EXPOSURE OF KIDNEY</td>
<td>No Auth Needed</td>
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<tr>
<td>50220</td>
<td>NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RIB RESECTION;</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<td>50225</td>
<td>NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RIB RESECTION; COMPLICATED</td>
<td>No</td>
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<td>50230</td>
<td>NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY, ANY OPEN APPROACH INCLUDING RIB RESECTION; RADICAL, WITH</td>
<td>No</td>
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<tr>
<td>50234</td>
<td>NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SAME INCISION</td>
<td>No</td>
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<td>50236</td>
<td>NEPHRECTOMY WITH TOTAL URETERECTOMY AND BLADDER CUFF; THROUGH SEPARATE INCISION</td>
<td>No</td>
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<td>50240</td>
<td>NEPHRECTOMY, PARTIAL</td>
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<td>50250</td>
<td>ABLATION, OPEN, ONE OR MORE RENAL MASS LESION(S), CRYOSURGICAL, INCLUDING INTRAOPERATIVE ULTRASOUND, IF PERFORMED</td>
<td>No</td>
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<tr>
<td>50280</td>
<td>EXCISION OR UNROOFING OF CYST(S) OF KIDNEY</td>
<td>No</td>
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<tr>
<td>50290</td>
<td>EXCISION OF PERINEPHRIC CYST</td>
<td>No</td>
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<tr>
<td>50300</td>
<td>DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); FROM CADAVER DONOR, UNILATERAL OR BILATERAL</td>
<td>Auth</td>
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<tr>
<td>50320</td>
<td>DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION); OPEN, FROM LIVING DONOR</td>
<td>Auth</td>
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<tr>
<td>50323</td>
<td>BACKBENCH STANDARD PREPARATION OF CADAVER DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION AND</td>
<td>No</td>
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<tr>
<td>50325</td>
<td>BACKBENCH STANDARD PREPARATION OF LIVING DONOR RENAL ALLOGRAFT (OPEN OR LAPAROSCOPIC) PRIOR TO TRANSPLANTATION,</td>
<td>Auth</td>
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<tr>
<td>50327</td>
<td>BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMOSIS,</td>
<td>Auth</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<td>50328</td>
<td>BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; ARTERIAL ANASTOMOSIS,</td>
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<td>50329</td>
<td>BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR RENAL ALLOGRAFT PRIOR TO TRANSPLANTATION; URETERAL ANASTOMOSIS,</td>
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<tr>
<td>50340</td>
<td>RECIPIENT NEPHRECTOMY (SEPARATE PROCEDURE)</td>
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<td>50360</td>
<td>RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITHOUT RECIPIENT NEPHRECTOMY</td>
<td>Auth Required</td>
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<td>50365</td>
<td>RENAL ALLOTRANSPLANTATION, IMPLANTATION OF GRAFT; WITH RECIPIENT NEPHRECTOMY</td>
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<td>50370</td>
<td>REMOVAL OF TRANSPLANTED RENAL ALLOGRAFT</td>
<td>Auth Required</td>
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<td>50380</td>
<td>RENAL AUTOTRANSPLANTATION, REIMPLANTATION OF KIDNEY</td>
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<tr>
<td>50382</td>
<td>REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEOUS APPROACH,</td>
<td>No Auth Needed</td>
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<tr>
<td>50384</td>
<td>REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEOUS APPROACH, INCLUDING RADIOLOGICAL SUPERV</td>
<td>No Auth Needed</td>
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<tr>
<td>50385</td>
<td>REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL</td>
<td>No Auth Needed</td>
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<td>50386</td>
<td>REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF CYSTOSCOPY,</td>
<td>No Auth Needed</td>
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<td>50387</td>
<td>REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE NEPHROURETERAL CATHETER (EG, EXTERNAL/INTERNAL STENT) REQUIRING</td>
<td>No Auth Needed</td>
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<tr>
<td>50389</td>
<td>REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE (EG, WITH CONCURRENT INDWELLING URETERAL STENT)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<td>50390</td>
<td>ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS</td>
<td>No Auth Needed</td>
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<tr>
<td>50391</td>
<td>INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/OR URETER THROUGH ESTABLISHED NEPHROSTOMY, PYELOSTOMY OR</td>
<td>No Auth Needed</td>
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<tr>
<td>50396</td>
<td>MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING URETERAL CATHETER</td>
<td>No Auth Needed</td>
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<tr>
<td>50400</td>
<td>PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WITHOUT PLASTIC OPERATION ON URETER, NEPHROP</td>
<td>Auth Required</td>
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<td>50405</td>
<td>PYELOPLASTY (FOLEY Y-PYELOPLASTY), PLASTIC OPERATION ON RENAL PELVIS, WITH OR WITHOUT PLASTIC OPERATION ON URETER, NEPHROP</td>
<td>Auth Required</td>
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<tr>
<td>50430</td>
<td>INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIAGNOSTIC PROCEDURE INCLUDING</td>
<td>No Auth Needed</td>
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<tr>
<td>50431</td>
<td>INJECTION PROCEDURE FOR ANTEGRADE NEPHROSTOGRAM AND/OR URETEROGRAM, COMPLETE DIAGNOSTIC PROCEDURE INCLUDING</td>
<td>No Auth Needed</td>
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<tr>
<td>50432</td>
<td>PLACEMENT OF NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM</td>
<td>No Auth Needed</td>
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<td>50433</td>
<td>PLACEMENT OF NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM</td>
<td>No Auth Needed</td>
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<td>50434</td>
<td>CONVERT NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM</td>
<td>No Auth Needed</td>
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<td>50435</td>
<td>EXCHANGE NEPHROSTOMY CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM</td>
<td>No Auth Needed</td>
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<td>50436</td>
<td>DILATION OF EXISTING TRACT, PERCUTANEOUS, FOR AN ENDOUROLOGIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND/OR</td>
<td>No Auth Needed</td>
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<td>50437</td>
<td>DILATION OF EXISTING TRACT, PERCUTANEOUS, FOR AN ENDOUROLOGIC PROCEDURE INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND/OR</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>50500</td>
<td>NEPHRORRHAPHY, SUTURE OF KIDNEY WOUND OR INJURY</td>
<td>No Auth Needed</td>
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<tr>
<td>50520</td>
<td>CLOSURE OF NEPHROCUTANEOUS OR PYELOCUTANEOUS FISTULA</td>
<td>No Auth Needed</td>
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<tr>
<td>50525</td>
<td>CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR; ABDOMINAL APPROACH</td>
<td>No Auth Needed</td>
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<td>50526</td>
<td>CLOSURE OF NEPHROVISCERAL FISTULA (EG, RENOCOLIC), INCLUDING VISCERAL REPAIR; THORACIC APPROACH</td>
<td>No Auth Needed</td>
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<tr>
<td>50540</td>
<td>SYMPHYSIOTOMY FOR HORSESHOE KIDNEY WITH OR WITHOUT PYELOPLASTY AND/OR OTHER PLASTIC PROCEDURE, UNILATERAL OR BILATERAL</td>
<td>No Auth Needed</td>
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<tr>
<td>50541</td>
<td>LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS</td>
<td>No Auth Needed</td>
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<tr>
<td>50542</td>
<td>LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)</td>
<td>No Auth Needed</td>
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<tr>
<td>50543</td>
<td>LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>50544</td>
<td>LAPAROSCOPY, SURGICAL; PYELOPLASTY</td>
<td>No Auth Needed</td>
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<tr>
<td>50545</td>
<td>LAPAROSCOPY, SURGICAL; RADICAL NEPHRECTOMY (INCLUDES REMOVAL OF GEROTA’S FASCIA AND SURROUNDING FATTY)</td>
<td>No Auth Needed</td>
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<td>50546</td>
<td>LAPAROSCOPY, SURGICAL; NEPHRECTOMY, INCLUDING PARTIAL URETERECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>50547</td>
<td>LAPAROSCOPY, SURGICAL; DONOR NEPHRECTOMY (INCLUDING COLD PRESERVATION), FROM LIVING DONOR</td>
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<tr>
<td>50548</td>
<td>LAPAROSCOPY, SURGICAL; NEPHRECTOMY WITH TOTAL URETERECTOMY</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<tr>
<td>50549</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, RENAL</td>
<td>Auth Required</td>
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<td>50551</td>
<td>RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR</td>
<td>No Auth Needed</td>
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<td>50553</td>
<td>RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR</td>
<td>No Auth Needed</td>
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<td>50555</td>
<td>RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR</td>
<td>No Auth Needed</td>
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<td>RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR</td>
<td>No Auth Needed</td>
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<td>50559</td>
<td>RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR</td>
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<td>RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR</td>
<td>No Auth Needed</td>
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<td>50562</td>
<td>RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR</td>
<td>No Auth Needed</td>
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<td>50570</td>
<td>RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYEOGRAPHY,</td>
<td>No Auth Needed</td>
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<td>50572</td>
<td>RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYEOGRAPHY,</td>
<td>No Auth Needed</td>
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<td>50574</td>
<td>RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYEOGRAPHY,</td>
<td>No Auth Needed</td>
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<td>50575</td>
<td>RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYEOGRAPHY,</td>
<td>No Auth Needed</td>
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<td>50576</td>
<td>RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYEOGRAPHY,</td>
<td>No Auth Needed</td>
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<td>Procedure Description</td>
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<tr>
<td>RENAL ENDOSCOPY THROUGH NEPH</td>
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<td>RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY,</td>
<td>No Auth Needed</td>
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<tr>
<td>LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE</td>
<td>No Auth Needed</td>
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<tr>
<td>ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY</td>
<td>No Auth Needed</td>
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<td>ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY</td>
<td>No Auth Needed</td>
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<tr>
<td>URETEROTOMY WITH EXPLORATION OR DRAINAGE (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>URETEROTOMY FOR INSERTION OF INDWELLING STENT, ALL TYPES</td>
<td>No Auth Needed</td>
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<td>ENDOLUMINAL BIOPSY OF URETER AND/OR RENAL PELVIS, NON-ENDOSCOPIC, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY)</td>
<td>No Auth Needed</td>
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<tr>
<td>URETEROLITHOTOMY; UPPER ONE-THIRD OF URETER</td>
<td>No Auth Needed</td>
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<td>URETEROLITHOTOMY; MIDDLE ONE-THIRD OF URETER</td>
<td>No Auth Needed</td>
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<tr>
<td>URETEROLITHOTOMY; LOWER ONE-THIRD OF URETER</td>
<td>No Auth Needed</td>
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<tr>
<td>URETERECTOMY, WITH BLADDER CUFF (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<td>URETERECTOMY, TOTAL, ECTOPIC URETER, COMBINATION ABDOMINAL, VAGINAL AND/OR PERINEAL APPROACH</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>50684</td>
<td>INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY OR INDWELLING URETERAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>50686</td>
<td>MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>50688</td>
<td>CHANGE OF URETEROSTOMY TUBE OR EXTERNALLY ACCESSIBLE URETERAL STENT VIA ILEAL CONDUIT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>50690</td>
<td>INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND/OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SERVICE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>50693</td>
<td>PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>50694</td>
<td>PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM</td>
<td>No Auth Needed</td>
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<tr>
<td>50695</td>
<td>PLACEMENT OF URETERAL STENT, PERCUTANEOUS, INCLUDING DIAGNOSTIC NEPHROSTOGRAM AND/OR URETEROGRAM</td>
<td>No Auth Needed</td>
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<tr>
<td>50700</td>
<td>URETEROPLASTY, PLASTIC OPERATION ON URETER (EG, STRicture)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>50705</td>
<td>URETERAL EMBOLIZATION OR OCCLUSION, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>50706</td>
<td>BALLOON DILATION, URETERAL STRicture, INCLUDING IMAGING GUIDANCE (EG, ULTRASOUND AND/OR FLUOROSCOPY) AND ALL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>50715</td>
<td>URETEROLYSIS, WITH OR WITHOUT REPOSITIONING OF URETER FOR RETROPERITONEAL FIBROSIS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>50722</td>
<td>URETEROLYSIS FOR OVARIAN VEIN SYNDROME</td>
<td>No Auth Needed</td>
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<tr>
<td>50725</td>
<td>URETEROLYSIS FOR RETROCAVAL URETER, WITH REANASTOMOSIS OF UPPER URINARY TRACT OR VENA CAVA</td>
<td>No Auth Needed</td>
<td></td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>50727</td>
<td>REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>50728</td>
<td>REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY); WITH REPAIR OF FASCIAL DEFECT AND HERNIA</td>
<td>No Auth Needed</td>
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<tr>
<td>50740</td>
<td>URETEROPYELOSTOMY, ANASTOMOSIS OF URETER AND RENAL PELVIS</td>
<td>No Auth Needed</td>
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<td>50750</td>
<td>URETEROCALYCOSTOMY, ANASTOMOSIS OF URETER TO RENAL CALYX</td>
<td>No Auth Needed</td>
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<tr>
<td>50760</td>
<td>URETEROURETEROSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>50770</td>
<td>TRANSURETEROURETEROSTOMY, ANASTOMOSIS OF URETER TO CONTRALATERAL URETER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>50780</td>
<td>URETERONEOCYSTOSTOMY; ANASTOMOSIS OF SINGLE URETER TO BLADDER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>50782</td>
<td>URETERONEOCYSTOSTOMY; ANASTOMOSIS OF DUPLICATED URETER TO BLADDER</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>50783</td>
<td>URETERONEOCYSTOSTOMY; WITH EXTENSIVE URETERAL TAILORING</td>
<td>No Auth Needed</td>
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<tr>
<td>50785</td>
<td>URETERONEOCYSTOSTOMY; WITH VESICO-PSOAS HITCH OR BLADDER FLAP</td>
<td>No Auth Needed</td>
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<tr>
<td>50800</td>
<td>URETEROENTEROSTOMY, DIRECT ANASTOMOSIS OF URETER TO INTESTINE</td>
<td>No Auth Needed</td>
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<tr>
<td>50810</td>
<td>URETEROSIGMOIDOSTOMY, WITH CREATION OF SIGMOID BLADDER AND ESTABLISHMENT OF ABDOMINAL OR PERINEAL COLOSTOMY,</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>50815</td>
<td>URETEROCOLON CONDUIT, INCLUDING INTESTINE ANASTOMOSIS</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>50820</td>
<td>URETEROILEAL CONDUIT (ILEAL BLADDER), INCLUDING INTESTINE ANASTOMOSIS (BRICKER OPERATION)</td>
<td>No Auth Needed</td>
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<tr>
<td>50825</td>
<td>CONTINENT DIVERSION, INCLUDING INTESTINE ANASTOMOSIS USING ANY SEGMENT OF SMALL AND/OR LARGE INTESTINE (KOCK POUCH OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>50830</td>
<td>URINARY UNDIVERSION (EG, TAKING DOWN OF URETEROILEAL CONDUIT, URETEROSIGMOIDOSTOMY OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>50840</td>
<td>REPLACEMENT OF ALL OR PART OF URETER BY INTESTINE SEGMENT, INCLUDING INTESTINE ANASTOMOSIS</td>
<td>No Auth Needed</td>
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<tr>
<td>50845</td>
<td>CUTANEOUS APPENDICO-VESICOSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>50860</td>
<td>URETEROSTOMY, TRANSPLANTATION OF URETER TO SKIN</td>
<td>No Auth Needed</td>
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<tr>
<td>50900</td>
<td>URETERORRHAPHY, SUTURE OF URETER (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>50920</td>
<td>CLOSURE OF URETEROCUTANEOUS FISTULA</td>
<td>No Auth Needed</td>
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<tr>
<td>50930</td>
<td>CLOSURE OF URETEROVISCERAL FISTULA (INCLUDING VISCERAL REPAIR)</td>
<td>No Auth Needed</td>
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<tr>
<td>50940</td>
<td>DELIGATION OF URETER</td>
<td>No Auth Needed</td>
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<tr>
<td>50945</td>
<td>LAPAROSCOPY, SURGICAL; URETEROLITHOTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>50947</td>
<td>LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT PLACEMENT</td>
<td>No Auth Needed</td>
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<tr>
<td>50948</td>
<td>LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL STENT PLACEMENT</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<tr>
<td>50949</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, URETER</td>
<td>Auth Required</td>
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<tr>
<td>50951</td>
<td>URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY,</td>
<td>No Auth Needed</td>
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<tr>
<td>50953</td>
<td>URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY,</td>
<td>No Auth Needed</td>
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<td>50955</td>
<td>URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY,</td>
<td>No Auth Needed</td>
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<td>50957</td>
<td>URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY,</td>
<td>No Auth Needed</td>
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<tr>
<td>50959</td>
<td>URETERAL ENDOSCOPY THROUGH</td>
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<td>50961</td>
<td>URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY,</td>
<td>No Auth Needed</td>
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<tr>
<td>50970</td>
<td>URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF</td>
<td>No Auth Needed</td>
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<td>50972</td>
<td>URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF</td>
<td>No Auth Needed</td>
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<td>50974</td>
<td>URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF</td>
<td>No Auth Needed</td>
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<td>50976</td>
<td>URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF</td>
<td>No Auth Needed</td>
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<td>50978</td>
<td>URETERAL ENDOSCOPY THROUGH</td>
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<tr>
<td>50980</td>
<td>URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLUSIVE OF</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Procedure Description</td>
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<tr>
<td>S1020</td>
<td>CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE MATERIAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>S1030</td>
<td>CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>S1040</td>
<td>CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE</td>
<td>No Auth Needed</td>
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<tr>
<td>S1045</td>
<td>CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>S1050</td>
<td>CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RESECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>S1060</td>
<td>TRANSVESICAL URETEROLITHOTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>S1065</td>
<td>CYSTOTOMY, WITH CALCULUS BASKET EXTRACTION AND/OR ULTRASONIC OR ELECTROHYDRAULIC FRAGMENTATION OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>S1080</td>
<td>DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS</td>
<td>No Auth Needed</td>
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<tr>
<td>S1100</td>
<td>ASPIRATION OF BLADDER; BY NEEDLE</td>
<td>No Auth Needed</td>
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<tr>
<td>S1101</td>
<td>ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER</td>
<td>No Auth Needed</td>
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<tr>
<td>S1102</td>
<td>ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>S1500</td>
<td>EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR</td>
<td>No Auth Needed</td>
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<tr>
<td>S1520</td>
<td>CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>51525</td>
<td>CYSTOTOMY; FOR EXCISION OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>51530</td>
<td>CYSTOTOMY; FOR EXCISION OF BLADDER TUMOR</td>
<td>No Auth Needed</td>
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<tr>
<td>51535</td>
<td>CYSTOTOMY FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51550</td>
<td>CYSTECTOMY, PARTIAL; SIMPLE</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>51555</td>
<td>CYSTECTOMY, PARTIAL; COMPLICATED (EG, POSTRADIATION, PREVIOUS SURGERY, DIFFICULT LOCATION)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>51565</td>
<td>CYSTECTOMY, PARTIAL, WITH REIMPLANTATION OF URETER(S) INTO BLADDER (URETERONEOCYSTOSTOMY)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51570</td>
<td>CYSTECTOMY, COMPLETE; (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51575</td>
<td>CYSTECTOMY, COMPLETE; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC, AND OBTURATOR NODES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51580</td>
<td>CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTATIONS;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51585</td>
<td>CYSTECTOMY, COMPLETE, WITH URETEROSIGMOIDOSTOMY OR URETEROCUTANEOUS TRANSPLANTATIONS; WITH</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>51590</td>
<td>CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING INTESTINE ANASTOMOSIS;</td>
<td>No Auth Needed</td>
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<tr>
<td>51595</td>
<td>CYSTECTOMY, COMPLETE, WITH URETEROILEAL CONDUIT OR SIGMOID BLADDER, INCLUDING INTESTINE ANASTOMOSIS; WITH BILATERAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51596</td>
<td>CYSTECTOMY, COMPLETE, WITH CONTINENT DIVERSION, ANY OPEN TECHNIQUE, USING ANY SEGMENT OF SMALL AND/OR LARGE INTESTINE TO</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>51597</td>
<td>PELVIC EXENTERATION, COMPLETE, FOR VESICAL, PROSTATIC OR URETHRAL MALIGNANCY, WITH REMOVAL OF BLADDER AND URETERAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51600</td>
<td>INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51605</td>
<td>INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/OR CHAIN URETHROCYSTOGRAPHY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51610</td>
<td>INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51700</td>
<td>BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51701</td>
<td>INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR RESIDUAL URINE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51702</td>
<td>INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51703</td>
<td>INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED ANATOMY, FRACTURED CATHETER/BALLOON)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51705</td>
<td>CHANGE OF CYSTOSTOMY TUBE; SIMPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51710</td>
<td>CHANGE OF CYSTOSTOMY TUBE; COMPLICATED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51715</td>
<td>ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51720</td>
<td>BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING RETENTION TIME)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>51725</td>
<td>SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>51726</td>
<td>COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51727</td>
<td>COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL PRESSURE PROFILE STUDIES (IE, URETHRAL PRESSURE PROFILE STUDIES)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51728</td>
<td>COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESSURE STUDIES (IE, BLADDER VOIDING)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51729</td>
<td>COMPLEX CYSTOMETROGRAM (IE, CALIBRATED ELECTRONIC EQUIPMENT); WITH VOIDING PRESSURE STUDIES (IE, BLADDER VOIDING)</td>
<td>No Auth Needed</td>
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<tr>
<td>51736</td>
<td>SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>51741</td>
<td>COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)</td>
<td>No Auth Needed</td>
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<tr>
<td>51784</td>
<td>ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN NEEDLE, ANY TECHNIQUE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51785</td>
<td>NEEDLE ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51792</td>
<td>STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY TIME)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>51797</td>
<td>VOIDING PRESSURE STUDIES (VP); INTRA-ABDOMINAL VOIDING PRESSURE (AP) (RECTAL, GASTRIC, INTRAPERITONEAL) (LIST SEPARATELY)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>51798</td>
<td>MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY ULTRASOUND, NON-IMAGING</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>51800</td>
<td>CYSTOPLASTY OR CYSTOURETHROPLASTY, PLASTIC OPERATION ON BLADDER AND/OR VESICAL NECK (ANTERIOR Y-PLASTY, VESICAL FUNDUS)</td>
<td>No Auth Needed</td>
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<tr>
<td>51820</td>
<td>CYSTOURETHROPLASTY WITH UNILATERAL OR BILATERAL URETERONEOCYSTOSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
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<tr>
<td>51840</td>
<td>ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRANTZ, BURCH); SIMPLE</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>51841</td>
<td>ANTERIOR VESICOURETHROPEXY, OR URETHROPEXY (EG, MARSHALL-MARCHETTI-KRANTZ, BURCH); COMPLICATED (EG, SECONDARY)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>51845</td>
<td>ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTROL (EG, STAMEY, RAZ, MODIFIED PERRYRA)</td>
<td>No Auth Needed</td>
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<tr>
<td>51860</td>
<td>CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE</td>
<td>No Auth Needed</td>
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<tr>
<td>51865</td>
<td>CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; COMPLICATED</td>
<td>No Auth Needed</td>
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<tr>
<td>51880</td>
<td>CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>51900</td>
<td>CLOSURE OF VESICOVAGINAL FISTULA, ABDOMINAL APPROACH</td>
<td>No Auth Needed</td>
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<tr>
<td>51920</td>
<td>CLOSURE OF VESICOUTERINE FISTULA;</td>
<td>No Auth Needed</td>
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<tr>
<td>51925</td>
<td>CLOSURE OF VESICOUTERINE FISTULA; WITH HYSTERECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>51940</td>
<td>CLOSURE, EXSTROPHY OF BLADDER</td>
<td>No Auth Needed</td>
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<tr>
<td>51960</td>
<td>ENTEROCYSTOPLASTY, INCLUDING INTESTINAL ANASTOMOSIS</td>
<td>No Auth Needed</td>
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<tr>
<td>51980</td>
<td>CUTANEOUS VESICOSTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>51990</td>
<td>LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
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<td>S1992</td>
<td>LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)</td>
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<tr>
<td>S1999</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, BLADDER</td>
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<tr>
<td>S2000</td>
<td>CYSTOURETHROSCOPY (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>S2001</td>
<td>CYSTOURETHROSCOPY WITH IRRIGATION AND EVACUATION OF MULTIPLE OBSTRUCTING CLOTS</td>
<td>No Auth Needed</td>
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<tr>
<td>S2005</td>
<td>CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR</td>
<td>No Auth Needed</td>
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<tr>
<td>S2007</td>
<td>CYSTOURETHROSCOPY, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR</td>
<td>No Auth Needed</td>
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<td>S2010</td>
<td>CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR DUCT</td>
<td>No Auth Needed</td>
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<tr>
<td>S2204</td>
<td>CYSTOURETHROSCOPY, WITH BIOPSY(S)</td>
<td>No Auth Needed</td>
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<tr>
<td>S2214</td>
<td>CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF TRIGONE, BLADDER NECK, PROSTATIC FOSSA,</td>
<td>No Auth Needed</td>
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<tr>
<td>S2224</td>
<td>CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR TREATMENT OF MINOR (LESS THAN 0.5 CM)</td>
<td>No Auth Needed</td>
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<tr>
<td>S2234</td>
<td>CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; SMALL BLADDER</td>
<td>No Auth Needed</td>
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<tr>
<td>S2235</td>
<td>CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADDER</td>
<td>No Auth Needed</td>
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<tr>
<td>S2240</td>
<td>CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; LARGE BLADDER</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>52250</td>
<td>CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY OR FULGURATION</td>
<td>No Auth Needed</td>
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<tr>
<td>52260</td>
<td>CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL OR CONDUCTION (SPINAL) ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>52265</td>
<td>CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>52270</td>
<td>CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE</td>
<td>No Auth Needed</td>
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<tr>
<td>52275</td>
<td>CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE</td>
<td>No Auth Needed</td>
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<tr>
<td>52276</td>
<td>CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>52277</td>
<td>CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)</td>
<td>No Auth Needed</td>
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<tr>
<td>52281</td>
<td>CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRicture OR STENOSIS, WITH OR WITHOUT MEATOTOMY, WITH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>52282</td>
<td>CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT</td>
<td>No Auth Needed</td>
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<tr>
<td>52283</td>
<td>CYSTOURETHROSCOPY, WITH STERoid INJECTION INTO STRicture</td>
<td>No Auth Needed</td>
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<tr>
<td>52285</td>
<td>CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL OF THE FOLLOWING: URETHRAL MEATOTOMY,</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>52287</td>
<td>CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEModenervation of the BLadder</td>
<td>No Auth Needed</td>
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<tr>
<td>52290</td>
<td>CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>52300</td>
<td>CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL</td>
<td>No Auth Needed</td>
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<tr>
<td>52301</td>
<td>CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL</td>
<td>No Auth Needed</td>
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<tr>
<td>52305</td>
<td>CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE</td>
<td>No Auth Needed</td>
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<tr>
<td>52310</td>
<td>CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE)</td>
<td>No Auth Needed</td>
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<tr>
<td>52315</td>
<td>CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>52317</td>
<td>LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; SIMPLE OR SMALL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>52318</td>
<td>LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS; COMPLICATED OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>52320</td>
<td>CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL CALCULUS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>52325</td>
<td>CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF URETERAL CALCULUS (EG, ULTRASONIC OR)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>52327</td>
<td>CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH SUBURETERIC INJECTION OF IMPLANT MATERIAL</td>
<td>No Auth Needed</td>
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<tr>
<td>52330</td>
<td>CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, WITHOUT REMOVAL OF URETERAL CALCULUS</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>52332</td>
<td>CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>52334</td>
<td>CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY,</td>
<td>No Auth Needed</td>
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<tr>
<td>52341</td>
<td>CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRicture (EG, BALLOON DILATION, LASER, ELECTROCAUTERY, AND INCISION)</td>
<td>No Auth Needed</td>
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<tr>
<td>52342</td>
<td>CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRicture (EG, BALLOON DILATION, LASER, ELECTROCAUTERY,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>52343</td>
<td>CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAl STRicture (EG, BALLOON DILATION, LASER, ELECTROCAUTERY, AND INCISION)</td>
<td>No Auth Needed</td>
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<td>52344</td>
<td>CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRicture (EG, BALLOON DILATION, LASER, ELECTROCAUTERY,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>52345</td>
<td>CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRicture (EG, BALLOON DILATION, LASER,</td>
<td>No Auth Needed</td>
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<td>52346</td>
<td>CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAl STRicture (EG, BALLOON DILATION, LASER,</td>
<td>No Auth Needed</td>
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<tr>
<td>52347</td>
<td>CYSTOURETHROSCOPY WITH TRANS</td>
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<tr>
<td>52351</td>
<td>CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC</td>
<td>No Auth Needed</td>
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<tr>
<td>52352</td>
<td>CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR MANIPULATION OF CALCULUS (URETERAL</td>
<td>No Auth Needed</td>
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<tr>
<td>52353</td>
<td>CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED)</td>
<td>No Auth Needed</td>
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<tr>
<td>52354</td>
<td>CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR FULGURATION OF URETERAL OR RENAL PELVIC</td>
<td>No Auth Needed</td>
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<tr>
<td>52355</td>
<td>CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF URETERAL OR RENAL PELVIC TUMOR</td>
<td>No Auth Needed</td>
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<tr>
<td>52356</td>
<td>CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDING INSERTION OF INDWELLING URETERAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
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<tr>
<td>52400</td>
<td>CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERIOR URETHRAL VALVES, OR CONGENITAL</td>
<td>No Auth Needed</td>
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<tr>
<td>52402</td>
<td>CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS</td>
<td>No Auth Needed</td>
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<tr>
<td>52441</td>
<td>CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; SINGLE IMPLANT</td>
<td>No Auth Needed</td>
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<tr>
<td>52442</td>
<td>CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; EACH ADDITIONAL PERMANENT</td>
<td>No Auth Needed</td>
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<tr>
<td>52450</td>
<td>TRANSURETHRAL INCISION OF PROSTATE</td>
<td>No Auth Needed</td>
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<tr>
<td>52500</td>
<td>TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>52601</td>
<td>TRANSURETHRAL ELECTROSURGICAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE</td>
<td>No Auth Needed</td>
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<tr>
<td>52606</td>
<td>TRANSURETHRAL FULGURATION FO</td>
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<td>TRANSURETHRAL RESECTION OF P</td>
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<td>TRANSURETHRAL RESECTION OF P</td>
<td>Auth Required</td>
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<td>52620</td>
<td>TRANSURETHRAL RESECTION; OF</td>
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<tr>
<td>52630</td>
<td>TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN ONE YEAR POSTOPERATIVE</td>
<td>No Auth Needed</td>
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<td>52640</td>
<td>TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>52647</td>
<td>LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY,)</td>
<td>No Auth Needed</td>
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<tr>
<td>52648</td>
<td>LASER VAPORIZATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY,)</td>
<td>No Auth Needed</td>
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<tr>
<td>52649</td>
<td>LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE</td>
<td>No Auth Needed</td>
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<tr>
<td>52700</td>
<td>TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS</td>
<td>No Auth Needed</td>
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<td>53000</td>
<td>URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA</td>
<td>No Auth Needed</td>
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<td>53010</td>
<td>URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA, EXTERNAL</td>
<td>No Auth Needed</td>
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<tr>
<td>53020</td>
<td>MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT</td>
<td>No Auth Needed</td>
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<tr>
<td>53025</td>
<td>MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT</td>
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<tr>
<td>53040</td>
<td>DRAINAGE OF DEEP PERIURETHRAL ABSCESS</td>
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<td>53060</td>
<td>DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST</td>
<td>No Auth Needed</td>
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<td>53080</td>
<td>DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPPLICATED (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<td>DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED</td>
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<tr>
<td>53200</td>
<td>BIOPSY OF URETHRA</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<td>53210</td>
<td>URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE</td>
<td>No Auth Needed</td>
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<td>53215</td>
<td>URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE</td>
<td>No Auth Needed</td>
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<tr>
<td>53220</td>
<td>EXCISION OR FULGURATION OF CARCINOMA OF URETHRA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53230</td>
<td>EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53235</td>
<td>EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53240</td>
<td>MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53250</td>
<td>EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53260</td>
<td>EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53265</td>
<td>EXCISION OR FULGURATION; URETHRAL CARUNCLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53270</td>
<td>EXCISION OR FULGURATION; SKENE'S GLANDS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53275</td>
<td>EXCISION OR FULGURATION; URETHRAL PROLAPSE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53400</td>
<td>URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANNSSEN TYPE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53405</td>
<td>URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Authorization Required</td>
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<tr>
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<tr>
<td>53410</td>
<td>URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53415</td>
<td>URETHROPLASTY, TRANSPUBIC OR PERINEAL, ONE STAGE, FOR RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53420</td>
<td>URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; FIRST STAGE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53425</td>
<td>URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53430</td>
<td>URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53431</td>
<td>URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER FOR INCONTINENCE (EG, TENAGO, LEADBETTER)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53440</td>
<td>SLING OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE (EG, FASCIA OR SYNTHETIC)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53442</td>
<td>REMOVAL OR REVISION OF SLING FOR MALE URINARY INCONTINENCE (EG, FASCIA OR SYNTHETIC)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53444</td>
<td>INSERTION OF TANDEM CUFF (DUAL CUFF)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53445</td>
<td>INSERTION OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PLACEMENT OF PUMP, RESERVOIR, AND CUFF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53446</td>
<td>REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR, AND CUFF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53447</td>
<td>REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING PUMP, RESERVOIR, AND CUFF AT THE SAME OPER</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53448</td>
<td>REMOVAL AND REPLACEMENT OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER INCLUDING PUMP, RESERVOIR, AND CUFF THROUGH AN INFEC</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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</tr>
<tr>
<td>53449</td>
<td>REPAIR OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR, AND CUFF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53450</td>
<td>URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53460</td>
<td>URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53500</td>
<td>URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY (EG, POSTSURGICAL OBSTRUCTION, SCARRING)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53502</td>
<td>URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53505</td>
<td>URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53510</td>
<td>URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53515</td>
<td>URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53520</td>
<td>CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53600</td>
<td>DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; INITIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53601</td>
<td>DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; SUBSEQUENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53605</td>
<td>DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, GENERAL OR CONDUCTION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53620</td>
<td>DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; INITIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>53621</td>
<td>DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; SUBSEQUENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53660</td>
<td>DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; INITIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53661</td>
<td>DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; SUBSEQUENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53665</td>
<td>DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53670</td>
<td>CATHETERIZATION, URETHRA; SI</td>
<td>Auth Required</td>
</tr>
<tr>
<td>53675</td>
<td>CATHETERIZATION, URETHRA; CO</td>
<td>Auth Required</td>
</tr>
<tr>
<td>53850</td>
<td>TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>53852</td>
<td>TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>53853</td>
<td>TRANSURETHRAL DESTRUCTION OF</td>
<td>Auth Required</td>
</tr>
<tr>
<td>53854</td>
<td>TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY GENERATED WATER VAPOR THERMOTHERAPY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>53855</td>
<td>INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>53860</td>
<td>TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK AND PROXIMAL URETHRA FOR STRESS URINARY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>53899</td>
<td>UNLISTED PROCEDURE, URINARY SYSTEM</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Needed</td>
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<tr>
<td>54000</td>
<td>SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54001</td>
<td>SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54015</td>
<td>INCISION AND DRAINAGE OF PENIS, DEEP</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54050</td>
<td>DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54055</td>
<td>DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54056</td>
<td>DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54057</td>
<td>DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54060</td>
<td>DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54065</td>
<td>DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILLOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE</td>
<td>No Auth Needed</td>
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<tr>
<td>54100</td>
<td>BIOPSY OF PENIS; (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>54105</td>
<td>BIOPSY OF PENIS; DEEP STRUCTURES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54110</td>
<td>EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54111</td>
<td>EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>54112</td>
<td>EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN LENGTH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54115</td>
<td>REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54120</td>
<td>AMPUTATION OF PENIS; PARTIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54125</td>
<td>AMPUTATION OF PENIS; COMPLETE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54130</td>
<td>AMPUTATION OF PENIS, RADICAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54135</td>
<td>AMPUTATION OF PENIS, RADICAL; IN CONTINUITY WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC A</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54150</td>
<td>CIRCUMCISION, USING CLAMP OR OTHER DEVICE WITH REGIONAL DORSAL PENILE OR RING BLOCK</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54152</td>
<td>CIRCUMCISION, USING CLAMP OR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54160</td>
<td>CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; NEONATE (28 DAYS OF AGE OR LESS)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54161</td>
<td>CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE, OR DORSAL SLIT; OLDER THAN 28 DAYS OF AGE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54162</td>
<td>LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54163</td>
<td>REPAIR INCOMPLETE CIRCUMCISION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54164</td>
<td>FRENULOTOMY OF PENIS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
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<tr>
<td>54200</td>
<td>INJECTION PROCEDURE FOR PEYRONIE DISEASE;</td>
<td>No Auth</td>
</tr>
<tr>
<td>54205</td>
<td>INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE</td>
<td>No Auth</td>
</tr>
<tr>
<td>54220</td>
<td>IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM</td>
<td>No Auth</td>
</tr>
<tr>
<td>54230</td>
<td>INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY</td>
<td>No Auth</td>
</tr>
<tr>
<td>54231</td>
<td>DYNAMIC CAVERNOSOMETRY, INCLUDING INTRACavernosal INJECTION OF VASOACTIVE DRUGS (EG, PAPAVERINE, PHENTOLAMINE)</td>
<td>No Auth</td>
</tr>
<tr>
<td>54235</td>
<td>INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE, PHENTOLAMINE)</td>
<td>No Auth</td>
</tr>
<tr>
<td>54240</td>
<td>PENILE PLETHYSMOGRAPHY</td>
<td>No Auth</td>
</tr>
<tr>
<td>54250</td>
<td>NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST</td>
<td>No Auth</td>
</tr>
<tr>
<td>54300</td>
<td>PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH OR WITHOUT</td>
<td>No Auth</td>
</tr>
<tr>
<td>54304</td>
<td>PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR WITH OR WITHOUT TRANSPLANTATION</td>
<td>No Auth</td>
</tr>
<tr>
<td>54308</td>
<td>URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM</td>
<td>No Auth</td>
</tr>
<tr>
<td>54312</td>
<td>URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); GREATER THAN 3 CM</td>
<td>No Auth</td>
</tr>
<tr>
<td>54316</td>
<td>URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) WITH FREE SKIN GRAFT OBTAINED</td>
<td>No Auth</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
</tr>
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<tr>
<td>54318</td>
<td>URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM (EG, THIRD STAGE CECIL REPAIR)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54322</td>
<td>ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH SIMPLE MEATAL ADVANCEMENT (EG, MAGPI,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54324</td>
<td>ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKIN FLAPS (EG,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54326</td>
<td>ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKIN FLAPS AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54328</td>
<td>ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH EXTENSIVE DISSECTION TO CORRECT CHORDE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54332</td>
<td>ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AND</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54336</td>
<td>ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY BY USE OF SKIN</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54340</td>
<td>REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRicture, DIVERTICULA); BY CLOSURE, INCISION, OR EXCISION, SIMPLE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54344</td>
<td>REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRicture, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAPS AND URETHR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54348</td>
<td>REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRicture, DIVERTICULA); REQUIRING EXTENSIVE DISSECTION AND URETHROPLAST</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54352</td>
<td>REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES INCLUDING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54360</td>
<td>PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54380</td>
<td>PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL Sphincter;</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>54385</td>
<td>PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54390</td>
<td>PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH EXSTROPHY OF BLADDER</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54400</td>
<td>INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54401</td>
<td>INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54405</td>
<td>INSERTION OF MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND RESERVOIR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54406</td>
<td>REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS WITHOUT REPLACEMENT OF PROSTHESIS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54408</td>
<td>REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54410</td>
<td>REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS AT THE SAME</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54411</td>
<td>REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI-COMPONENT INFLATABLE PENILE PROSTHESIS THROUGH AN</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54415</td>
<td>REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS, WITHOUT REPLACEMENT OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54416</td>
<td>REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS AT THE SAME</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54417</td>
<td>REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS THROUGH AN</td>
<td>Auth Required</td>
</tr>
<tr>
<td>54420</td>
<td>CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
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<tr>
<td>54430</td>
<td>CORPORA CAVERNOSA-CORPUS SPONGIOSUM SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54435</td>
<td>CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROCEDURE, RONGEUR, OR PUNCH) FOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54437</td>
<td>REPAIR OF TRAUMATIC CORPOREAL TEAR(S)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54438</td>
<td>REPLANTATION, PENIS, COMPLETE AMPUTATION INCLUDING URETHRAL REPAIR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54440</td>
<td>PLASTIC OPERATION OF PENIS FOR INJURY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54450</td>
<td>FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUITIAL ADHESIONS AND STRETCHING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54500</td>
<td>BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54505</td>
<td>BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54512</td>
<td>EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54520</td>
<td>ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54522</td>
<td>ORCHIECTOMY, PARTIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54530</td>
<td>ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54535</td>
<td>ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>54550</td>
<td>EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54560</td>
<td>EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54600</td>
<td>REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATERAL TESTIS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54620</td>
<td>FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>54640</td>
<td>ORCHIOPEXY, INGUINAL APPROACH, WITH OR WITHOUT HERNIA REPAIR</td>
<td>No Auth Needed</td>
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<tr>
<td>54650</td>
<td>ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEPHENS)</td>
<td>No Auth Needed</td>
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<tr>
<td>54660</td>
<td>INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)</td>
<td>Auth Required</td>
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<tr>
<td>54670</td>
<td>SUTURE OR REPAIR OF TESTICULAR INJURY</td>
<td>No Auth Needed</td>
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<tr>
<td>54680</td>
<td>TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)</td>
<td>No Auth Needed</td>
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<tr>
<td>54690</td>
<td>LAPAROSCOPY, SURGICAL; ORCHIECTOMY</td>
<td>Auth Required</td>
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<tr>
<td>54692</td>
<td>LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS</td>
<td>Auth Required</td>
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<tr>
<td>54699</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, TESTIS</td>
<td>Auth Required</td>
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<tr>
<td>54700</td>
<td>INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR HEMATOMA)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
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<tr>
<td>54800</td>
<td>BIOPSY OF EPIDIDYMIS, NEEDLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54820</td>
<td>EXPLORATION OF EPIDIDYMIS, W</td>
<td>Auth Required</td>
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<tr>
<td>54830</td>
<td>EXCISION OF LOCAL LESION OF EPIDIDYMIS</td>
<td>No Auth Needed</td>
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<tr>
<td>54840</td>
<td>EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>54860</td>
<td>EPIDIDYMECTOMY; UNILATERANIAN</td>
<td>No Auth Needed</td>
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<tr>
<td>54861</td>
<td>EPIDIDYMECTOMY; BILATERANIAN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54865</td>
<td>EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>54900</td>
<td>EPIDIDYMOCYSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL</td>
<td>No Auth Needed</td>
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<tr>
<td>54901</td>
<td>EPIDIDYMOCYSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL</td>
<td>No Auth Needed</td>
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<tr>
<td>55000</td>
<td>PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF MEDICATION</td>
<td>No Auth Needed</td>
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<tr>
<td>55040</td>
<td>EXCISION OF HYDROCELE; UNILATERAL</td>
<td>No Auth Needed</td>
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<tr>
<td>55041</td>
<td>EXCISION OF HYDROCELE; BILATERAL</td>
<td>No Auth Needed</td>
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<tr>
<td>55060</td>
<td>REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>55100</td>
<td>DRAINAGE OF SCROTAL WALL ABSCESS</td>
<td>No Auth Needed</td>
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<tr>
<td>55110</td>
<td>SCROTAL EXPLORATION</td>
<td>No Auth Needed</td>
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<tr>
<td>55120</td>
<td>REMOVAL OF FOREIGN BODY IN SCROTUM</td>
<td>No Auth Needed</td>
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<tr>
<td>55150</td>
<td>RESECTION OF SCROTUM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55175</td>
<td>SCROTOPLASTY; SIMPLE</td>
<td>No Auth Needed</td>
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<tr>
<td>55180</td>
<td>SCROTOPLASTY; COMPLICATED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55200</td>
<td>VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55250</td>
<td>VASECTOMY, UNILATERAL OR BILATER (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55300</td>
<td>VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS, UNILATERAL OR BILATERAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55400</td>
<td>VASOVASOSTOMY, VASOVASORRHAPHY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>55500</td>
<td>EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55520</td>
<td>EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55530</td>
<td>EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE PROCEDURE)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>55535</td>
<td>EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55540</td>
<td>EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH HERNIA REPAIR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55550</td>
<td>LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55559</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD</td>
<td>Auth Required</td>
</tr>
<tr>
<td>55600</td>
<td>VESICULOTOMY;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55605</td>
<td>VESICULOTOMY; COMPLICATED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55650</td>
<td>VESICULECTOMY, ANY APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55680</td>
<td>EXCISION OF MULLERIAN DUCT CYST</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55700</td>
<td>BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH</td>
<td>No Auth Needed</td>
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<tr>
<td>55705</td>
<td>BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55706</td>
<td>BX PROSTATE STRTCTC SATURATION SAMPLING IMG GID BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55720</td>
<td>PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55725</td>
<td>PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
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<tr>
<td>55801</td>
<td>PROSTATECTOMY, PERINEAL, SUBTOTAL (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55810</td>
<td>PROSTATECTOMY, PERINEAL RADICAL;</td>
<td>No Auth Needed</td>
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<tr>
<td>55812</td>
<td>PROSTATECTOMY, PERINEAL RADICAL; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC Lymphadenectomy)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55815</td>
<td>PROSTATECTOMY, PERINEAL RADICAL; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILIAC, HYPOGASTRIC AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55821</td>
<td>PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55831</td>
<td>PROSTATECTOMY (INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, VASECTOMY, MEATOTOMY, URETHRAL CALIBRATION AND/OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55840</td>
<td>PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55842</td>
<td>PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55845</td>
<td>PROSTATECTOMY, RETROPUBIC RADICAL, WITH OR WITHOUT NERVE SPARING; WITH BILATERAL PELVIC LYMPHADENECTOMY, INCLUDING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55859</td>
<td>TRANSPERINEAL PLACEMENT OF</td>
<td>Auth Required</td>
</tr>
<tr>
<td>55860</td>
<td>EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55862</td>
<td>EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; WITH LYMPH NODE BIOPSY(S) (LIMITED PELVIC LYMPHADENECTOMY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55865</td>
<td>EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE; WITH BILATERAL PELVIC LYMPHADENECTOMY,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>55866</td>
<td>LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55870</td>
<td>ELECTROEJACULATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55873</td>
<td>CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE FOR INTERSTITIAL CRYOSURGICAL PROBE PLACEMENT)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55874</td>
<td>TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL, PERI-PROSTATIC, SINGLE OR MULTIPLE INJECTION(S), INCLUDING IMAGE GUIDANCE,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>55875</td>
<td>TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, WITH OR WITHOUT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55876</td>
<td>PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PROSTATE (VIA NEEDLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55899</td>
<td>UNLISTED PROCEDURE, MALE GENITAL SYSTEM</td>
<td>Auth Required</td>
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<tr>
<td>55920</td>
<td>PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERSTITIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>55970</td>
<td>INTERSEX SURGERY; MALE TO FEMALE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>55980</td>
<td>INTERSEX SURGERY; FEMALE TO MALE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>56405</td>
<td>INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>56420</td>
<td>INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>56440</td>
<td>MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>56441</td>
<td>LYSIS OF LABIAL ADHESIONS</td>
<td>No Auth Needed</td>
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<tr>
<td>56442</td>
<td>HYMENOTOMY, SIMPLE INCISION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>56501</td>
<td>DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>56515</td>
<td>DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>56605</td>
<td>BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>56606</td>
<td>BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>56620</td>
<td>VULVECTOMY SIMPLE; PARTIAL</td>
<td>Auth Required</td>
</tr>
<tr>
<td>56625</td>
<td>VULVECTOMY SIMPLE; COMPLETE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>56630</td>
<td>VULVECTOMY, RADICAL, PARTIAL;</td>
<td>Auth Required</td>
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<tr>
<td>56631</td>
<td>VULVECTOMY, RADICAL, PARTIAL; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY</td>
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<tr>
<td>56632</td>
<td>VULVECTOMY, RADICAL, PARTIAL; WITH BILATERAL INGUINOFEMORAL LYMPHADENECTOMY</td>
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<tr>
<td>56633</td>
<td>VULVECTOMY, RADICAL, COMPLETE;</td>
<td>Auth Required</td>
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<tr>
<td>56634</td>
<td>VULVECTOMY, RADICAL, COMPLETE; WITH UNILATERAL INGUINOFEMORAL LYMPHADENECTOMY</td>
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<tr>
<td>Code</td>
<td>Procedure Description</td>
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<tr>
<td>56637</td>
<td>VULVECTOMY, RADICAL, COMPLETE; WITH BILATERAL INGUINOFEOMORAL LYMPHADENECTOMY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>56640</td>
<td>VULVECTOMY, RADICAL, COMPLETE, WITH INGUINOFEOMORAL, ILIAC, AND PELVIC LYMPHADENECTOMY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>56700</td>
<td>PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>56720</td>
<td>HYMENOTOMY, SIMPLE INCISION</td>
<td>Auth Required</td>
</tr>
<tr>
<td>56740</td>
<td>EXCISION OF BARTHOLIN'S GLAND OR CYST</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>56800</td>
<td>PLASTIC REPAIR OF INTROITUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>56805</td>
<td>CLITOROPLASTY FOR INTERSEX STATE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>56810</td>
<td>PERINEOPLASTY, REPAIR OF PERINEUM, NONOBSTETRICAL (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>56820</td>
<td>COLPOSCOPY OF THE VULVA;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>56821</td>
<td>COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57000</td>
<td>COLPOTOMY; WITH EXPLORATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57010</td>
<td>COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57020</td>
<td>COLPOCENTESIS (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
</tr>
<tr>
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</tr>
<tr>
<td>57022</td>
<td>INCISION AND DRAINAGE OF VAGINAL HEMATOMA; OBSTETRICAL/POSTPARTUM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57023</td>
<td>INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, POST-TRAUMA, SPONTANEOUS BLEEDING)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57061</td>
<td>DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57065</td>
<td>DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57100</td>
<td>BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57105</td>
<td>BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57106</td>
<td>VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57107</td>
<td>VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57109</td>
<td>VAGINECTOMY, PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY) WITH BILATERAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57110</td>
<td>VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57111</td>
<td>VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57112</td>
<td>VAGINECTOMY, COMPLETE REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE (RADICAL VAGINECTOMY) WITH BILATERAL TOT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57120</td>
<td>COLPOCLEISIS (LE FORT TYPE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
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</tr>
<tr>
<td>57130</td>
<td>EXCISION OF VAGINAL SEPTUM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57135</td>
<td>EXCISION OF VAGINAL CYST OR TUMOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57150</td>
<td>IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL, PARASITIC, OR FUNGOID DISEASE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57155</td>
<td>INSERTION OF UTERINE TANDEMS AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHYTHERAPY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57156</td>
<td>INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57160</td>
<td>FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57170</td>
<td>DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57180</td>
<td>INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC NONOBSTETRICAL VAGINAL HEMORRHAGE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57200</td>
<td>COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57210</td>
<td>COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57220</td>
<td>PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL Plication)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57230</td>
<td>PLASTIC REPAIR OF URETHROCELE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57240</td>
<td>ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE, INCLUDING CYSTOUREREOHYSCOPY,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Auth Required</td>
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<tr>
<td>57250</td>
<td>POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57260</td>
<td>COMBINED ANTEROPOSTERIOR COLPORRHAPHY, INCLUDING CYSTOURETHROSCOPY, WHEN PERFORMED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57265</td>
<td>COMBINED ANTEROPOSTERIOR COLPORRHAPHY, INCLUDING CYSTOURETHROSCOPY, WHEN PERFORMED; WITH ENTEROCELE REPAIR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57267</td>
<td>INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH SITE (ANTERIOR, POSTERIOR COMPARTMENT)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57268</td>
<td>REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57270</td>
<td>REPAIR OF ENTEROCELE, ABDOMINAL APPROACH (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57280</td>
<td>COLPOPEXY, ABDOMINAL APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57282</td>
<td>COLPOPEXY, VAGINAL; EXTRA-PERITONEAL APPROACH (SACROSPINOUS, IlioCoccygeus)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57283</td>
<td>COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57284</td>
<td>PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED); OPEN ABDOMINAL APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57285</td>
<td>PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED); VAGINAL APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57287</td>
<td>REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57288</td>
<td>SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
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</tr>
<tr>
<td>57289</td>
<td>PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRAPHY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57291</td>
<td>CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>57292</td>
<td>CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>57295</td>
<td>REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; VAGINAL APPROACH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>57296</td>
<td>REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT; OPEN ABDOMINAL APPROACH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>57300</td>
<td>CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57305</td>
<td>CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57307</td>
<td>CLOSURE OF RECTOVAGINAL FISTULA; ABDOMINAL APPROACH, WITH CONCOMITANT COLOSTOMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57308</td>
<td>CLOSURE OF RECTOVAGINAL FISTULA; TRANSPERINEAL APPROACH, WITH PERINEAL BODY RECONSTRUCTION, WITH OR WITHOUT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57310</td>
<td>CLOSURE OF URETHROVAGINAL FISTULA;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57311</td>
<td>CLOSURE OF URETHROVAGINAL FISTULA; WITH BULBOCAVERNOSUS TRANSPLANT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57320</td>
<td>CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57330</td>
<td>CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>57335</td>
<td>VAGINOPLASTY FOR INTERSEX STATE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>57400</td>
<td>DILATION OF VAGINA UNDER ANESTHESIA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57410</td>
<td>PELVIC EXAMINATION UNDER ANESTHESIA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57415</td>
<td>REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57420</td>
<td>COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57421</td>
<td>COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF VAGINA/CERVIX</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57423</td>
<td>PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, IF PERFORMED), LAPAROSCOPIC APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57425</td>
<td>LAPAROSCOPY, SURGICAL, COLPOPEXY (SUSPENSION OF VAGINAL APEX)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>57426</td>
<td>REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>57452</td>
<td>COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57454</td>
<td>COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX AND ENDOCERVICAL CURETTAGE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57455</td>
<td>COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57456</td>
<td>COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL CURETTAGE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
</tr>
<tr>
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</tr>
<tr>
<td>57460</td>
<td>COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE BIOPSY(S) OF THE CERVIX</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57461</td>
<td>COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE CONIZATION OF THE CERVIX</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57500</td>
<td>BIOPSY OF CERVIX, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURATION (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57505</td>
<td>ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57510</td>
<td>CAUTERY OF CERVIX; ELECTRO OR THERMAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57511</td>
<td>CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57513</td>
<td>CAUTERY OF CERVIX; LASER ABLATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57520</td>
<td>CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; COLD KN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57522</td>
<td>CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REPAIR; LOOP EL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57530</td>
<td>TRACHELECTOMY (CERVICTION), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57531</td>
<td>RADICAL TRACHELECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING BIOPSY, WITH OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57540</td>
<td>EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57545</td>
<td>EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH; WITH PELVIC FLOOR REPAIR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
</tr>
<tr>
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<td>-----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>57550</td>
<td>EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57555</td>
<td>EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIOR REPAIR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57556</td>
<td>EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57558</td>
<td>DILATION AND CURETTAGE OF CERVICAL STUMP</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57700</td>
<td>CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57720</td>
<td>TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57800</td>
<td>DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>57820</td>
<td>DILATION AND CURETTAGE OF</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58100</td>
<td>ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION, ANY METHOD</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58110</td>
<td>ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58120</td>
<td>DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58140</td>
<td>MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL MYOMA(S) WITH TOTAL WEIGHT OF 250 G OR LESS AND/OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58145</td>
<td>MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 1 TO 4 INTRAMURAL MYOMA(S) WITH TOTAL WEIGHT OF 250 G OR LESS AND/OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
</tr>
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</tr>
<tr>
<td>58146</td>
<td>MYOMECTOMY, EXCISION OF FIBROID TUMOR(S) OF UTERUS, 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58150</td>
<td>TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58152</td>
<td>TOTAL ABDOMINAL HYSTERECTOMY (CORPUS AND CERVIX), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT REMOVAL OF</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58180</td>
<td>SUPRACERVICAL ABDOMINAL HYSTERECTOMY (SUBTOTAL HYSTERECTOMY), WITH OR WITHOUT REMOVAL OF TUBE(S), WITH OR WITHOUT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58200</td>
<td>TOTAL ABDOMINAL HYSTERECTOMY, INCLUDING PARTIAL VAGINECTOMY, WITH PARA-AORTIC AND PELVIC LYMPH NODE SAMPLING, WITH OR WITH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58210</td>
<td>RADICAL ABDOMINAL HYSTERECTOMY, WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PARA-AORTIC LYMPH NODE SAMPLING</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58240</td>
<td>PELVIC EXENTERATION FOR GYNECOLOGIC MALIGNANCY, WITH TOTAL ABDOMINAL HYSTERECTOMY OR CERVICECTOMY, WITH OR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58260</td>
<td>VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58262</td>
<td>VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58263</td>
<td>VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58267</td>
<td>VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH COLPO-URETHROCYSTOPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE, PEREYRA</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58270</td>
<td>VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REPAIR OF ENTEROCELE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58275</td>
<td>VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY;</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
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<tr>
<td>58280</td>
<td>VAGINAL HYSTERECTOMY, WITH TOTAL OR PARTIAL VAGINECTOMY; WITH REPAIR OF ENTEROCELE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58285</td>
<td>VAGINAL HYSTERECTOMY, RADICAL (SCHAUTA TYPE OPERATION)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58290</td>
<td>VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58291</td>
<td>VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58292</td>
<td>VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58293</td>
<td>VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH COLPO-URETHROCYSTOPEXY (MARSHALL-MARCHETTI-KRANTZ TYPE, PEREYRA)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58294</td>
<td>VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REPAIR OF ENTEROCELE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58300</td>
<td>INSERTION OF INTRAUTERINE DEVICE (IUD)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58301</td>
<td>REMOVAL OF INTRAUTERINE DEVICE (IUD)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58321</td>
<td>ARTIFICIAL INSEMINATION; INTRA-CERVICAL</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58322</td>
<td>ARTIFICIAL INSEMINATION; INTRA-UTERINE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58323</td>
<td>SPERM WASHING FOR ARTIFICIAL INSEMINATION</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58340</td>
<td>CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE INFUSION SONOHYSTEROGRAPHY (SIS) OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization</td>
</tr>
<tr>
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</tr>
<tr>
<td>58345</td>
<td>TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ESTABLISHING PATENCY (ANY METHOD), WITH OR WITHOUT AUTHORIZATION.</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58346</td>
<td>INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHYTHERAPY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58350</td>
<td>CHROMOTUBATION OF OVIDUCT, INCLUDING MATERIALS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58353</td>
<td>ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58356</td>
<td>ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL CURETTAGE, WHEN PERFORMED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58400</td>
<td>UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR WITHOUT SHORTENING OF SACROUTERINE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58410</td>
<td>UTERINE SUSPENSION, WITH OR WITHOUT SHORTENING OF ROUND LIGAMENTS, WITH OR WITHOUT SHORTENING OF SACROUTERINE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58520</td>
<td>HYSTERORRHAPHY, REPAIR OF RUPTURED UTERUS (NONOBSTETRICAL)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58540</td>
<td>Hysteroplasty, Repair of Uterine Anomaly (Strassman Type)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58541</td>
<td>LAPAROSCOPY, SURGICAL, SUPRACERVICAL Hysterectomy, For Uterus 250 G or Less; Authorization not required for an ASC</td>
<td>Auth Required Authorization not required for an ASC</td>
</tr>
<tr>
<td>58542</td>
<td>LAPAROSCOPY, SURGICAL, SUPRACERVICAL Hysterectomy, For Uterus 250 G or Less; With Removal of Tube(s) and/or Ovary(s); Authorization not required for an ASC</td>
<td>Auth Required Authorization not required for an ASC</td>
</tr>
<tr>
<td>58543</td>
<td>LAPAROSCOPY, SURGICAL, SUPRACERVICAL Hysterectomy, For Uterus Greater Than 250 G; Authorization not required for an ASC</td>
<td>Auth Required Authorization not required for an ASC</td>
</tr>
<tr>
<td>58544</td>
<td>LAPAROSCOPY, SURGICAL, SUPRACERVICAL Hysterectomy, For Uterus Greater Than 250 G; With Removal of Tube(s) and/or Ovary(s); Authorization not required for an ASC</td>
<td>Auth Required Authorization not required for an ASC</td>
</tr>
<tr>
<td>NDC</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
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</tr>
<tr>
<td>58545</td>
<td>LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL WEIGHT OF 250 G OR LESS AND/OR/</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58546</td>
<td>LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58548</td>
<td>LAPAROSCOPY, SURGICAL, WITH RADICAL Hysterectomy, WITH BILATERAL TOTAL PELVIC Lymphadenectomy AND PARA-AORTIC LYMPH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58550</td>
<td>LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;</td>
<td>Auth Required</td>
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<tr>
<td>58551</td>
<td>LAPAROSCOPY, SURGICAL; WITH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58552</td>
<td>LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58553</td>
<td>LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58554</td>
<td>LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58555</td>
<td>HYSTEROSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58558</td>
<td>HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY, WITH OR WITHOUT D &amp; C</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58559</td>
<td>HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58560</td>
<td>HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY METHOD)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58561</td>
<td>HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>58562</td>
<td>HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58563</td>
<td>HYSTEROSCOPY, SURGICAL; WITH ENDOVAMETRIAL ABLATION (EG, ENDOVAMETRIAL RESECTION, ELECTROSURGICAL ABLATION, THERMOABLATION)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58565</td>
<td>HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERMANENT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58570</td>
<td>LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS;</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58571</td>
<td>LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58572</td>
<td>LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G;</td>
<td>Auth Required</td>
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<tr>
<td>58573</td>
<td>LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58575</td>
<td>LAPAROSCOPY, SURGICAL, TOTAL HYSTERECTOMY FOR RESECTION OF MALIGNANCY (TUMOR DEBULKING), WITH OMENTECTOMY INCLUDING</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58578</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, UTERUS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58579</td>
<td>UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58600</td>
<td>LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNILATERAL OR BILATERAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58605</td>
<td>LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, POSTPARTUM, UNILATERAL OR BILATERAL,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58611</td>
<td>LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S) WHEN DONE AT THE TIME OF CESAREAN DELIVERY OR INTRA-ABDOMINAL SURGERY (NOT A</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
</tr>
<tr>
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</tr>
<tr>
<td>58615</td>
<td>Occlusion of Fallopian tube(s) by device (e.g., band, clip, Fallope ring) vaginal or suprapubic approach</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58660</td>
<td>Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58661</td>
<td>Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58662</td>
<td>Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58670</td>
<td>Laparoscopy, surgical; with fulguration of oviducts (with or without transection)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58671</td>
<td>Laparoscopy, surgical; with occlusion of oviducts by device (e.g., band, clip, or Fallope ring)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58672</td>
<td>Laparoscopy, surgical; with fimbrioplasty</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58673</td>
<td>Laparoscopy, surgical; with salpingostomy (salpingoneostomy)</td>
<td>Auth Required</td>
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<tr>
<td>58674</td>
<td>Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58679</td>
<td>Unlisted laparoscopy procedure, oviduct, ovary</td>
<td>Auth Required</td>
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<tr>
<td>58700</td>
<td>Salpingectomy, complete or partial, unilateral or bilateral (separate procedure)</td>
<td>No Auth Needed</td>
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<tr>
<td>58720</td>
<td>Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58740</td>
<td>Lysis of adhesions (salpingolysis, ovariolysis)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
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</tr>
<tr>
<td>58750</td>
<td>TUBOTUBAL ANASTOMOSIS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58752</td>
<td>TUBOUTERINE IMPLANTATION</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58760</td>
<td>FIMBRIOPLASTY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58770</td>
<td>SALPINGOSTOMY (SALPINGONEOSTOMY)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58800</td>
<td>DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL (SEPARATE PROCEDURE); VAGINAL APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58805</td>
<td>DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL (SEPARATE PROCEDURE); ABDOMINAL APPROACH</td>
<td>No Auth Needed</td>
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<tr>
<td>58820</td>
<td>DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58822</td>
<td>DRAINAGE OF OVARIAN ABSCESS; ABDOMINAL APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58825</td>
<td>TRANSPOSITION, OVARY(S)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58900</td>
<td>BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58920</td>
<td>WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58925</td>
<td>OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58940</td>
<td>OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>58943</td>
<td>OOPHORECTOMY, PARTIAL OR TOTAL, UNILATERAL OR BILATERAL; FOR OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY, WITH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58950</td>
<td>RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58951</td>
<td>RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58952</td>
<td>RESECTION (INITIAL) OF OVARIAN, TUBAL OR PRIMARY PERITONEAL MALIGNANCY WITH BILATERAL SALPINGO-OOPHORECTOMY AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58953</td>
<td>BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58954</td>
<td>BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58955</td>
<td>BILATERAL SALPINGO-OOPHORECTOMY WITH OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY AND RADICAL DISSECTION FOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58956</td>
<td>BILATERAL SALPINGO-OOPHORECTOMY WITH TOTAL OMENTECTOMY, TOTAL ABDOMINAL HYSTERECTOMY FOR MALIGNANCY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58957</td>
<td>RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL, RETROPER)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58958</td>
<td>RESECTION (TUMOR DEBULKING) OF RECURRENT OVARIAN, TUBAL, PRIMARY PERITONEAL, UTERINE MALIGNANCY (INTRA-ABDOMINAL,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>58960</td>
<td>LAPAROTOMY, FOR STAGING OR RESTAGING OF OVARIAN, TUBAL, OR PRIMARY PERITONEAL MALIGNANCY (SECOND LOOK), WITH OR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58970</td>
<td>FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58974</td>
<td>EMBRYO TRANSFER, INTRAUTERINE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>58976</td>
<td>GAMETE, ZYGOTE, OR EMBRYO INTRAFALLOPIAN TRANSFER, ANY METHOD</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
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</tr>
<tr>
<td>58999</td>
<td>UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>59000</td>
<td>AMNIOCENTESIS; DIAGNOSTIC</td>
<td>No Auth Needed</td>
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<tr>
<td>59001</td>
<td>AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND GUIDANCE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59012</td>
<td>CORDOCENTESIS (INTRAUTERINE), ANY METHOD</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59015</td>
<td>CHORIONIC VILLUS SAMPLING, ANY METHOD</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59020</td>
<td>FETAL CONTRACTION STRESS TEST</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59025</td>
<td>FETAL NON-STRESS TEST</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59030</td>
<td>FETAL SCALP BLOOD SAMPLING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59050</td>
<td>FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING PHYSICIAN) WITH WRITTEN REPORT;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59051</td>
<td>FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING PHYSICIAN) WITH WRITTEN REPORT;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59070</td>
<td>TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE</td>
<td>No Auth Needed</td>
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<tr>
<td>59072</td>
<td>FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59074</td>
<td>FETAL FLUID DRAINAGE (EG, VESICOCENTESIS, THORACOCENTESIS, PARACENTESIS), INCLUDING ULTRASOUND GUIDANCE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
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<tr>
<td>59076</td>
<td>FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59100</td>
<td>HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>59120</td>
<td>SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, REQUIRING SALPINGECTOMY AND/OR OOPHORECTOMY, ABDOMINAL OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59121</td>
<td>SURGICAL TREATMENT OF ECTOPIC PREGNANCY; TUBAL OR OVARIAN, WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59130</td>
<td>SURGICAL TREATMENT OF ECTOPIC PREGNANCY; ABDOMINAL PREGNANCY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59135</td>
<td>SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY REQUIRING TOTAL HYSTERECTOMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59136</td>
<td>SURGICAL TREATMENT OF ECTOPIC PREGNANCY; INTERSTITIAL, UTERINE PREGNANCY WITH PARTIAL RESECTION OF UTERUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59140</td>
<td>SURGICAL TREATMENT OF ECTOPIC PREGNANCY; CERVICAL, WITH EVACUATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59150</td>
<td>LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59151</td>
<td>LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR OOPHORECTOMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59160</td>
<td>CURETTAGE, POSTPARTUM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59200</td>
<td>INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59300</td>
<td>EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>59320</td>
<td>CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59325</td>
<td>CERCLAGE OF CERVIX, DURING PREGNANCY; ABDOMINAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59350</td>
<td>HYSTERORRHAPHY OF RUPTURED UTERUS</td>
<td>No Auth Needed</td>
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<tr>
<td>59400</td>
<td>ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND</td>
<td>Auth Required</td>
</tr>
<tr>
<td>59409</td>
<td>VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);</td>
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<tr>
<td>59410</td>
<td>VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDING POSTPARTUM CARE</td>
<td>Auth Required</td>
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<tr>
<td>59412</td>
<td>EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>59414</td>
<td>DELIVERY OF PLACENTA (SEPARATE PROCEDURE)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>59425</td>
<td>ANTEPARTUM CARE ONLY; 4-6 VISITS</td>
<td>Auth Required</td>
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<tr>
<td>59426</td>
<td>ANTEPARTUM CARE ONLY; 7 OR MORE VISITS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>59430</td>
<td>POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)</td>
<td>Auth Required</td>
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<td>59510</td>
<td>ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE</td>
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<tr>
<td>59514</td>
<td>CESAREAN DELIVERY ONLY;</td>
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<td>Description</td>
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<tr>
<td>59515</td>
<td>CESAREAN DELIVERY ONLY; INCLUDING POSTPARTUM CARE</td>
<td>Auth Required</td>
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<tr>
<td>59525</td>
<td>SUBTOTAL OR TOTAL HYSTERECTOMY AFTER CESAREAN DELIVERY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>Auth Required</td>
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<tr>
<td>59610</td>
<td>ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS) AND</td>
<td>Auth Required</td>
</tr>
<tr>
<td>59612</td>
<td>VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);</td>
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</tr>
<tr>
<td>59614</td>
<td>VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVERY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS); INCLUDING</td>
<td>Auth Required</td>
</tr>
<tr>
<td>59618</td>
<td>ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE, FOLLOWING ATTEMPTED</td>
<td>Auth Required</td>
</tr>
<tr>
<td>59620</td>
<td>CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY;</td>
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<tr>
<td>59622</td>
<td>CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY; INCLUDING POSTPARTUM</td>
<td>Auth Required</td>
</tr>
<tr>
<td>59812</td>
<td>TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>59820</td>
<td>TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER</td>
<td>Auth Required</td>
</tr>
<tr>
<td>59821</td>
<td>TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER</td>
<td>Auth Required</td>
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<tr>
<td>59830</td>
<td>TREATMENT OF SEPTIC ABORTION, COMPLETED SURGICALLY</td>
<td>Auth Required</td>
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<tr>
<td>59840</td>
<td>INDUCED ABORTION, BY DILATION AND CURETTAGE</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>59841</td>
<td>INDUCED ABORTION, BY DILATION AND EVACUATION</td>
<td>Auth Required</td>
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<tr>
<td>59850</td>
<td>INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION</td>
<td>Auth Required</td>
</tr>
<tr>
<td>59851</td>
<td>INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION</td>
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<td>59852</td>
<td>INDUCED ABORTION, BY ONE OR MORE INTRA-AMNIOTIC INJECTIONS (AMNIOCENTESIS-INJECTIONS), INCLUDING HOSPITAL ADMISSION</td>
<td>Auth Required</td>
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<tr>
<td>59855</td>
<td>INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARI)</td>
<td>Auth Required</td>
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<tr>
<td>59856</td>
<td>INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARI)</td>
<td>Auth Required</td>
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<td>59857</td>
<td>INDUCED ABORTION, BY ONE OR MORE VAGINAL SUPPOSITORIES (EG, PROSTAGLANDIN) WITH OR WITHOUT CERVICAL DILATION (EG, LAMINARI)</td>
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<tr>
<td>59866</td>
<td>MULTIFETAL PREGNANCY REDUCTION(S) (MPR)</td>
<td>Auth Required</td>
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<tr>
<td>59870</td>
<td>UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59871</td>
<td>REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>59897</td>
<td>UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE</td>
<td>Auth Required</td>
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<tr>
<td>59898</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, MATERNITY CARE AND DELIVERY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>59899</td>
<td>UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>60000</td>
<td>INCISION AND DRAINAGE OF THYROGLOSSAL DUCT CYST, INFECTED</td>
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</tr>
<tr>
<td>60100</td>
<td>BIOPSY THYROID, PERCUTANEOUS CORE NEEDLE</td>
<td></td>
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<tr>
<td>60200</td>
<td>EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS</td>
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<tr>
<td>60210</td>
<td>PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY</td>
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<tr>
<td>60212</td>
<td>PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMUSECTOMY</td>
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<tr>
<td>60220</td>
<td>TOTAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY</td>
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<td>60225</td>
<td>TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMUSECTOMY</td>
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<td>60240</td>
<td>THYROIDECTOMY, TOTAL OR COMPLETE</td>
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<tr>
<td>60252</td>
<td>THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTION</td>
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<tr>
<td>60254</td>
<td>THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH RADICAL NECK DISSECTION</td>
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<tr>
<td>60260</td>
<td>THYROIDECTOMY, REMOVAL OF ALL REMAINING THYROID TISSUE FOLLOWING PREVIOUS REMOVAL OF A PORTION OF THYROID</td>
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<tr>
<td>60270</td>
<td>THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; STE RNAL SPLIT OR TRANSTHORACIC APPROACH</td>
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<tr>
<td>60271</td>
<td>THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID; CERVICAL APPROACH</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>60280</td>
<td>EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;</td>
<td>No Auth Needed</td>
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<tr>
<td>60281</td>
<td>EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT</td>
<td>No Auth Needed</td>
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<tr>
<td>60300</td>
<td>ASPIRATION AND/OR INJECTION, THYROID CYST</td>
<td>No Auth Needed</td>
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<tr>
<td>60500</td>
<td>PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);</td>
<td>Auth Required</td>
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<tr>
<td>60502</td>
<td>PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>60505</td>
<td>PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); WITH MEDIASTINAL EXPLORATION, STERNAL SPLIT OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>60512</td>
<td>PARATHYROID AUTOTRANSPLANTATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>60520</td>
<td>THYMECTOMY, PARTIAL OR TOTAL; TRANSCERVICAL APPROACH (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>60521</td>
<td>THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITHOUT RADICAL MEDIASTINAL DISSECTION (SEPARATE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>60522</td>
<td>THYMECTOMY, PARTIAL OR TOTAL; STERNAL SPLIT OR TRANSTHORACIC APPROACH, WITH RADICAL MEDIASTINAL DISSECTION (SEPARATE)</td>
<td>No Auth Needed</td>
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<tr>
<td>60540</td>
<td>ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LUMBAR</td>
<td>No Auth Needed</td>
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<tr>
<td>60545</td>
<td>ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR WITHOUT BIOPSY, TRANSABDOMINAL, LUMBAR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>60600</td>
<td>EXCISION OF CAROTID BODY TUMOR; WITHOUT EXCISION OF CAROTID ARTERY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>60605</td>
<td>EXCISION OF CAROTID BODY TUMOR; WITH EXCISION OF CAROTID ARTERY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>60650</td>
<td>LAPAROSCOPY, SURGICAL, WITH ADRENALECTOMY, PARTIAL OR COMPLETE, OR EXPLORATION OF ADRENAL GLAND WITH OR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>60659</td>
<td>UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM</td>
<td>Auth Required</td>
</tr>
<tr>
<td>60699</td>
<td>UNLISTED PROCEDURE, ENDOCRINE SYSTEM</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61000</td>
<td>SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INITIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61001</td>
<td>SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; SUBSEQUENT TAPS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61020</td>
<td>VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR; WITHOUT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61026</td>
<td>VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVOIR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61050</td>
<td>CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61055</td>
<td>CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF MEDICATION OR OTHER SUBSTANCE FOR DIAGNOSIS OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61070</td>
<td>PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61105</td>
<td>TWIST DRILL HOLE FOR SUBDURAL OR VENTRICULAR PUNCTURE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61107</td>
<td>TWIST DRILL HOLE(S) FOR SUBDURAL, INTRACEREBRAL, OR VENTRICULAR PUNCTURE; FOR IMPLANTING VENTRICULAR CATHETER,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>61108</td>
<td>TWIST DRILL HOLE(S) FOR SUBDURAL, INTRACEREBRAL, OR VENTRICULAR PUNCTURE; FOR EVACUATION AND/OR DRAINAGE OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61120</td>
<td>BURR HOLE(S) FOR VENTRICULAR PUNCTURE (INCLUDING INJECTION OF GAS, CONTRAST MEDIA, DYE, OR RADIOACTIVE MATERIAL)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61140</td>
<td>BURR HOLE(S) OR TREPHINE; WITH BIOPSY OF BRAIN OR INTRACRANIAL LESION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61150</td>
<td>BURR HOLE(S) OR TREPHINE; WITH DRAINAGE OF BRAIN ABSCESS OR CYST</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61151</td>
<td>BURR HOLE(S) OR TREPHINE; WITH SUBSEQUENT TAPPING (ASPIRATION) OF INTRACRANIAL ABSCESS OR CYST</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61154</td>
<td>BURR HOLE(S) WITH EVACUATION AND/OR DRAINAGE OF HEMATOMA, EXTRADURAL OR SUBDURAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61156</td>
<td>BURR HOLE(S); WITH ASPIRATION OF HEMATOMA OR CYST, INTRACEREBRAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61210</td>
<td>BURR HOLE(S); FOR IMPLANTING VENTRICULAR CATHETER, RESERVOIR, EEG ELECTRODE(S), PRESSURE RECORDING DEVICE, OR OTHER CEREBR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61215</td>
<td>INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR CONNECTION TO VENTRICULAR CATHETER</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61250</td>
<td>BURR HOLE(S) OR TREPHINE, SUPRATENTORIAL, EXPLORATORY, NOT FOLLOWED BY OTHER SURGERY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61253</td>
<td>BURR HOLE(S) OR TREPHINE, INFRATENTORIAL, UNILATERAL OR BILATERAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61304</td>
<td>CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; SUPRATENTORIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61305</td>
<td>CRANIECTOMY OR CRANIOTOMY, EXPLORATORY; INFRATENTORIAL (POSTERIOR FOSSA)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Needed</td>
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<tr>
<td>61312</td>
<td>CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; EXTRADURAL OR SUBDURAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61313</td>
<td>CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, SUPRATENTORIAL; INTRACEREBRAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61314</td>
<td>CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; EXTRADURAL OR SUBDURAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61315</td>
<td>CRANIECTOMY OR CRANIOTOMY FOR EVACUATION OF HEMATOMA, INFRATENTORIAL; INTRACEREBELLAR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61316</td>
<td>INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL BONE GRAFT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>61320</td>
<td>CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; SUPRATENTORIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61321</td>
<td>CRANIECTOMY OR CRANIOTOMY, DRAINAGE OF INTRACRANIAL ABSCESS; INFRATENTORIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61322</td>
<td>CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR TREATMENT OF INTRACRANIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61323</td>
<td>CRANIECTOMY OR CRANIOTOMY, DECOMPRESSIVE, WITH OR WITHOUT DURAPLASTY, FOR TREATMENT OF INTRACRANIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61330</td>
<td>DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61333</td>
<td>EXPLORATION OF ORBIT (TRANSCRANIAL APPROACH); WITH REMOVAL OF LESION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61340</td>
<td>SUBTEMPORAL CRANIAL DECOMPRESSION (PSEUDOTUMOR CEREBRI, SLIT VENTRICLE SYNDROME)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61343</td>
<td>CRANIECTOMY, SUBOCCIPITAL WITH CERVICAL LAMINECTOMY FOR DECOMPRESSION OF MEDULLA AND SPINAL CORD, WITH OR WITHOUT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth REQUIRED</td>
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<tr>
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</tr>
<tr>
<td>61345</td>
<td>OTHER CRANIAL DECOMPRESSION, POSTERIOR FOSSA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61450</td>
<td>CRANIECTOMY, SUBTEMPORAL, FOR SECTION, COMPRESSION, OR DECOMPRESSION OF SENSORY ROOT OF GASSERIAN GNAGLION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61458</td>
<td>CRANIECTOMY, SUBOCCIPITAL; FOR EXPLORATION OR DECOMPRESSION OF CRANIAL NERVES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61460</td>
<td>CRANIECTOMY, SUBOCCIPITAL; FOR SECTION OF ONE OR MORE CRANIAL NERVES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61500</td>
<td>CRANIECTOMY; WITH EXCISION OF TUMOR OR OTHER BONE LESION OF SKULL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61501</td>
<td>CRANIECTOMY; FOR OSTEOMYELITIS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61510</td>
<td>CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN TUMOR, SUPRATENTORIAL, EXCEPT MENINGIOMA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61512</td>
<td>CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF MENINGIOMA, SUPRATENTORIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61514</td>
<td>CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OF BRAIN ABSCESS, SUPRATENTORIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61516</td>
<td>CRANIECTOMY, TREPHINATION, BONE FLAP CRANIOTOMY; FOR EXCISION OR FENESTRATION OF CYST, SUPRATENTORIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61517</td>
<td>IMPLANTATION OF BRAIN INTRACAVITARY CHEMOTHERAPY AGENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61518</td>
<td>CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; EXCEPT MENINGIOMA, CEREBELLOPONTINE ANGLE TUMO</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61519</td>
<td>CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; MENINGIOMA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>61520</td>
<td>CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; CEREBELLOPONTINE ANGLE TUMOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61521</td>
<td>CRANIECTOMY FOR EXCISION OF BRAIN TUMOR, INFRATENTORIAL OR POSTERIOR FOSSA; MIDLINE TUMOR AT BASE OF SKULL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61522</td>
<td>CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OF BRAIN ABSCESS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61524</td>
<td>CRANIECTOMY, INFRATENTORIAL OR POSTERIOR FOSSA; FOR EXCISION OR FENESTRATION OF CYST</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61526</td>
<td>CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61530</td>
<td>CRANIECTOMY, BONE FLAP CRANIOTOMY, TRANSTEMPORAL (MASTOID) FOR EXCISION OF CEREBELLOPONTINE ANGLE TUMOR; COMBINED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61531</td>
<td>SUBDURAL IMPLANTATION OF STRIP ELECTRODES THROUGH ONE OR MORE BURR OR TREPHINE HOLE(S) FOR LONG-TERM SEIZURE MONITORING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61533</td>
<td>CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SUBDURAL IMPLANTATION OF AN ELECTRODE ARRAY, FOR LONG-TERM SEIZURE MONITORING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61534</td>
<td>CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF EPILEPTOGENIC FOCUS WITHOUT ELECTROCORTICOGRAPHY DURING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61535</td>
<td>CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR REMOVAL OF EPIDURAL OR SUBDURAL ELECTRODE ARRAY, WITHOUT EXCISION OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61536</td>
<td>CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CEREBRAL EPILEPTOGENIC FOCUS, WITH ELECTROCORTICOGRAPHY DURING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61537</td>
<td>CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITHOUT ELECTROCORTICOGRAPHY DURING SURGERY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61538</td>
<td>CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, TEMPORAL LOBE, WITH ELECTROCORTICOGRAPHY DURING SURGERY</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>61539</td>
<td>CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL LOBE, PARTIAL OR TOTAL, WITH ELECTROCORTICOGRAPHY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61540</td>
<td>CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR LOBECTOMY, OTHER THAN TEMPORAL LOBE, PARTIAL OR TOTAL, WITHOUT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61541</td>
<td>CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR TRANSECTION OF CORPUS CALLOSUM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61543</td>
<td>CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR PARTIAL OR SUBTOTAL (FUNCTIONAL) HEMISPHERECTOMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61544</td>
<td>CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OR COAGULATION OF CHOROID PLEXUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61545</td>
<td>CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR EXCISION OF CRANIOPHARYNGIOMA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61546</td>
<td>CRANIOTOMY FOR HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, INTRACRANIAL APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61548</td>
<td>HYPOPHYSECTOMY OR EXCISION OF PITUITARY TUMOR, TRANNASAL OR TRANSSEPTAL APPROACH, NONSTEREOTACTIC</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61550</td>
<td>CRANIECTOMY FOR CRANIOSYNOSTOSIS; SINGLE CRANIAL SUTURE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61552</td>
<td>CRANIECTOMY FOR CRANIOSYNOSTOSIS; MULTIPLE CRANIAL SUTURES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61556</td>
<td>CRANIOTOMY FOR CRANIOSYNOSTOSIS; FRONTAL OR PARIETAL BONE FLAP</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61557</td>
<td>CRANIOTOMY FOR CRANIOSYNOSTOSIS; BIFRONTAL BONE FLAP</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61558</td>
<td>EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (E.g., CLOVERLEAF SKULL); NOT REQUIRING BONE GRAFTS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
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<tr>
<td>61559</td>
<td>EXTENSIVE CRANIECTOMY FOR MULTIPLE CRANIAL SUTURE CRANIOSYNOSTOSIS (EG, CLOVERLEAF SKULL); RECONTOURING WITH MULTIPLE OSTE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61563</td>
<td>EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA); WITHOUT OPTIC NERVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61564</td>
<td>EXCISION, INTRA AND EXTRACRANIAL, BENIGN TUMOR OF CRANIAL BONE (EG, FIBROUS DYSPLASIA); WITH OPTIC NERVE DECOMPRESSION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61566</td>
<td>CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR SELECTIVE AMYGDALOHIPPOCAMPECTOMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61567</td>
<td>CRANIOTOMY WITH ELEVATION OF BONE FLAP; FOR MULTIPLE SUBPIAL TRANSECTIONS, WITH ELECTROCORTICOGRAPHY DURING SURGERY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61570</td>
<td>CRANIECTOMY OR CRANIOTOMY; WITH EXCISION OF FOREIGN BODY FROM BRAIN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61571</td>
<td>CRANIECTOMY OR CRANIOTOMY; WITH TREATMENT OF PENETRATING WOUND OF BRAIN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61575</td>
<td>TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LESION;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61576</td>
<td>TRANSORAL APPROACH TO SKULL BASE, BRAIN STEM OR UPPER SPINAL CORD FOR BIOPSY, DECOMPRESSION OR EXCISION OF LESION;</td>
<td>No Auth Needed</td>
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<tr>
<td>61580</td>
<td>CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ETHMOIDECTOMY,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61581</td>
<td>CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING LATERAL RHINOTOMY, ORBITAL EXENTERATION,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61582</td>
<td>CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; EXTRADURAL, INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY, ELEVATION OF FR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61583</td>
<td>CRANIOFACIAL APPROACH TO ANTERIOR CRANIAL FOSSA; INTRADURAL, INCLUDING UNILATERAL OR BIFRONTAL CRANIOTOMY, ELEVATION OR RE</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>61584</td>
<td>ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUPRAORBITAL RIDGE OSTEOTOMY AND</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61585</td>
<td>ORBITOCRANIAL APPROACH TO ANTERIOR CRANIAL FOSSA, EXTRADURAL, INCLUDING SUPRAORBITAL RIDGE OSTEOTOMY AND</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61586</td>
<td>BICORONAL, TRANSZYGMATIC AND/OR LEFORT I OSTEOTOMY APPROACH TO ANTERIOR CRANIAL FOSSA WITH OR WITHOUT INTERNAL FIXATION,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61590</td>
<td>INFRATEMPORAL PRE-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (PARAPHARYNGEAL SPACE, INFRATEMPORAL AND MIDLINE SKULL</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61591</td>
<td>INFRATEMPORAL POST-AURICULAR APPROACH TO MIDDLE CRANIAL FOSSA (INTERNAL AUDITORY MEATUS, PETROUS APEX, TENTORIUM,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61592</td>
<td>ORBITOCRANIAL ZYGOMATIC APPROACH TO MIDDLE CRANIAL FOSSA (CAVERNOUS SINUS AND CAROTID ARTERY, CLIVUS, BASILAR ARTERY OR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61595</td>
<td>TRANSTEMPORAL APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING MASTOIDECTOMY,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61596</td>
<td>TRANSCOCHLEAR APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING LABYRINTHECTOMY,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61597</td>
<td>TRANSCONDYLAR (FAR LATERAL) APPROACH TO POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN OR MIDLINE SKULL BASE, INCLUDING OCCIPITA</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61598</td>
<td>TRANSPETROSAL APPROACH TO POSTERIOR CRANIAL FOSSA, CLIVUS OR FORAMEN MAGNUM, INCLUDING LIGATION OF SUPERIOR PETROSAL</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61600</td>
<td>RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF ANTERIOR CRANIAL FOSSA; EXTRADURAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61601</td>
<td>RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF ANTERIOR CRANIAL FOSSA; INTRADURAL,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61605</td>
<td>RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRATEMPORAL FOSSA, PARAPHARYNGEAL</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>61606</td>
<td>RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF INFRATEMPORAL FOSSA, PARAPHARYNGEAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61607</td>
<td>RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR AREA, CAVERNOUS SINUS, CLIVUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61608</td>
<td>RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF PARASELLAR AREA, CAVERNOUS SINUS, CLIVUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61611</td>
<td>TRANSECTION OR LIGATION, CAROTID ARTERY IN PETROUS CANAL; WITHOUT REPAIR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61613</td>
<td>OBLITERATION OF CAROTID ANEURYSM, ARTERIOVENOUS MALFORMATION, OR CAROTID-CAVERNOUS FISTULA BY DISSECTION WITHIN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61615</td>
<td>RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61616</td>
<td>RESECTION OR EXCISION OF NEOPLASTIC, VASCULAR OR INFECTIOUS LESION OF BASE OF POSTERIOR CRANIAL FOSSA, JUGULAR FORAMEN,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61618</td>
<td>SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIAL FOSSA FOLLOWING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61619</td>
<td>SECONDARY REPAIR OF DURA FOR CEREBROSPINAL FLUID LEAK, ANTERIOR, MIDDLE OR POSTERIOR CRANIAL FOSSA FOLLOWING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61623</td>
<td>ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR NECK (EXTRACRANIAL/INTRACRANIAL) INCLUDING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61624</td>
<td>TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61626</td>
<td>TRANSCATHETER PERMANENT OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61630</td>
<td>BALLOON ANGIOPLASTY, INTRACRANIAL (EG, Atherosclerotic Stenosis), PERCUTANEOUS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>61635</td>
<td>TRANSCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), INTRACRANIAL (EG,ATHEROSCLEROTIC STENOSIS), INCLUDING BALLOON ANGIOPLA</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61640</td>
<td>BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; INITIAL VESSEL</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61641</td>
<td>BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN SAME VASCULAR TERRITORY (LIST)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61642</td>
<td>BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN DIFFERENT VASCULAR TERRITORY (LIST)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61645</td>
<td>PERCUTANEOUS ARTERIAL TRANSLUMINAL MECHANICAL THROMBECTOMY AND/OR INFUSION FOR THROMBOLYSIS, INTRACRANIAL,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61650</td>
<td>ENDOVASCULAR INTRACRANIAL PROLONGED ADMINISTRATION OF PHARMACOLOGIC AGENT(S) OTHER THAN FOR THROMBOLYSIS, ARTERIAL,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61651</td>
<td>ENDOVASCULAR INTRACRANIAL PROLONGED ADMINISTRATION OF PHARMACOLOGIC AGENT(S) OTHER THAN FOR THROMBOLYSIS, ARTERIAL,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61680</td>
<td>SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, SIMPLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61682</td>
<td>SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; SUPRATENTORIAL, COMPLEX</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61684</td>
<td>SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, SIMPLE</td>
<td>No Auth Needed</td>
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<tr>
<td>61686</td>
<td>SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; INFRATENTORIAL, COMPLEX</td>
<td>No Auth Needed</td>
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<tr>
<td>61690</td>
<td>SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, SIMPLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61692</td>
<td>SURGERY OF INTRACRANIAL ARTERIOVENOUS MALFORMATION; DURAL, COMPLEX</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
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<tr>
<td>61697</td>
<td>SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61698</td>
<td>SURGERY OF COMPLEX INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBASILAR CIRCULATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61700</td>
<td>SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; CAROTID CIRCULATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61702</td>
<td>SURGERY OF SIMPLE INTRACRANIAL ANEURYSM, INTRACRANIAL APPROACH; VERTEBROBASILAR CIRCULATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61703</td>
<td>SURGERY OF INTRACRANIAL ANEURYSM, CERVICAL APPROACH BY APPLICATION OF OCCLUDING CLAMP TO CERVICAL CAROTID ARTERY (SELVERST)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61705</td>
<td>SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRACRANIAL AND CERVICAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61708</td>
<td>SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRACRANIAL ELECTROTHROMBOSIS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61710</td>
<td>SURGERY OF ANEURYSM, VASCULAR MALFORMATION OR CAROTID-CAVERNOUS FISTULA; BY INTRA-ARTERIAL EMBOLIZATION,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61711</td>
<td>ANASTOMOSIS, ARTERIAL, EXTRACRANIAL-INTRACRANIAL (EG, MIDDLE CEREBRAL/CORTICAL) ARTERIES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61720</td>
<td>CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING TECHNIQUES, SINGLE OR MULTI</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61735</td>
<td>CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING TECHNIQUES, SINGLE OR MULTI</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61750</td>
<td>STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR INTRACRANIAL LESION;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61751</td>
<td>STEREOTACTIC BIOPSY, ASPIRATION, OR EXCISION, INCLUDING BURR HOLE(S), FOR INTRACRANIAL LESION; WITH COMPUTED TOMOGRAPHY AN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>61760</td>
<td>STEREOTACTIC IMPLANTATION OF DEPTH ELECTRODES INTO THE CEREBRUM FOR LONG-TERM SEIZURE MONITORING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61770</td>
<td>STEREOTACTIC LOCALIZATION, INCLUDING BURR HOLE(S), WITH INSERTION OF CATHETER(S) OR PROBE(S) FOR PLACEMENT OF RADIATION SO</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61781</td>
<td>STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL (LIST SEPARATELY IN ADDITION TO</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61782</td>
<td>STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL (LIST SEPARATELY IN ADDITION TO</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61783</td>
<td>STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61790</td>
<td>CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRICAL, RADIOFREQU</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61791</td>
<td>CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRICAL, RADIOFREQU</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61793</td>
<td>STEREOTACTIC RADIOSURG (PART</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61796</td>
<td>STEREOTACTIC RADIOSURGERY 1 SIMPLE CRANIAL LES STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61797</td>
<td>STRTCTC RADIOSURGERY EA ADDL CRANIAL LES SIMPLE STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR);</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61798</td>
<td>STEREOTACTIC RADIOSURGERY 1 COMPLEX CRANIAL LES STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61799</td>
<td>STRTCTC RADIOSURGERY EA ADDL CRANIAL LES COMPLEX STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61800</td>
<td>APPL STRTCTC HEADFRAME STEREOTACTIC RADIOSURGERYAPPLICATION OF STEREOTACTIC HEADFRAME FOR STEREOTACTIC RADIOSURGERY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>61850</td>
<td>TWIST DRILL OR BURR HOLE(S) FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CORTICAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61860</td>
<td>CRANIECTOMY OR CRANIO TOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBRAL, CORTICAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61862</td>
<td>TWIST DRILL, BURR HOLE, CRAN</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61863</td>
<td>TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61864</td>
<td>TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61867</td>
<td>TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61868</td>
<td>TWIST DRILL, BURR HOLE, CRANIOTOMY, OR CRANIECTOMY WITH STEREOTACTIC IMPLANTATION OF NEUROSTIMULATOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61870</td>
<td>CRANIECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, CEREBELLAR; CORTICAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61880</td>
<td>REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>61885</td>
<td>INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61886</td>
<td>INSERTION OR REPLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING; WITH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>61888</td>
<td>REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62000</td>
<td>ELEVATION OF DEPRESSED SKULL FRACTURE; SIMPLE, EXTRADURAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
</tr>
<tr>
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</tr>
<tr>
<td>62005</td>
<td>ELEVATION OF DEPRESSED SKULL FRACTURE; COMPOUND OR COMMINUTED, EXTRADURAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62010</td>
<td>ELEVATION OF DEPRESSED SKULL FRACTURE; WITH REPAIR OF DURA AND/OR DEBRIDEMENT OF BRAIN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62100</td>
<td>CRANIOTOMY FOR REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, INCLUDING SURGERY FOR RHINORRHEA/OTORRHEA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62115</td>
<td>REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); NOT REQUIRING BONE GRAFTS OR CRANIOPLASTY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62117</td>
<td>REDUCTION OF CRANIOMEGALIC SKULL (EG, TREATED HYDROCEPHALUS); REQUIRING CRANIOTOMY AND RECONSTRUCTION WITH OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62120</td>
<td>REPAIR OF ENCEPHALOCELE, SKULL VAULT, INCLUDING CRANIOPLASTY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62121</td>
<td>CRANIOTOMY FOR REPAIR OF ENCEPHALOCELE, SKULL BASE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62140</td>
<td>CRANIOPLASTY FOR SKULL DEFECT; UP TO 5 CM DIAMETER</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62141</td>
<td>CRANIOPLASTY FOR SKULL DEFECT; LARGER THAN 5 CM DIAMETER</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62142</td>
<td>REMOVAL OF BONE FLAP OR PROSTHETIC PLATE OF SKULL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62143</td>
<td>REPLACEMENT OF BONE FLAP OR PROSTHETIC PLATE OF SKULL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62145</td>
<td>CRANIOPLASTY FOR SKULL DEFECT WITH REPARATIVE BRAIN SURGERY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62146</td>
<td>CRANIOPLASTY WITH AUTOGRAFT (INCLUDES OBTAINING BONE GRAFTS); UP TO 5 CM DIAMETER</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
</tr>
<tr>
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</tr>
<tr>
<td>62147</td>
<td>CRANIOPLASTY WITH AUTOgraft (INCLUDES obtaining bone grafts); LARGER THAN 5 cm DIameter</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62148</td>
<td>INCISION AND RETRIEVAL OF SUBcutaneous CRANIAL bone graft FOR CRANIOPLASTY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62160</td>
<td>NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHETER AND ATTACHMENT TO SHUNT SYSTEM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62161</td>
<td>NEUROENDOSCOPY, INTRACRANIAL; WITH DISSECTION OF ADHESIONS, FENESTRATION OF SEPTUM PELLUCIDUM OR INTRAVENTRICULAR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62162</td>
<td>NEUROENDOSCOPY, INTRACRANIAL; WITH FENESTRATION OR EXCISION OF COLLOID CYST, INCLUDING PLACEMENT OF EXTERNAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62163</td>
<td>NEUROENDOSCOPY, INTRACRANIAL; WITH RETRIEVAL OF FOREIGN BODY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62164</td>
<td>NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF BRAIN TUMOR, INCLUDING PLACEMENT OF EXTERNAL VENTRICULAR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62165</td>
<td>NEUROENDOSCOPY, INTRACRANIAL; WITH EXCISION OF PITUITARY TUMOR, TRANSNASAL OR TRANS-SPHENOIDAL APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62180</td>
<td>VENTRICULOCISTERNOSTOMY (TORKILDSEN TYPE OPERATION)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62190</td>
<td>CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-ATRIAL, -JUGULAR, -AURICULAR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62192</td>
<td>CREATION OF SHUNT; SUBARACHNOID/SUBDURAL-PERITONEAL, -PLEURAL, OTHER TERMINUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62194</td>
<td>REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62200</td>
<td>VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Auth Required</td>
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<tr>
<td>62201</td>
<td>VENTRICULOCISTERNOSTOMY, THIRD VENTRICLE; STEREOTACTIC, NEUROENDOSCOPIC METHOD</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62220</td>
<td>CREATION OF SHUNT; VENTRICULO-ATRIAL, - JUGULAR, -AURICULAR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62223</td>
<td>CREATION OF SHUNT; VENTRICULO-PERITONEAL, - PLEURAL, OTHER TERMINUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62225</td>
<td>REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62230</td>
<td>REPLACEMENT OR REVISION OF CEREBROSPINAL FLUID SHUNT, OBLERCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62252</td>
<td>REPROGRAMMING OF PROGRAMMABLE CEREBROSPINAL SHUNT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62256</td>
<td>REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITHOUT REPLACEMENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62258</td>
<td>REMOVAL OF COMPLETE CEREBROSPINAL FLUID SHUNT SYSTEM; WITH REPLACEMENT BY SIMILAR OR OTHER SHUNT AT SAME OPERATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62263</td>
<td>PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONIC SALINE, ENZYME) OR MECHANICAL MEANS (EG,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>62264</td>
<td>PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION (EG, HYPERTONIC SALINE, ENZYME) OR MECHANICAL MEANS (EG,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>62267</td>
<td>PRO ASPIR PULPOSUS/INTERVERTEBRAL DISC/PVRT TISS PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62268</td>
<td>PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62269</td>
<td>BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
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</tr>
<tr>
<td>62270</td>
<td>SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62272</td>
<td>SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62273</td>
<td>INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62280</td>
<td>INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC</td>
<td>Auth Required</td>
</tr>
<tr>
<td>62281</td>
<td>INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC</td>
<td>Auth Required</td>
</tr>
<tr>
<td>62282</td>
<td>INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS), WITH OR WITHOUT OTHER THERAPEUTIC</td>
<td>Auth Required</td>
</tr>
<tr>
<td>62284</td>
<td>INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTED TOMOGRAPHY, LUMBAR (OTHER THAN C1-C2 AND POSTERIOR FOSSA)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62287</td>
<td>ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF INTERVERTEBRAL DISC, ANY METHOD, SINGLE OR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>62290</td>
<td>INJECTION PROCEDURE FOR DISCOGRAPHY, EACH LEVEL; LUMBAR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>62291</td>
<td>INJECTION PROCEDURE FOR DISCOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC</td>
<td>Auth Required</td>
</tr>
<tr>
<td>62292</td>
<td>INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISCOGRAPHY, INTERVERTEBRAL DISC, SINGLE OR MULTIPLE LEVELS, LUMBAR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>62294</td>
<td>INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION, SPINAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62302</td>
<td>MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; CERVICAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>62303</td>
<td>MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADILOGICAL SUPERVISION AND INTERPRETATION; THORACIC</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62304</td>
<td>MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADILOGICAL SUPERVISION AND INTERPRETATION; LUMBOSACRAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62305</td>
<td>MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADILOGICAL SUPERVISION AND INTERPRETATION; 2 OR MORE REGIONS (EG,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>62310</td>
<td>INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC SUBSTANCES, WITH OR WITHOUT CONTRAST (FOR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>62311</td>
<td>INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC SUBSTANCES, WITH OR WITHOUT CONTRAST (FOR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>62318</td>
<td>INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, NOT INCLUDING NEUROLYTIC</td>
<td>Auth Required</td>
</tr>
<tr>
<td>62319</td>
<td>INJECTION, INCLUDING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, NOT INCLUDING NEUROLYTIC</td>
<td>Auth Required</td>
</tr>
<tr>
<td>62320</td>
<td>INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER</td>
<td>Auth Required</td>
</tr>
<tr>
<td>62321</td>
<td>INJECTION(S), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (EG, ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER</td>
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<td>62324</td>
<td>INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR</td>
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<td>62325</td>
<td>INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR</td>
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<td>INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR</td>
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<td>INJECTION(S), INCLUDING INDWELLING CATHETER PLACEMENT, CONTINUOUS INFUSION OR INTERMITTENT BOLUS, OF DIAGNOSTIC OR</td>
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<tr>
<td>62328</td>
<td>SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC; WITH FLUOROSCOPIC OR C</td>
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<tr>
<td>62329</td>
<td>SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL</td>
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<tr>
<td>62350</td>
<td>IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATHETER, FOR LONG-TERM MEDICATION ADMINISTRATION</td>
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<td>IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL CATHETER, FOR LONG-TERM MEDICATION ADMINISTRATION</td>
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<td>REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER</td>
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<td>62360</td>
<td>IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR</td>
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<td>62361</td>
<td>IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; NONPROGRAMMABLE PUMP</td>
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<td>62362</td>
<td>IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING</td>
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<td>62365</td>
<td>REMOVAL OF SUBCUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL OR EPIDURAL INFUSION</td>
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<td>62367</td>
<td>ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION (INCLUDES)</td>
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<td>63001</td>
<td>LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY,</td>
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<td>LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY,</td>
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<td>63012</td>
<td>LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH DECOMPRESSION OF CAUDA EQUINA AND NERVE</td>
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<td>LAMINOPLASTY, CERVICAL, WITH DECOMPRESSION OF THE SPINAL CORD, TWO OR MORE VERTEBRAL SEGMENTS;</td>
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<td>TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED)</td>
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<td>LAMINECTOMY WITH MYELOTOMY (EG, BISCHOF OR DREZ TYPE), CERVICAL, THORACIC, OR THORACOLUMBAR</td>
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<td>63172</td>
<td>LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO SUBARACHNOID SPACE</td>
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<td>63173</td>
<td>LAMINECTOMY WITH DRAINAGE OF INTRAMEDULLARY CYST/SYRINX; TO PERITONEAL OR PLEURAL SPACE</td>
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<td>LAMINECTOMY AND SECTION OF DENTATE LIGAMENTS, WITH OR WITHOUT DURAL GRAFT, CERVICAL; ONE OR TWO SEGMENTS</td>
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<td>63185</td>
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<td>63190</td>
<td>LAMINECTOMY WITH RHIZOTOMY; MORE THAN TWO SEGMENTS</td>
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<td>LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOthalamic Tract, ONE STAGE; CERVICAL</td>
<td>No Auth Needed</td>
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<td>LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF ONE SPINOthalamic Tract, ONE STAGE; THORACIC</td>
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<td>LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOthalamic TRACTS, ONE STAGE; CERVICAL</td>
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<td>LAMINECTOMY WITH CORDOTOMY, WITH SECTION OF BOTH SPINOthalamic TRACTS, ONE STAGE; THORACIC</td>
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<td>LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOthalamic TRACTS, TWO STAGES WITHIN 14 DAYS; CERVICAL</td>
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<td>LAMINECTOMY WITH CORDOTOMY WITH SECTION OF BOTH SPINOthalamic TRACTS, TWO STAGES WITHIN 14 DAYS; THORACIC</td>
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<td>LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; CERVICAL</td>
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<td>LAMINECTOMY FOR EXCISION OR OCCLUSION OF ARTERIOVENOUS MALFORMATION OF SPINAL CORD; THORACOLUMBAR</td>
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<td>LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; THORACIC</td>
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<td>63286</td>
<td>LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, THORACIC</td>
<td>No Auth Needed</td>
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<tr>
<td>63287</td>
<td>LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; INTRADURAL, INTRAMEDULLARY, THORACOLUMBAR</td>
<td>No Auth Needed</td>
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<td>63290</td>
<td>LAMINECTOMY FOR BIOPSY/EXCISION OF INTRASPINAL NEOPLASM; COMBINED EXTRADURAL-INTRADURAL LESION, ANY LEVEL</td>
<td>No Auth Needed</td>
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<tr>
<td>63295</td>
<td>OSTEOPlastic RECONSTRUCTION OF DORSAL SPINAL ELEMENTS, FOLLOWING PRIMARY INTRASPINAL PROCEDURE (LIST SEPARATELY)</td>
<td>No Auth Needed</td>
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<td>63300</td>
<td>VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE</td>
<td>No Auth Needed</td>
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<tr>
<td>63301</td>
<td>VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE</td>
<td>No Auth Needed</td>
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<td>63302</td>
<td>VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE</td>
<td>No Auth Needed</td>
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<td>63303</td>
<td>VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE</td>
<td>No Auth Needed</td>
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<td>63304</td>
<td>VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE</td>
<td>No Auth Needed</td>
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<td>63305</td>
<td>VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE</td>
<td>No Auth Needed</td>
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<td>63306</td>
<td>VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE</td>
<td>No Auth Needed</td>
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<td>63307</td>
<td>VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE</td>
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<td>Code</td>
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<td>63308</td>
<td>VERTEBRAL CORPECTOMY (VERTEBRAL BODY RESECTION), PARTIAL OR COMPLETE, FOR EXCISION OF INTRASPINAL LESION, SINGLE</td>
<td>No Auth Needed</td>
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<tr>
<td>63600</td>
<td>CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODALITY (INCLUDING STIMULATION AND/OR)</td>
<td>No Auth Needed</td>
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<tr>
<td>63610</td>
<td>STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT FOLLOWED BY OTHER SURGERY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>63620</td>
<td>STEREOTACTIC RADIOSURGERY 1 SPINAL LESION STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SPI</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>63621</td>
<td>STEREOTACTIC RADIOSURGERY EA ADDL SPINAL LESION STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR);</td>
<td>No Auth Needed</td>
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<td>63650</td>
<td>PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY, EPIDURAL</td>
<td>Auth Required</td>
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<td>63655</td>
<td>LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES, PLATE/PADDLE, EPIDURAL</td>
<td>Auth Required</td>
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<td>63661</td>
<td>REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<td>63662</td>
<td>REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING</td>
<td>No Auth Needed</td>
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<td>63663</td>
<td>REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S),</td>
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<td>63664</td>
<td>REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA</td>
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<td>INSERTION OR REPLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLING</td>
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<td>63688</td>
<td>REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER</td>
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<td>Code</td>
<td>Description</td>
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<td>63700</td>
<td>REPAIR OF MENINGOCELE; LESS THAN 5 CM DIAMETER</td>
<td>No Auth Needed</td>
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<td>63702</td>
<td>REPAIR OF MENINGOCELE; LARGER THAN 5 CM DIAMETER</td>
<td>No Auth Needed</td>
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<td>63704</td>
<td>REPAIR OF MYELOMENINGOCELE; LESS THAN 5 CM DIAMETER</td>
<td>No Auth Needed</td>
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<td>63706</td>
<td>REPAIR OF MYELOMENINGOCELE; LARGER THAN 5 CM DIAMETER</td>
<td>No Auth Needed</td>
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<td>63707</td>
<td>REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK, NOT REQUIRING LAMINECTOMY</td>
<td>No Auth Needed</td>
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<td>63709</td>
<td>REPAIR OF DURAL/CEREBROSPINAL FLUID LEAK OR PSEUDOMENINGOCELE, WITH LAMINECTOMY</td>
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<td>63710</td>
<td>DURAL GRAFT, SPINAL</td>
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<td>63740</td>
<td>CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; INCLUDING LAMINECTOMY</td>
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<td>63741</td>
<td>CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PERCUTANEous, NOT REQUIRING LAMINECTOMY</td>
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<td>63744</td>
<td>REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT</td>
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<td>63746</td>
<td>REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT</td>
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<td>INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH</td>
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<td>INJECTION, ANESTHETIC AGENT; FACIAL NERVE</td>
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<td>INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE</td>
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<td>64408</td>
<td>INJECTION, ANESTHETIC AGENT; VAGUS NERVE</td>
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<td>INJECTION, ANESTHETIC AGENT; PHRENIC NERVE</td>
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<td>INJECTION, ANESTHETIC AGENT; CERVICAL PLEXUS</td>
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<td>INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, SINGLE</td>
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<td>INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT) INCLUDING</td>
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<td>INJECTION, ANESTHETIC AGENT; AXILLARY NERVE</td>
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<td>INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE</td>
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<td>INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK</td>
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<td>INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT), INCLUDING</td>
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<td>64447</td>
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<td>INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT) INCLUDING</td>
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<td>INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUSION BY CATHETER (INCLUDING CATHETER PLACEMENT)</td>
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<td>INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH</td>
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<td>64451</td>
<td>INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES IN</td>
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<td>64454</td>
<td>INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GENICULAR</td>
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<td>64455</td>
<td>NJX ANES&amp;/STEROID PLANTAR COMMON DIGITAL NERVE INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL</td>
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<td>64461</td>
<td>PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SINGLE INJECTION SITE (INCLUDES IMAGING GUIDANCE, WHEN)</td>
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<td>64462</td>
<td>PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; SECOND AND ANY ADDITIONAL INJECTION SITE(S) (INCLUDES</td>
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<td>PARAVERTEBRAL BLOCK (PVB) (PARASPINOUS BLOCK), THORACIC; CONTINUOUS INFUSION BY CATHETER (INCLUDES IMAGING GUIDANCE, WHEN)</td>
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<td>64483</td>
<td>INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR SACRAL, SINGLE LEVEL</td>
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<td>64484</td>
<td>INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL (LIST SEPARATE)</td>
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<td>64486</td>
<td>TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) UNILATERAL; BY INJECTION(S) (INCLUDES)</td>
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<td>TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) UNILATERAL; BY CONTINUOUS</td>
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<td>TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) BILATERAL; BY INJECTIONS (INCLUDES)</td>
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<td>TRANSVERSUS ABDOMINIS PLANE (TAP) BLOCK (ABDOMINAL PLANE BLOCK, RECTUS SHEATH BLOCK) BILATERAL; BY CONTINUOUS INFUSIONS</td>
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<td>64490</td>
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<td>INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES)</td>
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<td>64505 INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION</td>
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<td>64510 INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)</td>
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<td>64517 INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTRIC PLEXUS</td>
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<td>64520 INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)</td>
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<td>64530 INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING</td>
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<tr>
<td>64553 PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE</td>
<td>Auth Required</td>
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<tr>
<td>64555 PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE (EXCLUDES SACRAL NERVE)</td>
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<td>64561 PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE (TRANSFORAMINAL PLACEMENT)</td>
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<td>64566 POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING</td>
<td>No Auth Needed</td>
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<tr>
<td>64568 INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR</td>
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<td>64569 REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING CONNECTION TO</td>
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<td>64570 REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR</td>
<td>No Auth Needed</td>
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<td>64580</td>
<td>INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR</td>
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<td>64581</td>
<td>INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; SACRAL NERVE</td>
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<td>GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE COUPLIN</td>
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<td>GENERATOR OR RECEIVER</td>
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<td>INFRAORBITAL, MENTAL, OR INFERIOR ALVEOLAR</td>
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<td>FOR BLEPHAROSPASM, HEMIFACIAL SPASM)</td>
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<td>64615</td>
<td>CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERRVATED BY FACIAL, TRIGEMINAL</td>
<td>Auth Required</td>
</tr>
<tr>
<td></td>
<td>CERVICAL SPINAL AND ACCESSORY NERVES, BILATERAL (EG, FOR CERVICAL DYSTONIA,</td>
<td></td>
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<tr>
<td>64616</td>
<td>CHEMODENERVATION OF MUSCLE(S); NECK MUSCLE(S), EXCLUDING MUSCLES OF THE</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>LARYNX, UNILATERAL (EG, FOR CERVICAL DYSTONIA,</td>
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<tr>
<td>64617</td>
<td>CHEMODENERVATION OF MUSCLE(S); LARYNX, UNILATERAL, PERCUTANEOUS (EG, FOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td></td>
<td>SPASMODIC DYSPHONIA), INCLUDES GUIDANCE</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>64620</td>
<td>DESTRUCTION BY NEUROLYTIC AGENT, INTERCOSTAL NERVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64624</td>
<td>DESTRUCTION BY NEUROLYTIC AGENT, GENICULAR NERVE BRANCHES I</td>
<td>Auth Required</td>
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<tr>
<td>64625</td>
<td>RADIOFREQUENCY ABLATION, NERVES INNERVATING THE SACROILIAC</td>
<td>Auth Required</td>
</tr>
<tr>
<td>64630</td>
<td>DESTRUCTION BY NEUROLYTIC AGENT; PUENDAL NERVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64632</td>
<td>DSTRJ NEUROLYTIC PLANTAR COMMON DIGITAL NERVE, DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64633</td>
<td>DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT);</td>
<td>Auth Required</td>
</tr>
<tr>
<td>64634</td>
<td>DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT);</td>
<td>Auth Required</td>
</tr>
<tr>
<td>64635</td>
<td>DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT);</td>
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</tr>
<tr>
<td>64636</td>
<td>DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S), WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT);</td>
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<tr>
<td>64640</td>
<td>DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH</td>
<td>No Auth Needed</td>
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<tr>
<td>64642</td>
<td>CHEMODENERVATION OF ONE EXTREMITY; 1-4 MUSCLE(S)</td>
<td>Auth Required</td>
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<tr>
<td>64643</td>
<td>CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 1-4 MUSCLE(S) LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY</td>
<td>Auth Required</td>
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<tr>
<td>64644</td>
<td>CHEMODENERVATION OF ONE EXTREMITY; 5 OR MORE MUSCLES</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>64645</td>
<td>CHEMODENERVATION OF ONE EXTREMITY; EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY P</td>
<td>Auth Required</td>
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<tr>
<td>64646</td>
<td>CHEMODENERVATION OF TRUNK MUSCLE(S); 1-5 MUSCLE(S)</td>
<td>Auth Required</td>
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<tr>
<td>64647</td>
<td>CHEMODENERVATION OF TRUNK MUSCLE(S); 6 OR MORE MUSCLES</td>
<td>Auth Required</td>
</tr>
<tr>
<td>64650</td>
<td>CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64653</td>
<td>CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER DAY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64680</td>
<td>DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; CELIAC PLEXUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64681</td>
<td>DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING; SUPERIOR HYPOGASTRIC PLEXUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64702</td>
<td>NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64704</td>
<td>NEUROPLASTY; NERVE OF HAND OR FOOT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64708</td>
<td>NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64712</td>
<td>NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64713</td>
<td>NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS</td>
<td>No Auth Needed</td>
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<tr>
<td>64714</td>
<td>NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>64716</td>
<td>NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)</td>
<td>No Auth Needed</td>
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<tr>
<td>64718</td>
<td>NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64719</td>
<td>NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST</td>
<td>No Auth Needed</td>
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<tr>
<td>64721</td>
<td>NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL</td>
<td>Auth Required</td>
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<tr>
<td>64722</td>
<td>DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)</td>
<td>No Auth Needed</td>
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<tr>
<td>64726</td>
<td>DECOMPRESSION; PLANTAR DIGITAL NERVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64727</td>
<td>INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLASTY)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>64732</td>
<td>TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64734</td>
<td>TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64736</td>
<td>TRANSECTION OR AVULSION OF; MENTAL NERVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64738</td>
<td>TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64740</td>
<td>TRANSECTION OR AVULSION OF; LINGUAL NERVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64742</td>
<td>TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Procedure Description</td>
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<td>64744</td>
<td>TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE</td>
<td>No Auth Needed</td>
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<td>64746</td>
<td>TRANSECTION OR AVULSION OF; PHRENIC NERVE</td>
<td>No Auth Needed</td>
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<tr>
<td>64755</td>
<td>TRANSECTION OR AVULSION OF; VAGUS NERVES LIMITED TO PROXIMAL STOMACH (SELECTIVE PROXIMAL VAGOTOMY, PROXIMAL GASTRIC)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64760</td>
<td>TRANSECTION OR AVULSION OF; VAGUS NERVE (VAGOTOMY), ABDOMINAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64763</td>
<td>TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT ADDUCTOR TENOTOMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64766</td>
<td>TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT ADDUCTOR TENOTOMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64771</td>
<td>TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL</td>
<td>No Auth Needed</td>
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<tr>
<td>64772</td>
<td>TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL</td>
<td>No Auth Needed</td>
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<tr>
<td>64774</td>
<td>EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64776</td>
<td>EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64778</td>
<td>EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64782</td>
<td>EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE</td>
<td>No Auth Needed</td>
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<tr>
<td>64783</td>
<td>EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>64784</td>
<td>EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC</td>
<td>No Auth</td>
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<tr>
<td>64786</td>
<td>EXCISION OF NEUROMA; SCIATIC NERVE</td>
<td>No Auth</td>
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<tr>
<td>64787</td>
<td>IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUroma EXCISION)</td>
<td>No Auth</td>
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<tr>
<td>64788</td>
<td>EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE</td>
<td>No Auth</td>
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<tr>
<td>64790</td>
<td>EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE</td>
<td>No Auth</td>
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<tr>
<td>64792</td>
<td>EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)</td>
<td>No Auth</td>
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<tr>
<td>64795</td>
<td>BIOPSY OF NERVE</td>
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<td>64802</td>
<td>SYMPATHECTOMY, CERVICAL</td>
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<td>64804</td>
<td>SYMPATHECTOMY, CERVICOTHORACIC</td>
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<td>64809</td>
<td>SYMPATHECTOMY, THORACOLUMBAR</td>
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<td>64818</td>
<td>SYMPATHECTOMY, LUMBAR</td>
<td>No Auth</td>
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<td>64820</td>
<td>SYMPATHECTOMY; DIGITAL ARTERIES, EACH DIGIT</td>
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<td>64821</td>
<td>SYMPATHECTOMY; RADIAL ARTERY</td>
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<td>Code</td>
<td>Description</td>
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<td>64822</td>
<td>SYMPATHECTOMY; ULNAR ARTERY</td>
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<td>64823</td>
<td>SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH</td>
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<tr>
<td>64831</td>
<td>SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE</td>
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<td>64832</td>
<td>SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>64834</td>
<td>SUTURE OF ONE NERVE; HAND OR FOOT, COMMON SENSORY NERVE</td>
<td>No Auth Needed</td>
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<tr>
<td>64835</td>
<td>SUTURE OF ONE NERVE; MEDIAN MOTOR THENAR</td>
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<tr>
<td>64836</td>
<td>SUTURE OF ONE NERVE; ULNAR MOTOR</td>
<td>No Auth Needed</td>
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<td>64837</td>
<td>SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>64840</td>
<td>SUTURE OF POSTERIOR TIBIAL NERVE</td>
<td>No Auth Needed</td>
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<tr>
<td>64856</td>
<td>SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION</td>
<td>No Auth Needed</td>
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<tr>
<td>64857</td>
<td>SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION</td>
<td>No Auth Needed</td>
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<tr>
<td>64858</td>
<td>SUTURE OF SCIATIC NERVE</td>
<td>No Auth Needed</td>
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<tr>
<td>64859</td>
<td>SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>64861</td>
<td>SUTURE OF; BRACHIAL PLEXUS</td>
<td>No Auth Needed</td>
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<tr>
<td>64862</td>
<td>SUTURE OF; LUMBAR PLEXUS</td>
<td>No Auth Needed</td>
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<tr>
<td>64864</td>
<td>SUTURE OF FACIAL NERVE; EXTRACRANIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64865</td>
<td>SUTURE OF FACIAL NERVE; INFRATEMPORAL, WITH OR WITHOUT GRAFTING</td>
<td>No Auth Needed</td>
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<tr>
<td>64866</td>
<td>ANASTOMOSIS; FACIAL-SPINAL ACCESSORY</td>
<td>No Auth Needed</td>
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<tr>
<td>64868</td>
<td>ANASTOMOSIS; FACIAL-HYPOGLOSSAL</td>
<td>No Auth Needed</td>
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<tr>
<td>64872</td>
<td>SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEURORHAPHY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64874</td>
<td>SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>64876</td>
<td>SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64885</td>
<td>NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64886</td>
<td>NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM LENGTH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64890</td>
<td>NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM LENGTH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64891</td>
<td>NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN 4 CM LENGTH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization</td>
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<tr>
<td>64892</td>
<td>NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64893</td>
<td>NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 CM LENGTH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64895</td>
<td>NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; UP TO 4 CM LENGTH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64896</td>
<td>NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; MORE THAN 4 CM LENGTH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64897</td>
<td>NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; UP TO 4 CM LENGTH</td>
<td>No Auth Needed</td>
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<tr>
<td>64898</td>
<td>NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; MORE THAN 4 CM LENGTH</td>
<td>Auth Required</td>
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<tr>
<td>64901</td>
<td>NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>64902</td>
<td>NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64905</td>
<td>NERVE PEDICLE TRANSFER; FIRST STAGE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64907</td>
<td>NERVE PEDICLE TRANSFER; SECOND STAGE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64910</td>
<td>NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT (EG, NERVE TUBE), EACH NERVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64911</td>
<td>NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT (INCLUDES HARVEST OF VEIN GRAFT), EACH NERVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64912</td>
<td>NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Needed</td>
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<tr>
<td>------</td>
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<tr>
<td>64913</td>
<td>NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH ADDITIONAL STRAND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>64999</td>
<td>UNLISTED PROCEDURE, NERVOUS SYSTEM</td>
<td>Auth Required</td>
</tr>
<tr>
<td>65091</td>
<td>EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65093</td>
<td>EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65101</td>
<td>ENUCLEATION OF EYE; WITHOUT IMPLANT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65103</td>
<td>ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65105</td>
<td>ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65110</td>
<td>EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; ONLY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65112</td>
<td>EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH THERAPEUTIC REMOVAL OF BONE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65114</td>
<td>EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH MUSCLE OR MYOCUTANEOUS FLAP</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65125</td>
<td>MODIFICATION OF OCULAR IMPLANT WITH PLACEMENT OR REPLACEMENT OF PEGS (EG, DRILLING RECEPTACLE FOR PROSTHESIS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65130</td>
<td>INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65135</td>
<td>INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED TO IMPLANT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>65140</td>
<td>INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO IMPLANT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65150</td>
<td>REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65155</td>
<td>REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR ATTACHMENT OF MUSCLES TO IMPLANT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65175</td>
<td>REMOVAL OF OCULAR IMPLANT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65205</td>
<td>REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65210</td>
<td>REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CONCRETIONS), SUBCONJUNCTIVAL, OR SCLERAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65220</td>
<td>REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65222</td>
<td>REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65235</td>
<td>REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OF EYE OR LENS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65260</td>
<td>REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65265</td>
<td>REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65270</td>
<td>REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65272</td>
<td>REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT HOSPITALIZATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
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</tr>
<tr>
<td>65273</td>
<td>REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITH HOSPITALIZATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65275</td>
<td>REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN BODY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65280</td>
<td>REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL TISSUE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65285</td>
<td>REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR RESECTION OF UVEAL TISSUE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65286</td>
<td>REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65290</td>
<td>REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65400</td>
<td>EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPTION PTHERYGIUM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65410</td>
<td>BIOPSY OF CORNEA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65420</td>
<td>EXCISION OR TRANSPOSITION OF PTHERYGIUM; WITHOUT GRAFT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65426</td>
<td>EXCISION OR TRANSPOSITION OF PTHERYGIUM; WITH GRAFT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65430</td>
<td>SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65435</td>
<td>REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION, CURETTAGE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65436</td>
<td>REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Auth Required</td>
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<tr>
<td>65450</td>
<td>DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCAUCLATION OR THERMOCAUTERIZATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65600</td>
<td>MULTIPLE PUNCTURES OF ANTERIOR CORNEA (EG, FOR CORNEAL EROSION, TATTOO)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65710</td>
<td>KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>65730</td>
<td>KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>65750</td>
<td>KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>65755</td>
<td>KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>65756</td>
<td>KERATOPLASTY ENDOTHELIAL KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL</td>
<td>Auth Required</td>
</tr>
<tr>
<td>65757</td>
<td>BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION (LIST SEPARATELY IN)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>65760</td>
<td>KERATOMILEUSIS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>65765</td>
<td>KERATOPHAKIA</td>
<td>Auth Required</td>
</tr>
<tr>
<td>65767</td>
<td>EPIKERATOPLASTY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>65770</td>
<td>KERATOPROSTHESIS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65771</td>
<td>RADIAL KERATOTOMY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization</td>
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<tr>
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</tr>
<tr>
<td>65772</td>
<td>CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65775</td>
<td>CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65778</td>
<td>PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SELF-RETAINING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65779</td>
<td>PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SINGLE LAYER, SUTURED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65780</td>
<td>OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65781</td>
<td>OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT (EG, CADAVERIC OR LIVING DONOR)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65782</td>
<td>OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAPHT (INCLUDES OBTAINING GRAFT)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>65785</td>
<td>IMPLANTATION OF INTRASTROMAL CORNEAL RING SEGMENTS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65800</td>
<td>PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH DIAGNOSTIC ASPIRATION OF AQUEOUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65810</td>
<td>PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF VITREOUS AND/OR DISCISSION OF ANTERIOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65815</td>
<td>PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF BLOOD, WITH OR WITHOUT IRRIGATION AND/OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65820</td>
<td>GONIOTOMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65850</td>
<td>TRABECULOTOMY AB EXTERNO</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Needed</td>
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<tr>
<td>65855</td>
<td>TRABECULOPLASTY BY LASER SURGERY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65860</td>
<td>SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65865</td>
<td>SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65870</td>
<td>SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65875</td>
<td>SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65880</td>
<td>SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID) (SEPARATE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65900</td>
<td>REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER OF EYE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65920</td>
<td>REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT OF EYE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>65930</td>
<td>REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT OF EYE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66020</td>
<td>INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); AIR OR LIQUID</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66030</td>
<td>INJECTION, ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); MEDICATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66130</td>
<td>EXCISION OF LESION, SCLERA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66150</td>
<td>FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Needed</td>
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<tr>
<td>66155</td>
<td>FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66160</td>
<td>FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH IRIDECTOMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66170</td>
<td>FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO IN ABSENCE OF PREVIOUS SURGERY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66172</td>
<td>FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING FROM PREVIOUS OCULAR SURGERY OR TRAUMA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66174</td>
<td>TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR STENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66175</td>
<td>TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR STENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66179</td>
<td>AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITHOUT GRAFT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66180</td>
<td>AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITH GRAFT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66183</td>
<td>INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, EXTERNAL APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66184</td>
<td>REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITHOUT GRAFT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66185</td>
<td>REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITH GRAFT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66225</td>
<td>REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66250</td>
<td>REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR MINOR PROCEDURE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>66500</td>
<td>IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66505</td>
<td>IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS BOMBE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66600</td>
<td>IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66605</td>
<td>IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66625</td>
<td>IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66630</td>
<td>IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66635</td>
<td>IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; OPTICAL (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66680</td>
<td>REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66682</td>
<td>SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE THROUGH SMALL INCISION (EG, Mccannel)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66700</td>
<td>CILIARY BODY DESTRUCTION; DIATHERMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66710</td>
<td>CILIARY BODY DESTRUCTION; CYCLOPHOTOACUGULATION, TRANSSCLERAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66711</td>
<td>CILIARY BODY DESTRUCTION; CYCLOPHOTOACUGULATION, ENDOSCOPIC</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66720</td>
<td>CILIARY BODY DESTRUCTION; CRYOTHERAPY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>66740</td>
<td>CILIARY BODY DESTRUCTION; CYCLODIALYSIS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66761</td>
<td>IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE SESSIONS)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66762</td>
<td>IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF VISION, FOR WIDENING OF ANTERIOR CHAMBER)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66770</td>
<td>DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66820</td>
<td>DISCIISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); STAB INCISION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66821</td>
<td>DISCIISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID); LASER SURGERY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66825</td>
<td>REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66830</td>
<td>REMOVAL OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID) WITH CORNEO-</td>
<td>Auth Required</td>
</tr>
<tr>
<td>66840</td>
<td>REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES</td>
<td>Auth Required</td>
</tr>
<tr>
<td>66850</td>
<td>REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66852</td>
<td>REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66920</td>
<td>REMOVAL OF LENS MATERIAL; INTRACAPSULAR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66930</td>
<td>REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
</tr>
<tr>
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</tr>
<tr>
<td>66940</td>
<td>REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>66982</td>
<td>EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66983</td>
<td>INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>66984</td>
<td>EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>66985</td>
<td>INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED WITH CONCURRENT CATARACT REMOVAL</td>
<td>Auth Required</td>
</tr>
<tr>
<td>66986</td>
<td>EXCHANGE OF INTRAOCULAR LENS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>66987</td>
<td>EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCUL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66988</td>
<td>EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCUL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66990</td>
<td>USE OF OPHTHALMIC ENDOSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>66999</td>
<td>UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>67005</td>
<td>REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); PARTIAL REMOVAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67010</td>
<td>REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL REMOVAL WITH MECHANICAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67015</td>
<td>ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA APPROACH (POSTERIOR SCLEROTOMY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
</tr>
<tr>
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</tr>
<tr>
<td>67025</td>
<td>INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH (FLUID-GAS EXCHANGE), WITH OR WITHOUT ASPIRATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67027</td>
<td>IMPLANTATION OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT), INCLUDES CONCOMITANT REMOVAL OF VITREOUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67028</td>
<td>INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67030</td>
<td>DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67031</td>
<td>SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR OPACITIES, LASER SURGERY (ONE OR MORE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67036</td>
<td>VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67039</td>
<td>VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67040</td>
<td>VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOTOCOAGULATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67041</td>
<td>VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRERETINAL CELLULAR MEMBRANE (EG, MACULAR PUCKER)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67042</td>
<td>VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETINA (EG, FOR REPAIR)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67043</td>
<td>VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANE (EG, CHOROIDAL)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67101</td>
<td>REPAIR OF RETINAL DETACHMENT, 1 OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, INCLUDING DRAINAGE OF SUBRETINAL FLUID,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67105</td>
<td>REPAIR OF RETINAL DETACHMENT, 1 OR MORE SESSIONS; PHOTOCOAGULATION, INCLUDING DRAINAGE OF SUBRETINAL FLUID, WHEN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>67107</td>
<td>REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING (SUCH AS LAMELLAR SCLERAL DISSECTION, IMBRICATION OR ENCIRCLING)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67108</td>
<td>REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR OR GAS TAMPOANE, FOCAL ENDOLASER</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67110</td>
<td>REPAIR OF RETINAL DETACHMENT; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMATIC RETINOPEXY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67113</td>
<td>REPAIR OF COMPLEX RETINAL DETACHMENT (EG, PROLIFERATIVE VITREORETINOPATHY, STAGE C-1 OR GREATER, DIABETIC TRACTION RETINAL)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67115</td>
<td>RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67120</td>
<td>REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67121</td>
<td>REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67141</td>
<td>PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESSIONS;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67145</td>
<td>PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESSIONS;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67208</td>
<td>DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR MORE SESSIONS; CRYOTHERAPY, DIATHERMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67210</td>
<td>DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR MORE SESSIONS; PHOTOCOAGULATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67218</td>
<td>DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULAR EDEMA, TUMORS), ONE OR MORE SESSIONS; RADIATION BY IMPLANTATION OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67220</td>
<td>DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION); PHOTOCOAGULATION (EG, LASER), ONE OR MORE SESSIONS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>67221</td>
<td>DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION); PHOTODYNAMIC THERAPY (INCLUDES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67225</td>
<td>DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION); PHOTODYNAMIC THERAPY, SECOND EYE, AT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67227</td>
<td>DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), CRYOTHERAPY, DIATHERMY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67228</td>
<td>TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), PHOTOCOAGULATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67229</td>
<td>TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY, ONE OR MORE SESSIONS; PRETERM INFANT (LESS THAN 37 WEEKS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>67250</td>
<td>SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67255</td>
<td>SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67299</td>
<td>UNLISTED PROCEDURE, POSTERIOR SEGMENT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>67311</td>
<td>STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE HORIZONTAL MUSCLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67312</td>
<td>STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO HORIZONTAL MUSCLES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67314</td>
<td>STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; ONE VERTICAL MUSCLE (EXCLUDING SUPERIOR OBLIQUE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67316</td>
<td>STRABISMUS SURGERY, RECESSION OR RESECTION PROCEDURE; TWO OR MORE VERTICAL MUSCLES (EXCLUDING SUPERIOR OBLIQUE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67318</td>
<td>STRABISMUS SURGERY, ANY PROCEDURE, SUPERIOR OBLIQUE MUSCLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
</tr>
<tr>
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</tr>
<tr>
<td>67320</td>
<td>TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY) (LIST SEPARATELY IN ADDITION)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67331</td>
<td>STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67332</td>
<td>STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OCULAR INJURY, STRABISMUS OR RETINAL)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67334</td>
<td>STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCLE RECESSION (LIST SEPARATELY IN ADDITION TO)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67335</td>
<td>PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67340</td>
<td>STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S) (LIST SEPARATELY IN ADDITION TO)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67343</td>
<td>RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE PROCEDURE)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>67345</td>
<td>CHEMODENERVATION OF EXTRAOCULAR MUSCLE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>67346</td>
<td>BIOPSY OF EXTRAOCULAR MUSCLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67350</td>
<td>BIOPSY OF EXTRAOCULAR MUSCLE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>67399</td>
<td>UNLISTED PROCEDURE, EXTRAOCULAR MUSCLE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>67400</td>
<td>ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLORATION, WITH OR WITHOUT BIOPSY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67405</td>
<td>ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH DRAINAGE ONLY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
</tr>
<tr>
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</tr>
<tr>
<td>67412</td>
<td>ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF LESION</td>
<td>Auth Required</td>
</tr>
<tr>
<td>67413</td>
<td>ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF FOREIGN BODY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>67414</td>
<td>ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF BONE FOR DECOMPRESSION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67415</td>
<td>FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67420</td>
<td>ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67430</td>
<td>ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF FOREIGN BODY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67440</td>
<td>ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH DRAINAGE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67445</td>
<td>ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF BONE FOR DECOMPRESSION</td>
<td>Auth Required</td>
</tr>
<tr>
<td>67450</td>
<td>ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); FOR EXPLORATION, WITH OR WITHOUT BIOPSY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67500</td>
<td>RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY OF MEDICATION)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67505</td>
<td>RETROBULBAR INJECTION; ALCOHOL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67515</td>
<td>INJECTION OF MEDICATION OR OTHER SUBSTANCE INTO TENON'S CAPSULE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67550</td>
<td>ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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</tr>
<tr>
<td>67560</td>
<td>ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67570</td>
<td>OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>67599</td>
<td>UNLISTED PROCEDURE, ORBIT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>67700</td>
<td>BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67710</td>
<td>SEVERING OF TARSORRHAPHY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67715</td>
<td>CANTHOTOMY (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67800</td>
<td>EXCISION OF CHALAZION; SINGLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67801</td>
<td>EXCISION OF CHALAZION; MULTIPLE, SAME LID</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67805</td>
<td>EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67808</td>
<td>EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION, SINGLE OR MULTIPLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67810</td>
<td>BIOPSY OF EYELID</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67820</td>
<td>CORRECTION OF TRICHIASIS; EPIILATION, BY FORCEPS ONLY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67825</td>
<td>CORRECTION OF TRICHIASIS; EPIILATION BY OTHER THAN FORCEPS (EG, BY ELECTROSURGERY, CRYOTHERAPY, LASER SURGERY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
</tr>
<tr>
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</tr>
<tr>
<td>67830</td>
<td>CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67835</td>
<td>CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAFT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67840</td>
<td>EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE DIRECT CLOSURE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67845</td>
<td>DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67850</td>
<td>TEMORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67880</td>
<td>CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67882</td>
<td>CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; WITH TRANSPOSITION OF TARSAL PLATE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>67900</td>
<td>REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>67901</td>
<td>REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL (EG, BANKED FASCIA)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>67902</td>
<td>REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH AUTOLOGOUS FASCIAL SLING (INCLUDES OBTAINING FASCIA)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>67903</td>
<td>REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>67904</td>
<td>REPAIR OF BLEPHAROPTOSIS; (TARSO) LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>67906</td>
<td>REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>67908</td>
<td>REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSOMULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)</td>
<td>Auth Required</td>
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<tr>
<td>67909</td>
<td>REDUCTION OF OVERCORRECTION OF PTOSIS</td>
<td>Auth Required</td>
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<tr>
<td>67911</td>
<td>CORRECTION OF LID RETRACTION</td>
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<tr>
<td>67912</td>
<td>CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LID LOAD (EG, GOLD WEIGHT)</td>
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<tr>
<td>67914</td>
<td>REPAIR OF ECTROPION; SUTURE</td>
<td>No Auth Needed</td>
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<tr>
<td>67915</td>
<td>REPAIR OF ECTROPION; THERMOCAUTERIZATION</td>
<td>No Auth Needed</td>
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<tr>
<td>67916</td>
<td>REPAIR OF ECTROPION; EXCISION TARSAL WEDGE</td>
<td>No Auth Needed</td>
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<tr>
<td>67917</td>
<td>REPAIR OF ECTROPION; EXTENSIVE (EG, TARSAL STRIP OPERATIONS)</td>
<td>No Auth Needed</td>
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<td>67921</td>
<td>REPAIR OF ENTROPION; SUTURE</td>
<td>No Auth Needed</td>
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<td>67922</td>
<td>REPAIR OF ENTROPION; THERMOCAUTERIZATION</td>
<td>No Auth Needed</td>
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<tr>
<td>67923</td>
<td>REPAIR OF ENTROPION; EXCISION TARSAL WEDGE</td>
<td>No Auth Needed</td>
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<tr>
<td>67924</td>
<td>REPAIR OF ENTROPION; EXTENSIVE (EG, TARSAL STRIP OR CAPSULOPALPEBRAL FASCIA REPAIRS OPERATION)</td>
<td>No Auth Needed</td>
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<tr>
<td>67930</td>
<td>SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; PARTIAL</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
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<td>67935</td>
<td>SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA DIRECT CLOSURE; FULL THICKNESS</td>
<td>No Auth Needed</td>
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<tr>
<td>67938</td>
<td>REMOVAL OF EMBEDDED FOREIGN BODY, EYELID</td>
<td>No Auth Needed</td>
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<tr>
<td>67950</td>
<td>CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)</td>
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<td>67961</td>
<td>EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE</td>
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<td>67966</td>
<td>EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCLUDE</td>
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<tr>
<td>67971</td>
<td>RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; UP TO TWO-THIRDS OF</td>
<td>Auth Required</td>
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<tr>
<td>67973</td>
<td>RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, LOWER,</td>
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<td>67974</td>
<td>RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYELID, UPPER,</td>
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<td>67975</td>
<td>RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND STAGE</td>
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<td>67999</td>
<td>UNLISTED PROCEDURE, EYELIDS</td>
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<tr>
<td>68020</td>
<td>INCISION OF CONJUNCTIVA, DRAINAGE OF CYST</td>
<td>No Auth Needed</td>
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<tr>
<td>68040</td>
<td>EXPRESSION OF CONJUNCTIVAL FOLLICLES (EG, FOR TRACHOMA)</td>
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<tr>
<td>68100</td>
<td>BIOPSY OF CONJUNCTIVA</td>
<td>No Auth Needed</td>
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<tr>
<td>68110</td>
<td>EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM</td>
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<tr>
<td>68115</td>
<td>EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM</td>
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<tr>
<td>68130</td>
<td>EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA</td>
<td>No Auth Needed</td>
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<tr>
<td>68135</td>
<td>DESTRUCTION OF LESION, CONJUNCTIVA</td>
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<tr>
<td>68200</td>
<td>SUBCONJUNCTIVAL INJECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>68320</td>
<td>CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT</td>
<td>No Auth Needed</td>
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<tr>
<td>68325</td>
<td>CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<td>68326</td>
<td>CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT</td>
<td>No Auth Needed</td>
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<tr>
<td>68328</td>
<td>CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)</td>
<td>No Auth Needed</td>
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<td>68330</td>
<td>REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT</td>
<td>No Auth Needed</td>
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<tr>
<td>68335</td>
<td>REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)</td>
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<td>68340</td>
<td>REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS</td>
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<td>68360</td>
<td>CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)</td>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>68362</td>
<td>CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)</td>
<td>No Auth Needed</td>
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<tr>
<td>68371</td>
<td>HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR</td>
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<td>68399</td>
<td>UNLISTED PROCEDURE, CONJUNCTIVA</td>
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<tr>
<td>68400</td>
<td>INCISION, DRAINAGE OF LACRIMAL GLAND</td>
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<tr>
<td>68420</td>
<td>INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)</td>
<td>No Auth Needed</td>
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<tr>
<td>68440</td>
<td>SNIP INCISION OF LACRIMAL PUNCTUM</td>
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<tr>
<td>68500</td>
<td>EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL</td>
<td>No Auth Needed</td>
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<td>68505</td>
<td>EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL</td>
<td>No Auth Needed</td>
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<tr>
<td>68510</td>
<td>BIOPSY OF LACRIMAL GLAND</td>
<td>No Auth Needed</td>
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<tr>
<td>68520</td>
<td>EXCISION OF LACRIMAL SAC (DACRYOCYSTECTOMY)</td>
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<td>BIOPSY OF LACRIMAL SAC</td>
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<td>68530</td>
<td>REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES</td>
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<tr>
<td>68540</td>
<td>EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH</td>
<td>No Auth Needed</td>
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<tr>
<td>68550</td>
<td>EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY</td>
<td>No Auth Needed</td>
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<tr>
<td>68700</td>
<td>PLASTIC REPAIR OF CANALICULI</td>
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<tr>
<td>68705</td>
<td>CORRECTION OF EVERTED PUNCTUM, CAUTERY</td>
<td>No Auth Needed</td>
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<tr>
<td>68720</td>
<td>DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)</td>
<td>No Auth Needed</td>
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<tr>
<td>68745</td>
<td>CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT TUBE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>68750</td>
<td>CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH INSERTION OF TUBE OR STENT</td>
<td>Auth Required</td>
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<tr>
<td>68760</td>
<td>CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER SURGERY</td>
<td>No Auth Needed</td>
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<tr>
<td>68761</td>
<td>CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>68770</td>
<td>CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>68801</td>
<td>DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION</td>
<td>No Auth Needed</td>
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<td>68810</td>
<td>PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;</td>
<td>No Auth Needed</td>
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<tr>
<td>68811</td>
<td>PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL ANESTHESIA</td>
<td>No Auth Needed</td>
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<td>68815</td>
<td>PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH INSERTION OF TUBE OR STENT</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
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<tr>
<td>68816</td>
<td>PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALLOON CATHETER DILATION</td>
<td>No Auth Needed</td>
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<tr>
<td>68840</td>
<td>PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION</td>
<td>No Auth Needed</td>
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<td>68850</td>
<td>INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY</td>
<td>No Auth Needed</td>
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<tr>
<td>68899</td>
<td>UNLISTED PROCEDURE, LACRIMAL SYSTEM</td>
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<tr>
<td>69000</td>
<td>DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE</td>
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<td>69005</td>
<td>DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED</td>
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<td>69020</td>
<td>DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS</td>
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<td>69090</td>
<td>EAR PIERCING</td>
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<td>69100</td>
<td>BIOPSY EXTERNAL EAR</td>
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<td>BIOPSY EXTERNAL AUDITORY CANAL</td>
<td>No Auth Needed</td>
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<td>69110</td>
<td>EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR</td>
<td>No Auth Needed</td>
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<tr>
<td>69120</td>
<td>EXCISION EXTERNAL EAR; COMPLETE AMPUTATION</td>
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<tr>
<td>69140</td>
<td>EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL</td>
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<td>Procedure Description</td>
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<tr>
<td>69145</td>
<td>EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL</td>
<td>No Auth Needed</td>
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<tr>
<td>69150</td>
<td>RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>69155</td>
<td>RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITH NECK DISSECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>69200</td>
<td>REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>69205</td>
<td>REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>69209</td>
<td>REMOVAL IMPACTED CERUMEN USING IRRIGATION/LAVAGE, UNILATERAL</td>
<td>No Auth Needed</td>
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<tr>
<td>69210</td>
<td>REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS</td>
<td>No Auth Needed</td>
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<tr>
<td>69220</td>
<td>DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)</td>
<td>No Auth Needed</td>
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<tr>
<td>69222</td>
<td>DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN ROUTINE CLEANING)</td>
<td>No Auth Needed</td>
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<tr>
<td>69300</td>
<td>OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION</td>
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<td>69310</td>
<td>RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE TO INJURY, INFECTION) (SEPARATE PROCEDURE)</td>
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<tr>
<td>69320</td>
<td>RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE</td>
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<tr>
<td>69399</td>
<td>UNLISTED PROCEDURE, EXTERNAL EAR</td>
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<tr>
<td>69410</td>
<td>FOCAL APPLICATION OF PHASE C</td>
<td>Auth Required</td>
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<tr>
<td>69420</td>
<td>MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION</td>
<td>No Auth Needed</td>
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<tr>
<td>69421</td>
<td>MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>69424</td>
<td>VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>69433</td>
<td>TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>69436</td>
<td>TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA</td>
<td>No Auth Needed</td>
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<tr>
<td>69440</td>
<td>MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION</td>
<td>No Auth Needed</td>
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<tr>
<td>69450</td>
<td>TYMPANOLYSIS, TRANSCANAL</td>
<td>No Auth Needed</td>
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<tr>
<td>69501</td>
<td>TRANSMASTOID ANTROTOMY (SIMPLE MASTOIDECTOMY)</td>
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<td>69502</td>
<td>MASTOIDECTOMY; COMPLETE</td>
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<td>69505</td>
<td>MASTOIDECTOMY; MODIFIED RADICAL</td>
<td>Auth Required</td>
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<td>69511</td>
<td>MASTOIDECTOMY; RADICAL</td>
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<td>69530</td>
<td>PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY</td>
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<tr>
<td>69535</td>
<td>RESECTION TEMPORAL BONE, EXTERNAL APPROACH</td>
<td>No Auth Needed</td>
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<tr>
<td>69540</td>
<td>EXCISION AURAL POLYP</td>
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<tr>
<td>69550</td>
<td>EXCISION AURAL GLOMUS TUMOR; TRANSCANAL</td>
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<tr>
<td>69552</td>
<td>EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID</td>
<td>No Auth Needed</td>
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<td>69554</td>
<td>EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)</td>
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<td>69601</td>
<td>REVISION MASTOECTOMY; RESULTING IN COMPLETE MASTOECTOMY</td>
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<td>69602</td>
<td>REVISION MASTOECTOMY; RESULTING IN MODIFIED RADICAL MASTOECTOMY</td>
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<td>69604</td>
<td>REVISION MASTOECTOMY; RESULTING IN TYMPANOPLASTY</td>
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<td>69605</td>
<td>REVISION MASTOECTOMY; WITH APICECTOMY</td>
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<td>69610</td>
<td>TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OF PERFORATION FOR CLOSURE, WITH OR WITHOUT PATCH</td>
<td>No Auth Needed</td>
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<tr>
<td>69620</td>
<td>MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)</td>
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<tr>
<td>69631</td>
<td>TYMPANOPLASTY WITHOUT MASTOECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION;</td>
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<td>Code</td>
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<tr>
<td>69632</td>
<td>TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR REVISION;</td>
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<td>69633</td>
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<td>69635</td>
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<td>69641</td>
<td>TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITHOUT</td>
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<td>69642</td>
<td>TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH OSSICULAR</td>
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<td>69646</td>
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<td>69650</td>
<td>STAPES MOBILIZATION</td>
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<td>69660</td>
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<tr>
<td>Procedure Description</td>
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<td>STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATERIAL;</td>
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<tr>
<td>REVISION OF STAPEDECTOMY OR STAPEDOTOMY</td>
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<tr>
<td>REPAIR OVAL WINDOW FISTULA</td>
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<td>REPAIR ROUND WINDOW FISTULA</td>
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<td>MASTOID OBLITERATION (SEPARATE PROCEDURE)</td>
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<tr>
<td>TYMPANIC NEURECTOMY</td>
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<td>CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)</td>
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<td>IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE</td>
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<tr>
<td>REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE</td>
<td>No Auth Needed</td>
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<tr>
<td>IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH</td>
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<td>REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITH PERCUTANEOUS</td>
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<td>69720</td>
<td>DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION</td>
<td>No Auth Needed</td>
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<td>69725</td>
<td>DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE GANGLION</td>
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<td>69740</td>
<td>SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; LATERAL TO GENICULATE GANGLION</td>
<td>No Auth Needed</td>
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<td>69745</td>
<td>SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; INCLUDING MEDIAL TO GENICULATE GANGLION</td>
<td>No Auth Needed</td>
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<td>69799</td>
<td>UNLISTED PROCEDURE, MIDDLE EAR</td>
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<td>69801</td>
<td>LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR</td>
<td>No Auth Needed</td>
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<tr>
<td>69805</td>
<td>ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT</td>
<td>No Auth Needed</td>
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<tr>
<td>69806</td>
<td>ENDOLYMPHATIC SAC OPERATION; WITH SHUNT</td>
<td>No Auth Needed</td>
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<td>69905</td>
<td>LABYRINTHECTOMY; TRANSCANAL</td>
<td>No Auth Needed</td>
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<td>69910</td>
<td>LABYRINTHECTOMY; WITH MASTOIDECTOMY</td>
<td>No Auth Needed</td>
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<td>69915</td>
<td>VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH</td>
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<td>69930</td>
<td>COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY</td>
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<td>69949</td>
<td>UNLISTED PROCEDURE, INNER EAR</td>
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<td>Description</td>
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<td>69950</td>
<td>VESTIBULAR NERVE SECTION, TRANSCRANIAL APPROACH</td>
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<td>TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)</td>
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<td>69960</td>
<td>DECOMPRESSION INTERNAL AUDITORY CANAL</td>
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<td>69970</td>
<td>REMOVAL OF TUMOR, TEMPORAL BONE</td>
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<td>UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH</td>
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<td>69990</td>
<td>MICROSURGICAL TECHNIQUES, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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<td>70010</td>
<td>MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
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<td>70015</td>
<td>CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
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<tr>
<td>70030</td>
<td>RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY</td>
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<td>70100</td>
<td>RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS</td>
<td>No Auth Needed</td>
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<td>RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS</td>
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<td>70120</td>
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<td>No Auth Needed</td>
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<td>RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS</td>
<td>No Auth Needed</td>
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<td>RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS</td>
<td>No Auth Needed</td>
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<td>RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS</td>
<td>No Auth Needed</td>
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<td>70170</td>
<td>DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
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<td>70190</td>
<td>RADIOLOGIC EXAMINATION; OPTIC FORAMINA</td>
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<td>RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS</td>
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<td>70240</td>
<td>RADIOLOGIC EXAMINATION, SELLA TURCICA</td>
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<td>70250</td>
<td>RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS</td>
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<td>70300</td>
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<td>Code</td>
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<td>70328</td>
<td>RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL</td>
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<td>RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL</td>
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<td>70332</td>
<td>TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
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<td>70336</td>
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<td>CEPHALOGRAM, ORTHODONTIC</td>
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<td>70355</td>
<td>ORTHOPANTOGRAM</td>
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<td>70360</td>
<td>RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE</td>
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<td>70370</td>
<td>RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE</td>
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<td>70371</td>
<td>COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING</td>
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<td>70380</td>
<td>RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS</td>
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<td>Code</td>
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<td>70450</td>
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<td>70490</td>
<td>COMPUTED TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL</td>
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<td>70491</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITHOUT CONTRAST MATERIAL(S)</td>
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<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND/OR NECK; WITH CONTRAST MATERIAL(S)</td>
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<td>70544</td>
<td>MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)</td>
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<td>70545</td>
<td>MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)</td>
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<td>70546</td>
<td>MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER</td>
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<td>70547</td>
<td>MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S)</td>
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<td>70548</td>
<td>MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITH CONTRAST MATERIAL(S)</td>
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<td>70549</td>
<td>MAGNETIC RESONANCE ANGIOGRAPHY, NECK; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SEQUENCES</td>
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<td>70551</td>
<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL</td>
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<td>70552</td>
<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)</td>
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<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>70554</td>
<td>MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPEITIVE BODY PART</td>
<td>Auth Required</td>
</tr>
<tr>
<td>70555</td>
<td>MAGNETIC RESONANCE IMAGING, BRAIN, FUNCTIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIRE</td>
<td>Auth Required</td>
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<tr>
<td>70557</td>
<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL BASE), DURING OPEN INTRACRANIAL PROCEDURE (</td>
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<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL BASE), DURING OPEN INTRACRANIAL PROCEDURE (</td>
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<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM AND SKULL BASE), DURING OPEN INTRACRANIAL PROCEDURE (</td>
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<tr>
<td>71045</td>
<td>RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW</td>
<td>No Auth Needed</td>
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<tr>
<td>71046</td>
<td>RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS</td>
<td>No Auth Needed</td>
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<tr>
<td>71047</td>
<td>RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS</td>
<td>No Auth Needed</td>
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<td>71048</td>
<td>RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS</td>
<td>No Auth Needed</td>
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<td>71100</td>
<td>RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS</td>
<td>No Auth Needed</td>
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<td>71101</td>
<td>RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS</td>
<td>No Auth Needed</td>
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<td>71110</td>
<td>RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS</td>
<td>No Auth Needed</td>
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<tr>
<td>71111</td>
<td>RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
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<td>71130</td>
<td>RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS</td>
<td>No Auth Needed</td>
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<td>71250</td>
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<td>71260</td>
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<td>71270</td>
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<td>71275</td>
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<td>71551</td>
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<td>RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES</td>
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<td>72070</td>
<td>RADIOLOGIC EXAMINATION, SPINE; THORACIC, TWO VIEWS</td>
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<td>No Auth Needed</td>
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<td>No Auth Needed</td>
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<td>RADIOLOGIC EXAMINATION, SPINE, ENTIRE THORACIC AND LUMBAR, INCLUDING SKULL, CERVICAL AND SACRAL SPINE IF PERFORMED (EG,</td>
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<td>72240</td>
<td>MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
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<td>73551</td>
<td>RADIOLOGIC EXAMINATION, FEMUR; 1 VIEW</td>
<td>No Auth Needed</td>
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<tr>
<td>73552</td>
<td>RADIOLOGIC EXAMINATION, FEMUR; MINIMUM 2 VIEWS</td>
<td>No Auth Needed</td>
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<tr>
<td>73560</td>
<td>RADIOLOGIC EXAMINATION, KNEE; ONE OR TWO VIEWS</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>73562</td>
<td>RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS</td>
<td>No Auth Needed</td>
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<tr>
<td>73564</td>
<td>RADIOLOGIC EXAMINATION, KNEE; COMPLETE, FOUR OR MORE VIEWS</td>
<td>No Auth Needed</td>
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<tr>
<td>73565</td>
<td>RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR</td>
<td>No Auth Needed</td>
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<tr>
<td>73580</td>
<td>RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>73590</td>
<td>RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS</td>
<td>No Auth Needed</td>
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<tr>
<td>73592</td>
<td>RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS</td>
<td>No Auth Needed</td>
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<tr>
<td>73600</td>
<td>RADIOLOGIC EXAMINATION, ANKLE; TWO VIEWS</td>
<td>No Auth Needed</td>
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<tr>
<td>73610</td>
<td>RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS</td>
<td>No Auth Needed</td>
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<td>73615</td>
<td>RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<td>73620</td>
<td>RADIOLOGIC EXAMINATION, FOOT; TWO VIEWS</td>
<td>No Auth Needed</td>
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<td>73630</td>
<td>RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS</td>
<td>No Auth Needed</td>
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<td>73650</td>
<td>RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS</td>
<td>No Auth Needed</td>
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<td>73660</td>
<td>RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>73700</td>
<td>COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL</td>
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<td>73701</td>
<td>COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)</td>
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<td>73702</td>
<td>COMPUTED TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER SECTIONS</td>
<td>Auth Required</td>
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<td>73706</td>
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<td>Auth Required</td>
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<tr>
<td>73718</td>
<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)</td>
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<tr>
<td>73719</td>
<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIAL(S)</td>
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<tr>
<td>73720</td>
<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY</td>
<td>Auth Required</td>
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<tr>
<td>73721</td>
<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL</td>
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<td>73722</td>
<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)</td>
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<td>73723</td>
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<td>73725</td>
<td>MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)</td>
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<td>74018</td>
<td>RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW</td>
<td>No Auth Needed</td>
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<td>74019</td>
<td>RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<td>74021</td>
<td>RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS</td>
<td>No Auth Needed</td>
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<td>74022</td>
<td>RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/OR DECUBITUS VIEWS,</td>
<td>No Auth Needed</td>
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<td>74150</td>
<td>COMPUTED TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL</td>
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<td>74160</td>
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<td>74170</td>
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<td>74174</td>
<td>COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST</td>
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<td>74175</td>
<td>COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES, IF</td>
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<td>74176</td>
<td>COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL</td>
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<td>74178</td>
<td>COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY</td>
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<td>74181</td>
<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S)</td>
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<td>74182</td>
<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)</td>
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<td>74183</td>
<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATERIAL(S) AND</td>
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<td>74185</td>
<td>MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)</td>
<td>Auth Required</td>
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<tr>
<td>74190</td>
<td>PERITONEOGRAM (EG, AFTER INJECTION OF AIR OR CONTRAST), RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>74210</td>
<td>RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS</td>
<td>No Auth Needed</td>
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<tr>
<td>74220</td>
<td>RADIOLOGIC EXAMINATION; ESOPHAGUS</td>
<td>No Auth Needed</td>
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<tr>
<td>74221</td>
<td>RADIOLOGIC EXAMINATION, ESOPHAGUS, INCLUDING SCOUT CHEST RA</td>
<td>No Auth Needed</td>
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<tr>
<td>74230</td>
<td>SWALLOWING FUNCTION, WITH CINERADIOGRAPHY/VIDEORADIOGRAPH</td>
<td>No Auth Needed</td>
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<tr>
<td>74235</td>
<td>REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>74240</td>
<td>RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED IMAGES, WITHOUT KUB</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>74241</td>
<td>RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED IMAGES, WITH KUB</td>
<td>No Auth Needed</td>
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<tr>
<td>74245</td>
<td>RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH SMALL INTESTINE, INCLUDES MULTIPLE SERIAL IMAGES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>74246</td>
<td>RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY</td>
<td>No Auth Needed</td>
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<tr>
<td>74247</td>
<td>RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY</td>
<td>No Auth Needed</td>
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<tr>
<td>74248</td>
<td>RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY, INCLUDING</td>
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<tr>
<td>Code</td>
<td>Procedure Description</td>
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<td>74249</td>
<td>RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY</td>
<td>No Auth Needed</td>
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<tr>
<td>74250</td>
<td>RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL IMAGES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>74251</td>
<td>RADIOLOGIC EXAMINATION, SMALL INTESTINE, INCLUDES MULTIPLE SERIAL IMAGES; VIA ENTEROCLYSIS TUBE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>74260</td>
<td>DUODENOGRAPHY, HYPOTONIC</td>
<td>No Auth Needed</td>
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<tr>
<td>74261</td>
<td>COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST</td>
<td>Auth Required</td>
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<tr>
<td>74262</td>
<td>COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL(S)</td>
<td>Auth Required</td>
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<td>74263</td>
<td>COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING</td>
<td>Auth Required</td>
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<tr>
<td>74270</td>
<td>RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA, WITH OR WITHOUT KUB</td>
<td>No Auth Needed</td>
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<tr>
<td>74280</td>
<td>RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON</td>
<td>No Auth Needed</td>
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<tr>
<td>74283</td>
<td>THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUMINAL OBSTRUCTION (EG, MECONIUM)</td>
<td>No Auth Needed</td>
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<tr>
<td>74290</td>
<td>CHOLECYSTOGRAPHY, ORAL CONTRAST;</td>
<td>No Auth Needed</td>
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<tr>
<td>74300</td>
<td>CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; INTRAOPERATIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>74301</td>
<td>CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET INTRAOPERATIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION (LIST)</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<td>74328</td>
<td>ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>74329</td>
<td>ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<td>74330</td>
<td>COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND</td>
<td>No Auth Needed</td>
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<tr>
<td>74340</td>
<td>INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), INCLUDING MULTIPLE FLUOROSCOPIES AND IMAGES, RADIOLOGICAL</td>
<td>No Auth Needed</td>
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<tr>
<td>74355</td>
<td>PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>74360</td>
<td>INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>74363</td>
<td>PERCUTANEOUS TRANSHEPATIC DILATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICAL</td>
<td>No Auth Needed</td>
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<tr>
<td>74400</td>
<td>UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY</td>
<td>No Auth Needed</td>
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<td>74410</td>
<td>UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;</td>
<td>No Auth Needed</td>
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<tr>
<td>74415</td>
<td>UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY</td>
<td>No Auth Needed</td>
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<tr>
<td>74420</td>
<td>UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB</td>
<td>No Auth Needed</td>
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<tr>
<td>74425</td>
<td>UROGRAPHY, ANTEGRADE (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPROGRAM), RADIOLOGICAL SUPERVISION AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>74430</td>
<td>CYSTOGRAPHY, MINIMUM OF 3 VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<td>74440</td>
<td>VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>74445</td>
<td>CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>74450</td>
<td>URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>74455</td>
<td>URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>74470</td>
<td>RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND</td>
<td>No Auth Needed</td>
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<td>74485</td>
<td>DILATION OF URETER(S) OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>74710</td>
<td>PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION</td>
<td>No Auth Needed</td>
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<tr>
<td>74712</td>
<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; SINGLE OR</td>
<td>Auth Required</td>
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<td>74713</td>
<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, FETAL, INCLUDING PLACENTAL AND MATERNAL PELVIC IMAGING WHEN PERFORMED; EACH</td>
<td>Auth Required</td>
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<tr>
<td>74740</td>
<td>HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>74742</td>
<td>TRANSCEVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>Auth Required</td>
</tr>
<tr>
<td>74775</td>
<td>PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)</td>
<td>No Auth Needed</td>
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<tr>
<td>75557</td>
<td>CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL;</td>
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</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>75559</td>
<td>CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS IMAGING</td>
<td>Auth Required</td>
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<tr>
<td>75561</td>
<td>CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY</td>
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<tr>
<td>75562</td>
<td>CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>75563</td>
<td>CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>75565</td>
<td>COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM</td>
<td>Auth Required</td>
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<tr>
<td>75571</td>
<td>COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY (INCLUDING 3D IMAGE POSTPRO)</td>
<td>Auth Required</td>
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<td>75574</td>
<td>COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MATERIAL</td>
<td>Auth Required</td>
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<tr>
<td>75600</td>
<td>AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>75605</td>
<td>AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<td>75625</td>
<td>AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<td>75630</td>
<td>AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION</td>
<td>No Auth Needed</td>
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<td>75635</td>
<td>COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, WITH</td>
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<td>75705</td>
<td>ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75710</td>
<td>ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75716</td>
<td>ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75726</td>
<td>ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE (WITH OR WITHOUT FLUSH AORTOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>75731</td>
<td>ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>75733</td>
<td>ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>75736</td>
<td>ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>75741</td>
<td>ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<td>75743</td>
<td>ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>75746</td>
<td>ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75756</td>
<td>ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75774</td>
<td>ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75801</td>
<td>LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Approval Needed</td>
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<td>75803</td>
<td>LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>75805</td>
<td>LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>75807</td>
<td>LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>75809</td>
<td>SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75810</td>
<td>SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>75820</td>
<td>VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>75822</td>
<td>VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>75825</td>
<td>VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75827</td>
<td>VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>75831</td>
<td>VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
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<td>75833</td>
<td>VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<td>75840</td>
<td>VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<td>75842</td>
<td>VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>75860</td>
<td>VENOGRAPHY, VENOUS SINUS (EG, PETROSAL AND INFERIOR SAGITTAL) OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRET</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75870</td>
<td>VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRET</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75872</td>
<td>VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRET</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75880</td>
<td>VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRET</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75885</td>
<td>PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75887</td>
<td>PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75889</td>
<td>HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRET</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75891</td>
<td>HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75893</td>
<td>VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN),</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75894</td>
<td>TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRET</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75898</td>
<td>ANGIOGRAPHY THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75901</td>
<td>MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL (EG, FIBRIN SHEATH) FROM CENTRAL VENOUS DEVICE VIA SEPARATE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75902</td>
<td>MECHANICAL REMOVAL OF INTRALUMINAL (INTRACATHETER) OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>75956</td>
<td>ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75957</td>
<td>ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM, PSEUDOANEURYSM, DISSECTION, PENETRATING)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75958</td>
<td>PLACEMENT OF PROXIMAL EXTENSION PROSTHESIS FOR ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA (EG, ANEURYSM,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75959</td>
<td>PLACEMENT OF DISTAL EXTENSION PROSTHESIS(S) (DELAYED) AFTER ENDOVASCULAR REPAIR OF DESCENDING THORACIC AORTA, AS NEEDED,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75970</td>
<td>TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75984</td>
<td>CHANGE OF PERCUTANEOUS TUBE OR DRAINAGE CATHETER WITH CONTRAST MONITORING (EG, GENITOURINARY SYSTEM, ABSCESS),</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75989</td>
<td>RADIOLOGICAL GUIDANCE (IE, FLUOROSCOPY, ULTRASOUND, OR COMPUTED TOMOGRAPHY), FOR PERCUTANEOUS DRAINAGE (EG, ABSCESS,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>75998</td>
<td>FLUOROSCOPIC GUIDE C VENOUS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76000</td>
<td>FLUOROSCOPY (SEPARATE PROCEDURE), UP TO 1 HOUR PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76003</td>
<td>FLUOROSCOPIC GUIDANCE FOR NE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76005</td>
<td>FLUOROSCOPIC GUIDANCE AND</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76010</td>
<td>RADILOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE VIEW, CHILD</td>
<td>No Auth Needed</td>
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<tr>
<td>76012</td>
<td>RADILOGICAL SUPERVISION AND</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>76013</td>
<td>RADIOLOGICAL SUPERVISION AND</td>
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<tr>
<td>76020</td>
<td>BONE AGE STUDIES</td>
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<tr>
<td>76040</td>
<td>BONE LENGTH STUDIES (ORTHORO)</td>
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<tr>
<td>76061</td>
<td>RADIOLOGIC EXAMINATION, OSSE</td>
<td>Auth Required</td>
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<td>76062</td>
<td>RADIOLOGIC EXAMINATION, OSSE</td>
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<td>76065</td>
<td>RADIOLOGIC EXAMINATION OSSEO</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76066</td>
<td>JOINT SURVEY, SINGLE VIEW, T</td>
<td>Auth Required</td>
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<tr>
<td>76070</td>
<td>COMPUTED TOMOGRAPHY, BONE MI</td>
<td>Auth Required</td>
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<td>76071</td>
<td>COMPUTED TOMOGRAPHY, BONE MI</td>
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<tr>
<td>76075</td>
<td>DXA BN DNSITY 1/&gt; SITE; AXIA</td>
<td>Auth Required</td>
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<td>76076</td>
<td>DXA BN DNSITY 1/&gt;; APPNDICUL</td>
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<tr>
<td>76077</td>
<td>DXA BN DNSITY STDY 1/&gt;SITE;</td>
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<td>76078</td>
<td>RADIOGRAPHIC ABSORPTIOMETRY</td>
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<td>Code</td>
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<tr>
<td>76080</td>
<td>RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>76082</td>
<td>DIAGNOSTIC MAMMOGRAPHY DIG</td>
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<tr>
<td>76083</td>
<td>SCREENING MAMMOGRAPHY DIGITA</td>
<td>Auth Required</td>
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<tr>
<td>76085</td>
<td>DIGITIZATION OF FILM RADIOGR</td>
<td>Auth Required</td>
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<tr>
<td>76086</td>
<td>MAMMARY DUCTOGRAM OR GALACTO</td>
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<tr>
<td>76088</td>
<td>MAMMARY DUCTOGRAM OR GALACTO</td>
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<tr>
<td>76090</td>
<td>MAMMOGRAPHY; UNILATERAL</td>
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<td>76091</td>
<td>MAMMOGRAPHY; BILATERAL</td>
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<tr>
<td>76092</td>
<td>SCREENING MAMMOGRAPHY, BILAT</td>
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<tr>
<td>76093</td>
<td>MR IMAGING, BREAST, WITHOUT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76094</td>
<td>MR IMAGING, BREAST, WITHOUT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76095</td>
<td>STEREOTACTIC LOCALIZATION GU</td>
<td>Auth Required</td>
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<tr>
<td>76096</td>
<td>MAMMOGRAPHIC GUIDANCE FOR NE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization</td>
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<tr>
<td>76098</td>
<td>RADIOLICAL EXAMINATION, SURGICAL SPECIMEN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76100</td>
<td>RADILOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76101</td>
<td>RADILOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER THAN WITH URO</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76102</td>
<td>RADILOGIC EXAMINATION, COMPLEX MOTION (IE, HYPERCYCLOIDAL) BODY SECTION (EG, MASTOID POLYTOMOGRAPHY), OTHER THAN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76120</td>
<td>CINERADIOGRAPHY/VIDEORADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76125</td>
<td>CINERADIOGRAPHY/VIDEORADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76140</td>
<td>CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76355</td>
<td>COMPUTED TOMOGRAPHY GUIDANCE</td>
<td>Auth Required</td>
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<tr>
<td>76360</td>
<td>COMPUTED TOMOGRAPHY GUIDANCE</td>
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<tr>
<td>76362</td>
<td>COMPUTERIZED AXIAL TOMOGRAPH</td>
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<tr>
<td>76370</td>
<td>COMPUTED TOMOGRAPHY GUIDANCE</td>
<td>Auth Required</td>
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<tr>
<td>76375</td>
<td>CORONAL, SAGITTAL, MULTIPLAN</td>
<td>Auth Required</td>
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<tr>
<td>76376</td>
<td>3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>76377</td>
<td>3D RENDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76380</td>
<td>COMPUTED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76390</td>
<td>MAGNETIC RESONANCE SPECTROSCOPY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76391</td>
<td>MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76393</td>
<td>MR GUIDANCE FOR NEEDLE PLACE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76394</td>
<td>MR GUIDANCE FOR, AND MONITOR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76400</td>
<td>MR (EG, PROTON) IMAGING, BON</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76490</td>
<td>ULTRASOUND GUIDANCE FOR, AND</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76496</td>
<td>UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76497</td>
<td>UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76498</td>
<td>UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)</td>
<td>Auth Required</td>
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<tr>
<td>76499</td>
<td>UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE</td>
<td>Auth Required</td>
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<td>76506</td>
<td>ECHOENCEPHALOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTRICULAR SIZE,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>76510</td>
<td>OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING THE SAME PATIENT ENCOUNTER</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76511</td>
<td>OPHTHALMIC ULTRASOUND, DIAGNOSTIC; QUANTITATIVE A-SCAN ONLY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76512</td>
<td>OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN (WITH OR WITHOUT SUPERIMPOSED NON-QUANTITATIVE A-SCAN)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76513</td>
<td>OPHTHALMIC ULTRASOUND, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND, IMMERSION (WATER BATH) B-SCAN OR HIGH RESOLUTION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76514</td>
<td>OPHTHALMIC ULTRASOUND, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL (DETERMINATION OF CORNEAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76516</td>
<td>OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;</td>
<td>No Auth Needed</td>
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<tr>
<td>76519</td>
<td>OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76529</td>
<td>OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76536</td>
<td>ULTRASOUND, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), REAL TIME WITH IMAGE DOCUMENTATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76604</td>
<td>ULTRASOUND, CHEST (INCLUDES MEDIASTINUM), REAL TIME WITH IMAGE DOCUMENTATION</td>
<td>No Auth Needed</td>
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<tr>
<td>76641</td>
<td>ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76642</td>
<td>ULTRASOUND, BREAST, UNILATERAL, REAL TIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76700</td>
<td>ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization</td>
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<tr>
<td>76705</td>
<td>ULTRASOUND, ABDOMINAL, REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT, FOLLOW-UP)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76706</td>
<td>ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY FOR ABDOMINAL AORTIC ANEURYSM</td>
<td>No Auth Needed</td>
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<tr>
<td>76770</td>
<td>ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE</td>
<td>No Auth Needed</td>
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<td>76775</td>
<td>ULTRASOUND, RETROPERITONEAL (EG, RENAL, AORTA, NODES), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED</td>
<td>No Auth Needed</td>
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<td>76776</td>
<td>ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMENTATION</td>
<td>No Auth Needed</td>
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<tr>
<td>76778</td>
<td>ULTRASOUND, TRANSPLANTED KID</td>
<td>Auth Required</td>
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<tr>
<td>76800</td>
<td>ULTRASOUND, SPINAL CANAL AND CONTENTS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76801</td>
<td>ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIRST TRIMESTER (&lt; 14)</td>
<td>Auth Required 3 or more requires authorization</td>
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<tr>
<td>76802</td>
<td>ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIRST TRIMESTER (&lt; 14)</td>
<td>Auth Required 3 or more requires authorization</td>
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<tr>
<td>76805</td>
<td>ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, AFTER FIRST TRIMESTER</td>
<td>Auth Required 3 or more requires authorization</td>
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<td>76810</td>
<td>ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, AFTER FIRST TRIMESTER</td>
<td>Auth Required 3 or more requires authorization</td>
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<tr>
<td>76811</td>
<td>ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION PLUS DETAILED FETAL</td>
<td>Auth Required 3 or more requires authorization</td>
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<tr>
<td>76812</td>
<td>ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION PLUS DETAILED FETAL</td>
<td>Auth Required 3 or more requires authorization</td>
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<tr>
<td>76813</td>
<td>ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT,</td>
<td>Auth Required</td>
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<tr>
<td>76814</td>
<td>ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY MEASUREMENT,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76815</td>
<td>ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (EG, FETAL HEART BEAT, PLACENTAL LOCATION, FETAL</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76816</td>
<td>ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP (EG, RE-EVALUATION OF FETAL SIZE BY MEASURING</td>
<td>Auth Required</td>
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<tr>
<td>76817</td>
<td>ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL</td>
<td>Auth Required</td>
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<tr>
<td>76818</td>
<td>FETAL BIOPHYSICAL PROFILE; WITH NON-STRESS TESTING</td>
<td>Auth Required</td>
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<tr>
<td>76819</td>
<td>FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING</td>
<td>Auth Required</td>
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<tr>
<td>76820</td>
<td>DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY</td>
<td>Auth Required</td>
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<tr>
<td>76821</td>
<td>DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY</td>
<td>Auth Required</td>
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<tr>
<td>76825</td>
<td>ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-</td>
<td>Auth Required</td>
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<tr>
<td>76826</td>
<td>ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-</td>
<td>Auth Required</td>
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<tr>
<td>76827</td>
<td>DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; COMPLETE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76828</td>
<td>DOPPLER ECHOCARDIOGRAPHY, FETAL, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY; FOLLOW-UP OR REPEAT STUDY</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>76830</td>
<td>ULTRASOUND, TRANSVAGINAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76831</td>
<td>SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WHEN PERFORMED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76856</td>
<td>ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76857</td>
<td>ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG, FOR FOLLICLES)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76870</td>
<td>ULTRASOUND, SCROTUM AND CONTENTS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76872</td>
<td>ULTRASOUND, TRANSRECTAL;</td>
<td>No Auth Needed</td>
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<tr>
<td>76873</td>
<td>ULTRASOUND, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76881</td>
<td>ULTRASOUND, COMPLETE JOINT (IE, JOINT SPACE AND PERI-ARTICULAR SOFT TISSUE STRUCTURES) REAL-TIME WITH IMAGE DOCUMENTATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76882</td>
<td>ULTRASOUND, LIMITED, JOINT OR OTHER NONVASCULAR EXTREMITY STRUCTURE(S) (EG, JOINT SPACE, PERI-ARTICULAR TENDON[S],</td>
<td>No Auth Needed</td>
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<tr>
<td>76885</td>
<td>ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (REQUIRING PHYSICIAN MANIPULATION)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76886</td>
<td>ULTRASOUND, INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (NOT REQUIRING PHYSICIAN MANIPULATION)</td>
<td>No Auth Needed</td>
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<tr>
<td>76930</td>
<td>ULTRASONIC GUIDANCE FOR PERICARDIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>76932</td>
<td>ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, IMAGING SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>76936</td>
<td>ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDOANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76937</td>
<td>ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES, DOCUMENTATION OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76940</td>
<td>ULTRASOUND GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76941</td>
<td>ULTRASONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76942</td>
<td>ULTRASONIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE), IMAGING SUPERVISION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76945</td>
<td>ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SamPLING, IMAGING SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>76946</td>
<td>ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, IMAGING SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>76948</td>
<td>ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, IMAGING SUPERVISION AND INTERPRETATION</td>
<td>Auth Required</td>
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<tr>
<td>76965</td>
<td>ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION</td>
<td>No Auth Needed</td>
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<tr>
<td>76970</td>
<td>ULTRASOUND STUDY FOLLOW-UP (SPECIFY)</td>
<td>No Auth Needed</td>
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<tr>
<td>76975</td>
<td>GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, SUPERVISION AND INTERPRETATION</td>
<td>Auth Required</td>
</tr>
<tr>
<td>76977</td>
<td>ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETITION, PERIPHERAL SITE(S), ANY METHOD</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>76978</td>
<td>ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (NON-CARDIAC); INITIAL</td>
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</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>76979</td>
<td>ULTRASOUND, TARGETED DYNAMIC MICROBUBBLE SONOGRAPHIC CONTRAST CHARACTERIZATION (NON-CARDIAC); EACH</td>
<td>Auth Required</td>
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<tr>
<td>76981</td>
<td>ULTRASOUND, ELASTOGRAPHY; PARENCHYMA (EG, ORGAN)</td>
<td>No Auth Needed</td>
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<td>76982</td>
<td>ULTRASOUND, ELASTOGRAPHY; FIRST TARGET LESION</td>
<td>No Auth Needed</td>
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<td>76983</td>
<td>ULTRASOUND, ELASTOGRAPHY; EACH ADDITIONAL TARGET LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>76986</td>
<td>ULTRASONIC GUIDANCE, INTRAOP</td>
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<td>76988</td>
<td>ULTRASONIC GUIDANCE, INTRAOPERATIVE</td>
<td>No Auth Needed</td>
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<tr>
<td>76999</td>
<td>UNLISTED ULTRASOUND PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)</td>
<td>Auth Required</td>
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<tr>
<td>77001</td>
<td>FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT (CATHETER ONLY OR COMPLETE), OR REMOVAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77002</td>
<td>FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77003</td>
<td>FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR PARASPINOUS DIAGNOSTIC OR THERAPEUTIC</td>
<td>No Auth Needed</td>
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<tr>
<td>77011</td>
<td>COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION</td>
<td>No Auth Needed</td>
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<td>77012</td>
<td>COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG, BIOPSY, ASPIRATION, INJECTION, LOCALIZATION DEVICE),</td>
<td>No Auth Needed</td>
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<tr>
<td>77013</td>
<td>COMPUTED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Procedure</td>
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<td>77014</td>
<td>COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS</td>
<td>No Auth Needed</td>
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<td>77021</td>
<td>MAGNETIC RESONANCE IMAGING GUIDANCE FOR NEEDLE PLACEMENT (Eg, FOR BIOPSY, NEEDLE ASPIRATION, INJECTION, OR PLACEMENT OF</td>
<td>Auth Required</td>
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<td>77022</td>
<td>MAGNETIC RESONANCE IMAGING GUIDANCE FOR, AND MONITORING OF, PARENCHYMAL TISSUE ABLATION</td>
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<td>77046</td>
<td>MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; UNILATERAL</td>
<td>Auth Required</td>
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<td>77047</td>
<td>MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL</td>
<td>Auth Required</td>
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<tr>
<td>77048</td>
<td>MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77049</td>
<td>MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL(S), INCLUDING COMPUTER-AIDED DETECTION (CAD)</td>
<td>Auth Required</td>
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<tr>
<td>77053</td>
<td>MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77054</td>
<td>MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77058</td>
<td>MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); UNILATERAL</td>
<td>Auth Required</td>
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<tr>
<td>77059</td>
<td>MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND/OR WITH CONTRAST MATERIAL(S); BILATERAL</td>
<td>Auth Required</td>
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<tr>
<td>77061</td>
<td>DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL</td>
<td>No Auth Needed</td>
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<tr>
<td>77062</td>
<td>DIGITAL BREAST TOMOSYNTHESIS; BILATERAL</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<td>77063</td>
<td>SCREENING DIGITAL BREAST TOMOSYNTHESIS, BILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77065</td>
<td>DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED; UNILATERAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77066</td>
<td>DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED; BILATERAL</td>
<td>No Auth Needed</td>
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<tr>
<td>77067</td>
<td>SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED</td>
<td>No Auth Needed</td>
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<tr>
<td>77071</td>
<td>MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOGRAPHY, INCLUDING CONTRALATERAL JOINT IF INDICATED</td>
<td>No Auth Needed</td>
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<tr>
<td>77072</td>
<td>BONE AGE STUDIES</td>
<td>No Auth Needed</td>
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<tr>
<td>77073</td>
<td>BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)</td>
<td>No Auth Needed</td>
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<tr>
<td>77074</td>
<td>RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77075</td>
<td>RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)</td>
<td>No Auth Needed</td>
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<tr>
<td>77076</td>
<td>RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT</td>
<td>No Auth Needed</td>
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<tr>
<td>77077</td>
<td>JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)</td>
<td>No Auth Needed</td>
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<tr>
<td>77078</td>
<td>COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77080</td>
<td>DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Procedure</td>
<td>Auth Required</td>
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<tr>
<td>77081</td>
<td>DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (EG,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77084</td>
<td>MAGNETIC RESONANCE (EG, PROTON) IMAGING, BONE MARROW BLOOD SUPPLY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77085</td>
<td>DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE), INCLUDING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77086</td>
<td>VERTEBRAL FRACTURE ASSESSMENT VIA DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77261</td>
<td>THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77262</td>
<td>THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77263</td>
<td>THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX</td>
<td>No Auth Needed</td>
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<tr>
<td>77280</td>
<td>THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE</td>
<td>No Auth Needed</td>
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<tr>
<td>77285</td>
<td>THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE</td>
<td>No Auth Needed</td>
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<tr>
<td>77290</td>
<td>THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX</td>
<td>No Auth Needed</td>
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<tr>
<td>77293</td>
<td>RESPIRATORY MOTION MANAGEMENT SIMULATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77295</td>
<td>THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; 3-DIMENSIONAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77299</td>
<td>UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Requires Authentication</td>
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</tr>
<tr>
<td>77300</td>
<td>BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE CALCULATION, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77301</td>
<td>INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE-VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PARTIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77306</td>
<td>TELETHERAPY ISODOSE PLAN; SIMPLE (1 OR 2 UNMODIFIED PORTS DIRECTED TO A SINGLE AREA OF INTEREST), INCLUDES BASIC DOSIMETRY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77307</td>
<td>TELETHERAPY ISODOSE PLAN; COMPLEX (MULTIPLE TREATMENT AREAS, TANGENTIAL PORTS, THE USE OF WEDGES, BLOCKING,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77316</td>
<td>BRACHYTHERAPY ISODOSE PLAN; SIMPLE (CALCULATION[S] MADE FROM 1 TO 4 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, 1</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77317</td>
<td>BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE (CALCULATION[S] MADE FROM 5 TO 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, 2-</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77318</td>
<td>BRACHYTHERAPY ISODOSE PLAN; COMPLEX (CALCULATION[S] MADE FROM OVER 10 SOURCES, OR REMOTE AFTERLOADING BRACHYTHERAPY, 2-</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77321</td>
<td>SPECIAL TELETHERAPY PORT PLAN, PARTICLES, HEMIBODY, TOTAL BODY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77331</td>
<td>SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77332</td>
<td>TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77333</td>
<td>TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77334</td>
<td>TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77336</td>
<td>CONTINUING MEDICAL PHYSICS CONSULTATION, INCLUDING ASSESSMENT OF TREATMENT PARAMETERS, QUALITY ASSURANCE OF DOSE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>77338</td>
<td>MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND CONSTRUCTION PER IMRT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77370</td>
<td>SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77371</td>
<td>RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77372</td>
<td>RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY (SRS), COMPLETE COURSE OF TREATMENT OF CRANIAL LESION(S) CONSISTING</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77373</td>
<td>STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING IMAGE GUIDANCE,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77385</td>
<td>INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77386</td>
<td>INTENSITY MODULATED RADIATION TREATMENT DELIVERY (IMRT), INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77387</td>
<td>GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT, INCLUDES INTRAFACTION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77399</td>
<td>UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES, AND SPECIAL SERVICES</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77401</td>
<td>RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE, PER DAY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77402</td>
<td>RADIATION TREATMENT DELIVERY, =&gt;1 MEV; SIMPLE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77407</td>
<td>RADIATION TREATMENT DELIVERY, =&gt;1 MEV; INTERMEDIATE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77412</td>
<td>RADIATION TREATMENT DELIVERY, =&gt;1 MEV; COMPLEX</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>77417</td>
<td>THERAPEUTIC RADIOLOGY PORT IMAGE(S)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77422</td>
<td>HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; SINGLE TREATMENT AREA USING A SINGLE PORT OR PARALLEL-OPPOSED PORTS WITH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77423</td>
<td>HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETRY WITH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77424</td>
<td>INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77425</td>
<td>WEEKLY RADIOLOGY THERAPY MANAGEMENT; INTERMEDIATE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77427</td>
<td>RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77431</td>
<td>RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77432</td>
<td>STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CRANIAL LESION(S) (COMPLETE COURSE OF TREATMENT CONSISTING OF ONE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77435</td>
<td>STEREOTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESIONS, INCLUDING</td>
<td>No Auth Needed</td>
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<tr>
<td>77469</td>
<td>INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT</td>
<td>No Auth Needed</td>
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<tr>
<td>77470</td>
<td>SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY RADIATION, PER ORAL, ENDOCAVITARY OR INTRAOPERATIVE CONE</td>
<td>No Auth Needed</td>
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<tr>
<td>77499</td>
<td>UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT</td>
<td>Auth Required</td>
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<tr>
<td>77520</td>
<td>PROTON TREATMENT DELIVERY; SIMPLE, WITHOUT COMPENSATION</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>77522</td>
<td>PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION</td>
<td>Auth Required</td>
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<tr>
<td>77523</td>
<td>PROTON TREATMENT DELIVERY; INTERMEDIATE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77525</td>
<td>PROTON TREATMENT DELIVERY; COMPLEX</td>
<td>Auth Required</td>
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<tr>
<td>77600</td>
<td>HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77605</td>
<td>HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)</td>
<td>No Auth Needed</td>
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<tr>
<td>77610</td>
<td>HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77615</td>
<td>HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS</td>
<td>No Auth Needed</td>
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<tr>
<td>77620</td>
<td>HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)</td>
<td>No Auth Needed</td>
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<tr>
<td>77750</td>
<td>INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION (INCLUDES 3 MONTHS FOLLOW-UP CARE)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77761</td>
<td>INTRACAVITARY RADIATION SOURCE APPLICATION; SIMPLE</td>
<td>Auth Required</td>
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<tr>
<td>77762</td>
<td>INTRACAVITARY RADIATION SOURCE APPLICATION; INTERMEDIATE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77763</td>
<td>INTRACAVITARY RADIATION SOURCE APPLICATION; COMPLEX</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77767</td>
<td>REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED;</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>77768</td>
<td>REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE SKIN SURFACE BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED;</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77770</td>
<td>REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77771</td>
<td>REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77772</td>
<td>REMOTE AFTERLOADING HIGH DOSE RATE RADIONUCLIDE INTERSTITIAL OR INTRACAVITARY BRACHYTHERAPY, INCLUDES BASIC DOSIMETRY,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77778</td>
<td>INTERSTITIAL RADIATION SOURCE APPLICATION; COMPLEX</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77781</td>
<td>REMOTE AFTERLOADING HIGH INT</td>
<td>Auth Required</td>
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<td>77782</td>
<td>REMOTE AFTERLOADING HIGH INT</td>
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<td>77783</td>
<td>REMOTE AFTERLOADING HIGH INT</td>
<td>Auth Required</td>
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<tr>
<td>77784</td>
<td>REMOTE AFTERLOADING HIGH INT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>77789</td>
<td>SURFACE APPLICATION OF LOW DOSE RATE RADIONUCLIDE SOURCE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77790</td>
<td>SUPERVISION, HANDLING, LOADING OF RADIATION SOURCE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>77799</td>
<td>UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY</td>
<td>Auth Required</td>
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<tr>
<td>78012</td>
<td>THYROID UPTAKE, SINGLE OR MULTIPLE QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR DISCHARGE,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>78013</td>
<td>THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED);</td>
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<tr>
<td>78014</td>
<td>THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S) QUANTITATIVE MEASUREMENT(S)</td>
<td>Auth Required</td>
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<tr>
<td>78015</td>
<td>THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)</td>
<td>Auth Required</td>
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<tr>
<td>78016</td>
<td>THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)</td>
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<tr>
<td>78018</td>
<td>THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY</td>
<td>Auth Required</td>
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<tr>
<td>78020</td>
<td>THYROID CARCINOMA METASTASES UPTAKE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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<tr>
<td>78070</td>
<td>PARATHYROID IMAGING</td>
<td>Auth Required</td>
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<tr>
<td>78071</td>
<td>PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT)</td>
<td>Auth Required</td>
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<tr>
<td>78072</td>
<td>PARATHYROID PLANAR IMAGING (INCLUDING SUBTRACTION, WHEN PERFORMED); WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY</td>
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<tr>
<td>78075</td>
<td>ADRENAL IMAGING, CORTEX AND/OR MEDULLA</td>
<td>Auth Required</td>
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<tr>
<td>78099</td>
<td>UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE</td>
<td>Auth Required</td>
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<tr>
<td>78102</td>
<td>BONE MARROW IMAGING; LIMITED AREA</td>
<td>Auth Required</td>
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<tr>
<td>78103</td>
<td>BONE MARROW IMAGING; MULTIPLE AREAS</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>78104</td>
<td>BONE MARROW IMAGING; WHOLE BODY</td>
<td>Auth Required</td>
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<tr>
<td>78110</td>
<td>PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>78111</td>
<td>PLASMA VOLUME, RADIOPHARMACEUTICAL VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMplings</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>78120</td>
<td>RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING</td>
<td>No Auth Needed</td>
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<tr>
<td>78121</td>
<td>RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>78122</td>
<td>WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>78130</td>
<td>RED CELL SURVIVAL STUDY;</td>
<td>No Auth Needed</td>
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<tr>
<td>78135</td>
<td>RED CELL SURVIVAL STUDY; DIFFERENTIAL ORGAN/TISSUE KINETICS (EG, SPLENIC AND/OR HEPATIC SEQUESTRATION)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>78140</td>
<td>LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE (EG, SPLENIC AND/OR HEPATIC)</td>
<td>No Auth Needed</td>
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<tr>
<td>78150</td>
<td>PLASMA RADIOIRON DISAPPEARANCE</td>
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<td>78160</td>
<td>RADIOIRON ORAL ABSORPTION</td>
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<tr>
<td>78170</td>
<td>RADIOIRON RED CELL UTILIZATION</td>
<td>Auth Required</td>
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<tr>
<td>78172</td>
<td>CHELATABLE IRON FOR ESTIMATION</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>78185</td>
<td>SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW</td>
<td>Auth Required</td>
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<tr>
<td>78191</td>
<td>PLATELET SURVIVAL STUDY</td>
<td>No Auth Needed</td>
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<tr>
<td>78195</td>
<td>LYMPHATICS AND LYMPH NODES IMAGING</td>
<td>Auth Required</td>
</tr>
<tr>
<td>78199</td>
<td>UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE</td>
<td>Auth Required</td>
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<tr>
<td>78201</td>
<td>LIVER IMAGING; STATIC ONLY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>78202</td>
<td>LIVER IMAGING; WITH VASCULAR FLOW</td>
<td>Auth Required</td>
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<tr>
<td>78205</td>
<td>LIVER IMAGING (SPECT);</td>
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</tr>
<tr>
<td>78206</td>
<td>LIVER IMAGING (SPECT); WITH VASCULAR FLOW</td>
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</tr>
<tr>
<td>78215</td>
<td>LIVER AND SPLEEN IMAGING; STATIC ONLY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>78216</td>
<td>LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW</td>
<td>Auth Required</td>
</tr>
<tr>
<td>78226</td>
<td>HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT;</td>
<td>Auth Required</td>
</tr>
<tr>
<td>78227</td>
<td>HEPATOBILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING QUANTITATIVE MEASUREM</td>
<td>Auth Required</td>
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<tr>
<td>78230</td>
<td>SALIVARY GLAND IMAGING;</td>
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</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>78231</td>
<td>SALIVARY GLAND IMAGING; WITH SERIAL IMAGES</td>
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<td>78232</td>
<td>SALIVARY GLAND FUNCTION STUDY</td>
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<td>78258</td>
<td>ESOPHAGEAL MOTILITY</td>
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<td>78261</td>
<td>GASTRIC MUCOSA IMAGING</td>
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<td>78262</td>
<td>GASTROESOPHAGEAL REFLUX STUDY</td>
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<td>78264</td>
<td>GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH);</td>
<td>No Auth Needed</td>
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<tr>
<td>78265</td>
<td>GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL TRANSIT</td>
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<tr>
<td>78266</td>
<td>GASTRIC EMPTYING IMAGING STUDY (EG, SOLID, LIQUID, OR BOTH); WITH SMALL BOWEL AND COLON TRANSIT, MULTIPLE DAYS</td>
<td>No Auth Needed</td>
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<tr>
<td>78267</td>
<td>UREA BREATH TEST, C-14 (ISOTOPIC); ACQUISITION FOR ANALYSIS</td>
<td>No Auth Needed</td>
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<td>78268</td>
<td>UREA BREATH TEST, C-14 (ISOTOPIC); ANALYSIS</td>
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<td>78278</td>
<td>ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING</td>
<td>No Auth Needed</td>
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<td>78282</td>
<td>GASTROINTESTINAL PROTEIN LOSS</td>
<td>No Auth Needed</td>
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<td>78290</td>
<td>INTESTINE IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>78291</td>
<td>PERITONEAL-VENOUS SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)</td>
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<td>78300</td>
<td>BONE AND/OR JOINT IMAGING; LIMITED AREA</td>
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<tr>
<td>78305</td>
<td>BONE AND/OR JOINT IMAGING; MULTIPLE AREAS</td>
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<tr>
<td>78306</td>
<td>BONE AND/OR JOINT IMAGING; WHOLE BODY</td>
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<td>78315</td>
<td>BONE AND/OR JOINT IMAGING; THREE PHASE STUDY</td>
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<td>78320</td>
<td>BONE AND/OR JOINT IMAGING; TOMOGRAPHIC (SPECT)</td>
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<td>78350</td>
<td>BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY</td>
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<tr>
<td>78351</td>
<td>BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; DUAL PHOTON ABSORPTIOMETRY, ONE OR MORE SITES</td>
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<td>UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE</td>
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<td>78414</td>
<td>DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR</td>
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<td>78428</td>
<td>CARDIAC SHUNT DETECTION</td>
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<td>MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), MET</td>
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<td>78434</td>
<td>ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF), POS</td>
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<td>78445</td>
<td>NON-CARDIAC VASCULAR FLOW IMAGING (IE,ANGIOGRAPHY, VENOGRAPHY)</td>
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<td>78455</td>
<td>VENOUS THROMBOSIS STUDY (EG,</td>
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<td>78456</td>
<td>ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE</td>
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<td>78457</td>
<td>VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL</td>
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<td>Code</td>
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<td>VENOUS THROMBOSIS IMAGING, VENOGRAM; BILATERAL</td>
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<td>MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION</td>
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<td>MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE</td>
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<td>MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE</td>
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<td>MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION</td>
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<td>78472</td>
<td>CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; PLANAR, SINGLE STUDY AT REST OR STRESS (EXERCISE AND/OR PHARMACOLOGIC), WALL MOTION STUDY PLUS EJECTION FRACTION, AT REST AND STRESS</td>
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<td>CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, AT REST AND STRESS</td>
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<td>CARDIAC BLOOD POOL IMAGING (PLANAR), FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE AND/OR PHARMACOLOGIC)</td>
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<td>MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS</td>
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<td>MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS</td>
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<td>CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION, WITH OR</td>
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<td>CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT VENTRICULAR EJECTION FRACTION BY FIRST</td>
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<td>UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE</td>
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<td>78579</td>
<td>PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)</td>
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<td>78580</td>
<td>PULMONARY PERFUSION IMAGING, PARTICULATE</td>
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<td>78582</td>
<td>PULMONARY VENTILATION(EG, AEROSOL OR GAS) AND PERFUSION IMAGING</td>
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<td>78597</td>
<td>QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED</td>
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<td>78598</td>
<td>QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION (EG, AEROSOL OR GAS), INCLUDING IMAGING WHEN PERFORMED</td>
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<td>UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE</td>
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<td>78600</td>
<td>BRAIN IMAGING, LESS THAN 4 STATIC VIEWS;</td>
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<td>BRAIN IMAGING, LESS THAN 4 STATIC VIEWS; WITH VASCULAR FLOW</td>
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<tr>
<td>78605</td>
<td>BRAIN IMAGING, MINIMUM 4 STATIC VIEWS;</td>
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<td>78606</td>
<td>BRAIN IMAGING, MINIMUM 4 STATIC VIEWS; WITH VASCULAR FLOW</td>
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<td>BRAIN IMAGING, TOMOGRAPHIC (SPECT)</td>
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<td>78608</td>
<td>BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION</td>
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<td>Description</td>
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<td>BRAIN IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION</td>
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<td>BRAIN IMAGING, VASCULAR FLOW ONLY</td>
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<td>CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY</td>
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<td>CEREBROSPINAL FLUID LEAKAGE DETECTION AND LOCALIZATION</td>
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<td>RADIOPHARMACEUTICAL DACRYOCYSTOGRAPHY</td>
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<td>78699</td>
<td>UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE</td>
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<td>KIDNEY FUNCTION STUDY, NON-IMAGING RADIOISOTOPIC STUDY</td>
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<td>URINARY BLADDER RESIDUAL STUDY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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<td>URETERAL REFLUX STUDY (RADIOPHARMACEUTICAL VOIDING CYSTOGRAM)</td>
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<td>TESTICULAR IMAGING;</td>
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<td>TESTICULAR IMAGING WITH VASCULAR FLOW</td>
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<td>Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s);</td>
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<td>Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)</td>
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<td>Positron emission tomography (PET) imaging; skull base to mid-thigh</td>
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<td>Positron emission tomography (PET) imaging; whole body</td>
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<td>Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation</td>
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<tr>
<td>79403</td>
<td>RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>79420</td>
<td>INTRAVASCULAR RADIOPHARMACEUT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>79440</td>
<td>RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTICULAR ADMINISTRATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>79445</td>
<td>RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION</td>
<td>No Auth Needed</td>
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<tr>
<td>79900</td>
<td>PROVISION OF THERAPEUTIC RAD</td>
<td>Auth Required</td>
</tr>
<tr>
<td>79999</td>
<td>RADIOPHARMACEUTICAL THERAPY, UNLISTED PROCEDURE</td>
<td>Auth Required</td>
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<tr>
<td>80047</td>
<td>BASIC METABOLIC PANEL (CALCIUM, IONIZED) THIS PANEL MUST INCLUDE THE FOLLOWING: CALCIUM, IONIZED (82330) CARBON DIOXIDE (8)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>80048</td>
<td>BASIC METABOLIC PANEL (CALCIUM, TOTAL) THIS PANEL MUST INCLUDE THE FOLLOWING: CALCIUM (82310) CARBON DIOXIDE (82374) CHLOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>80050</td>
<td>GENERAL HEALTH PANEL: INCLUDE COMPREHENSIVE METABOLIC PANEL (80053) BLOOD COUNT,</td>
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</tr>
<tr>
<td>80051</td>
<td>ELECTROLYTE PANEL: INCLUDE CARBON DIOXIDE (82374) CHLORIDE (82435) POTASSIUM (84132) SODIUM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>80053</td>
<td>COMPREHENSIVE METABOLIC PANEL: INCLUDE ALBUMIN,</td>
<td>No Auth Needed</td>
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<tr>
<td>80055</td>
<td>OBSTETRIC PANEL: INCLUDE BLOOD COUNT, COMPLETE (CBC), AUTOMATED AND AUTOMATED DIFFERENTIAL</td>
<td>No Auth Needed</td>
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<tr>
<td>80061</td>
<td>LIPID PANEL: INCLUDE CHOLESTEROL, SERUM, TOTAL (82465) LIPOPROTEIN, DIRECT MEASUREMENT,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>80069</td>
<td>RENAL FUNCTION PANEL: INCLUDE ALBUMIN (82040) CALCIUM (82310) CARBON DIOXIDE</td>
<td>No Auth Needed</td>
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<tr>
<td>80074</td>
<td>ACUTE HEPATITIS PANEL: INCLUDE HEPATITIS A ANTIBODY (HAAB), IGM ANTIBODY (86709) HEPATITIS B</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>80076</td>
<td>HEPATIC FUNCTION PANEL: INCLUDE ALBUMIN (82040) BILIRUBIN, TOTAL (82247) BILIRUBIN, DIRECT</td>
<td>No Auth Needed</td>
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<tr>
<td>80081</td>
<td>OBSTETRIC PANEL (INCLUDES HIV TESTING)</td>
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<tr>
<td>80090</td>
<td>TORCH ANTIBODY PANEL MUST INCLUDE</td>
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<tr>
<td>80101</td>
<td>DRUG SCREEN QUALITATIVE; SIN</td>
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<tr>
<td>80145</td>
<td>ADALIMUMAB</td>
<td>No Auth Needed</td>
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<tr>
<td>80150</td>
<td>AMIKACIN</td>
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<tr>
<td>Code</td>
<td>Drug Name</td>
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<td>80155</td>
<td>CAFFEINE</td>
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<td>80156</td>
<td>CARBAMAZEPINE; TOTAL</td>
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<td>80157</td>
<td>CARBAMAZEPINE; FREE</td>
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<tr>
<td>80158</td>
<td>CYCLOSPORINE</td>
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<td>80159</td>
<td>CLOZAPINE</td>
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<td>80162</td>
<td>DIGOXIN; TOTAL</td>
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<td>80163</td>
<td>DIGOXIN; FREE</td>
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<td>80164</td>
<td>VALPROIC ACID (DIPROPYLACETIC ACID); TOTAL</td>
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<td>VALPROIC ACID (DIPROPYLACETIC ACID); FREE</td>
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<tr>
<td>80168</td>
<td>ETHOSUXIMIDE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>80169</td>
<td>EVEROLIMUS</td>
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<td>80170</td>
<td>GENTAMICIN</td>
<td>No Auth Needed</td>
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<tr>
<td>80171</td>
<td>GABAPENTIN, WHOLE BLOOD, SERUM, OR PLASMA</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Substance</td>
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<td>80173</td>
<td>HALOPERIDOL</td>
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<td>80175</td>
<td>LAMOTRIGINE</td>
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<td>LIDOCAINE</td>
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<td>80177</td>
<td>LEVETIRACETAM</td>
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<td>80178</td>
<td>LITHIUM</td>
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<td>80180</td>
<td>MYCOPHENOLATE (MYCOPHENOLIC ACID)</td>
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<td>80183</td>
<td>OXCARBAZEPINE</td>
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<td>80186</td>
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<td>80187</td>
<td>POSACONAZOLE</td>
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<td>80188</td>
<td>PRIMIDONE</td>
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<td>80190</td>
<td>PROCAINAMIDE;</td>
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<td>Code</td>
<td>Drug Name</td>
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<td>80192</td>
<td>PROCAINAMIDE; WITH METABOLITES (EG, N-ACETYL PROCAINAMIDE)</td>
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<tr>
<td>80194</td>
<td>QUINIDINE</td>
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<td>80195</td>
<td>SIROLIMUS</td>
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<td>80197</td>
<td>TACROLIMUS</td>
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<td>80198</td>
<td>THEOPHYLLINE</td>
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<td>80199</td>
<td>TIAGABINE</td>
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<td>TOBRAMYCIN</td>
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<td>ZONISAMIDE</td>
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<td>Code</td>
<td>Description</td>
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<td>80285</td>
<td>VORICONAZOLE</td>
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<td>80299</td>
<td>QUANTITATION OF THERAPEUTIC DRUG, NOT ELSEWHERE SPECIFIED</td>
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<td>80305</td>
<td>DRUG TEST(S), PRESumptive, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; CAPABLE OF BEING READ BY DIRECT</td>
<td>No Auth Needed</td>
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<td>80306</td>
<td>DRUG TEST(S), PRESumptive, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; READ BY INSTRUMENT ASSISTED</td>
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<td>DRUG TEST(S), PRESumptive, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; BY INSTRUMENT CHEMISTRY</td>
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<td>80320</td>
<td>ALCOHOLS</td>
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<td>ALCOHOL BIOMARKERS; 1 OR 2</td>
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<td>ALCOHOL BIOMARKERS; 3 OR MORE</td>
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<td>ALKALOIDS, NOT OTHERWISE SPECIFIED</td>
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<td>80324</td>
<td>AMPHETAMINES; 1 OR 2</td>
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<td>80325</td>
<td>AMPHETAMINES; 3 OR 4</td>
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<td>80326</td>
<td>AMPHETAMINES; 5 OR MORE</td>
<td>No Auth Needed</td>
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<td>80327</td>
<td>ANABOLIC STEROIDS; 1 OR 2</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>80328</td>
<td>ANABOLIC STEROIDS; 3 OR MORE</td>
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<td>ANALGESICS, NON-OPIOID; 1 OR 2</td>
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<td>ANALGESICS, NON-OPIOID; 6 OR MORE</td>
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<td>80332</td>
<td>ANTIDEPRESSANTS, SEROTONERGIC CLASS; 1 OR 2</td>
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<td>ANTIDEPRESSANTS, SEROTONERGIC CLASS; 3-5</td>
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<td>ANTIDEPRESSANTS, SEROTONERGIC CLASS; 6 OR MORE</td>
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<td>80335</td>
<td>ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 1 OR 2</td>
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<td>80336</td>
<td>ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 3-5</td>
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<td>80337</td>
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<td>80339</td>
<td>ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 1-3</td>
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<td>80340</td>
<td>ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 4-6</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<td>80343</td>
<td>ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 4-6</td>
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<tr>
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<td>ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE</td>
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<tr>
<td>80345</td>
<td>BARBITURATES</td>
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<td>80346</td>
<td>BENZODIAZEPINES; 1-12</td>
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<td>BENZODIAZEPINES; 13 OR MORE</td>
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<td>BUPRENORPHINE</td>
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<td>CANNABINOIDS, NATURAL</td>
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<td>CANNABINOIDS, SYNTHETIC; 1-3</td>
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<td>CANNABINOIDS, SYNTHETIC; 4-6</td>
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<td>CANNABINOIDS, SYNTHETIC; 7 OR MORE</td>
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<td>COCAINE</td>
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<td>FENTANYL</td>
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<td>GABAPENTIN, NON-BLOOD</td>
<td>No Auth Needed</td>
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<tr>
<td>80356</td>
<td>HEROIN METABOLITE</td>
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<td>80357</td>
<td>KETAMINE AND NORKETAMINE</td>
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<td>80358</td>
<td>METHADONE</td>
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<td>80359</td>
<td>METHYLENEDIOXYAMPHETAMINES (MDA, MDEA, MDMA)</td>
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<td>80360</td>
<td>METHYLPHENIDATE</td>
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<td>OPIOIDS AND OPIATE ANALOGS; 1 OR 2</td>
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<td>OPIOIDS AND OPIATE ANALOGS; 5 OR MORE</td>
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<td>OXYCODONE</td>
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<td>PREGABALIN</td>
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<td>PROPOXYPHENE</td>
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<td>80368</td>
<td>SEDATIVE HYPNOTICS (NON-BENZODIAZEPINES)</td>
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<td>SKELETAL MUSCLE RELAXANTS; 1 OR 2</td>
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<td>SKELETAL MUSCLE RELAXANTS; 3 OR MORE</td>
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<td>80372</td>
<td>TAPENTADOL</td>
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<td>80373</td>
<td>TRAMADOL</td>
<td>No Auth Needed</td>
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<td>80374</td>
<td>STEREOISOMER (ENANTIOMER) ANALYSIS, SINGLE DRUG CLASS</td>
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<td>80375</td>
<td>DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE SPECIFIED; 1-3</td>
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<td>80376</td>
<td>DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE SPECIFIED; 4-6</td>
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<td>80377</td>
<td>DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE SPECIFIED; 7 OR MORE</td>
<td>No Auth Needed</td>
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<td>80400</td>
<td>ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY THIS PANEL MUST INCLUDE THE FOLLOWING: CORTISOL (82533 X 2)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>80402</td>
<td>ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIENCY THIS PANEL MUST INCLUDE THE FOLLOWING: CORTISOL (82533 X 2) 17 HYDRO</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Required Tests</td>
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<tr>
<td>80406</td>
<td>ACTH STIMULATION PANEL; FOR 3 BETA-HYDROXYDEHYDROGENASE DEFICIENCY</td>
<td>CORTISOL</td>
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<tr>
<td>80408</td>
<td>ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG, SALINE INFUSION)</td>
<td>ALDOSTERONE</td>
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<td>80410</td>
<td>CALCITONIN STIMULATION PANEL (EG, CALCIUM, PENTAGASTRIN)</td>
<td>CALCITONIN (82308 X 3)</td>
</tr>
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<td>80412</td>
<td>CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL</td>
<td>CORTISOL (82533 X 6) ADRENO</td>
</tr>
<tr>
<td>80414</td>
<td>CHORIONIC GONADOTROPIN STIMULATION PANEL; TESTOSTERONE RESPONSE</td>
<td>TESTOSTERONE</td>
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<tr>
<td>80415</td>
<td>CHORIONIC GONADOTROPIN STIMULATION PANEL; ESTRADIOL RESPONSE</td>
<td>ESTRADIOL</td>
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<tr>
<td>80416</td>
<td>RENAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)</td>
<td>RENIN (84244 X 6)</td>
</tr>
<tr>
<td>80417</td>
<td>PERIPHERAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)</td>
<td>RENIN (84244 X 2)</td>
</tr>
<tr>
<td>80418</td>
<td>COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL</td>
<td>ADRENOCORTICOTROPIC</td>
</tr>
<tr>
<td>80420</td>
<td>DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR</td>
<td>FREE CORTISOL, URINE (82530 X 2) CORTISOL</td>
</tr>
<tr>
<td>80422</td>
<td>GLUCAGON TOLERANCE PANEL; FOR INSULINOMA</td>
<td>GLUCOSE (82947 X 3) INSULIN (83525 X 3)</td>
</tr>
<tr>
<td>80424</td>
<td>GLUCAGON TOLERANCE PANEL; FOR PHEOCHROMOCYCTOMA</td>
<td>CATECHOLAMINES</td>
</tr>
<tr>
<td>80426</td>
<td>GONADOTROPIN RELEASING HORMONE STIMULATION PANEL</td>
<td>FOLLICLE STIMULATING</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization</td>
</tr>
<tr>
<td>-------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>80428</td>
<td>GROWTH HORMONE STIMULATION PANEL (EG, ARGinine INFUSION, L-DOPA ADMINISTRATION) THIS PANEL MUST INCLUDE THE FOLLOWING: HUM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>80430</td>
<td>GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION) THIS PANEL MUST INCLUDE THE FOLLOWING: GLUCOSE (82947 X 3) HUMAN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>80432</td>
<td>INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: INSULIN (83525) C-PEPTIDE (84681 X 3) HUMAN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>80434</td>
<td>INSULIN TOLERANCE PANEL; FOR ACTH INSUFFICIENCY THIS PANEL MUST INCLUDE THE FOLLOWING: CORTISOL (82533 X 5) GLUCOSE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>80435</td>
<td>INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY THIS PANEL MUST INCLUDE THE FOLLOWING: GLUCOSE (82947 X 5)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>80436</td>
<td>METYRAPONE PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CORTISOL (82533 X 2) 11 DEOXYCORTISOL (82634 X 2)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>80438</td>
<td>THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; ONE HOUR THIS PANEL MUST INCLUDE THE FOLLOWING: THYROID</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>80439</td>
<td>THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; TWO HOUR THIS PANEL MUST INCLUDE THE FOLLOWING: THYROID</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>80500</td>
<td>CLINICAL PATHOLOGY CONSULTATION; LIMITED, WITHOUT REVIEW OF PATIENT'S HISTORY AND MEDICAL RECORDS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>80502</td>
<td>CLINICAL PATHOLOGY CONSULTATION; COMPREHENSIVE, FOR A COMPLEX DIAGNOSTIC PROBLEM, WITH REVIEW OF PATIENT'S HISTORY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>81000</td>
<td>URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>81001</td>
<td>URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>81002</td>
<td>URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
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</tr>
<tr>
<td>81003</td>
<td>URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>81005</td>
<td>URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOASSAYS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>81007</td>
<td>URINALYSIS; BACTERIURIAS SCREEN, EXCEPT BY CULTURE OR DIPSTICK</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>81015</td>
<td>URINALYSIS; MICROSCOPIC ONLY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>81020</td>
<td>URINALYSIS; TWO OR THREE GLASS TEST</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>81025</td>
<td>URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>81050</td>
<td>VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>81099</td>
<td>UNLISTED URINALYSIS PROCEDURE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81105</td>
<td>HUMAN PLATELET ANTIGEN 1 GENOTYPING (HPA-1), ITGB3 (INTEGRIN, BETA 3 [PLATELET GLYCOPROTEIN IIIA], ANTIGEN CD61 [GPIIIA]) [EG]</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81106</td>
<td>HUMAN PLATELET ANTIGEN 2 GENOTYPING (HPA-2), GP1BA (GLYCOPROTEIN IB [PLATELET], ALPHA POLYPEPTIDE [GP1BA]) [EG, NEONATAL]</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81107</td>
<td>HUMAN PLATELET ANTIGEN 3 GENOTYPING (HPA-3), ITGA2B (INTEGRIN, ALPHA 2B [PLATELET GLYCOPROTEIN IIB] OF IIB/IIIA COMPLEX),</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81108</td>
<td>HUMAN PLATELET ANTIGEN 4 GENOTYPING (HPA-4), ITGB3 (INTEGRIN, BETA 3 [PLATELET GLYCOPROTEIN IIIA], ANTIGEN CD61 [GPIIIA]) [EG]</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81109</td>
<td>HUMAN PLATELET ANTIGEN 5 GENOTYPING (HPA-5), ITGA2 (INTEGRIN, ALPHA 2 [CD49B, ALPHA 2 SUBUNIT OF VLA-2 RECEPTOR] [GPIA]) [EG]</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
</tr>
<tr>
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</tr>
<tr>
<td>81110</td>
<td>Human Platelet Antigen 6 Genotyping (HPA-6W), ITGB3 (Integrin, Beta 3 [Platelet Glycoprotein IIIa, Antigen CD61] [GPIIIA]) (EG, Neutrophil, Eosinophil)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81111</td>
<td>Human Platelet Antigen 9 Genotyping (HPA-9W), ITGA2B (Integrin, Alpha 2B [Platelet Glycoprotein IIB of IIB/IIIA Complex, Antigen CD62])</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81112</td>
<td>Human Platelet Antigen 15 Genotyping (HPA-15), CD109 (CD109 Molecule) (EG, Neonatal alloimmune thrombocytopenia [NAIT], Post-transfusion</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81120</td>
<td>IDH1 (Isocitrate Dehydrogenase 1 [NADP+], Soluble) (EG, Glioma), Common Variants (EG, R132H, R132C)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81121</td>
<td>IDH2 (Isocitrate Dehydrogenase 2 [NADP+], Mitochondrial) (EG, Glioma), Common Variants (EG, R140W, R172M)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81161</td>
<td>DMD (Dystrophin) (EG, Duchenne/Becker muscular dystrophy) Deletion Analysis, and Duplication Analysis, IF PERFORMED</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81162</td>
<td>BRCA1 (BRCA1, DNA Repair Associated), BRCA2 (BRCA2, DNA Repair Associated) (EG, Hereditary Breast and Ovarian Cancer)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81163</td>
<td>BRCA1 (BRCA1, DNA Repair Associated), BRCA2 (BRCA2, DNA Repair Associated) (EG, Hereditary Breast and Ovarian Cancer)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81164</td>
<td>BRCA1 (BRCA1, DNA Repair Associated), BRCA2 (BRCA2, DNA Repair Associated) (EG, Hereditary Breast and Ovarian Cancer)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81165</td>
<td>BRCA1 (BRCA1, DNA Repair Associated) (EG, Hereditary Breast and Ovarian Cancer) Gene Analysis; Full Sequence Analysis</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81166</td>
<td>BRCA1 (BRCA1, DNA Repair Associated) (EG, Hereditary Breast and Ovarian Cancer) Gene Analysis; Full Duplication/Deletion</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81167</td>
<td>BRCA2 (BRCA2, DNA Repair Associated) (EG, Hereditary Breast and Ovarian Cancer) Gene Analysis; Full Duplication/Deletion</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81170</td>
<td>ABL1 (ABL Proto-Oncogene 1, Non-Receptor Tyrosine Kinase) (EG, Acquired Imatinib Tyrosine Kinase Inhibitor Resistance), Gene</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
</tr>
<tr>
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</tr>
<tr>
<td>81171</td>
<td>AFF2 (AF4/FMR2 FAMILY, MEMBER 2 [FMR2]) (EG, FRAGILE X MENTAL RETARDATION 2 [FRAXE]) GENE ANALYSIS; EVALUATION TO DETECT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81172</td>
<td>AFF2 (AF4/FMR2 FAMILY, MEMBER 2 [FMR2]) (EG, FRAGILE X MENTAL RETARDATION 2 [FRAXE]) GENE ANALYSIS; CHARACTERIZATION OF ALLELES</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81173</td>
<td>AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81174</td>
<td>AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS;</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81175</td>
<td>ASXL1 (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) (EG, MYELODYPLASTIC SYNDROME,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81176</td>
<td>ASXL1 (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) (EG, MYELODYPLASTIC SYNDROME,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81177</td>
<td>ATN1 (ATROPHIN 1) (EG, DENTATORUBRAL-PALLIDOLYSIAN ATROPHY) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81178</td>
<td>ATXN1 (ATAXIN 1) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81179</td>
<td>ATXN2 (ATAXIN 2) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81180</td>
<td>ATXN3 (ATAXIN 3) (EG, SPINOCEREBELLAR ATAXIA, MACHADO-JOSEPH DISEASE) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81181</td>
<td>ATXN7 (ATAXIN 7) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81182</td>
<td>ATXN8OS (ATXN8 OPPOSITE STRAND [NON-PROTEIN CODING]) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81183</td>
<td>ATXN10 (ATAXIN 10) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Requirement</td>
</tr>
<tr>
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<tr>
<td>81184</td>
<td>CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; EVALUATION TO DETECT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81185</td>
<td>CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81186</td>
<td>CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81187</td>
<td>CNBP (CCHC-TYPE ZINC FINGER NUCLEIC ACID BINDING PROTEIN) (EG, MYOTONIC DYSTROPHY TYPE 2) GENE ANALYSIS, EVALUATION TO DETECT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81188</td>
<td>CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81189</td>
<td>CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; FULL GENE SEQUENCE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81190</td>
<td>CSTB (CYSTATIN B) (EG, UNVERRICHT-LUNDBORG DISEASE) GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81200</td>
<td>ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, E285A, Y231X)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81201</td>
<td>APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSISS [FAP], ATTENUATED FAP) GENE ANALYSIS; FULL GENE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81202</td>
<td>APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSISS [FAP], ATTENUATED FAP) GENE ANALYSIS; KNOWN</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81203</td>
<td>APC (ADENOMATOUS POLYPOSIS COLI) (EG, FAMILIAL ADENOMATOSIS POLYPOSISS [FAP], ATTENUATED FAP) GENE ANALYSIS;</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81204</td>
<td>AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION) GENE ANALYSIS;</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81205</td>
<td>BCKDHB (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1, BETA POLYPEPTIDE) (EG, MAPLE SYRUP URINE DISEASE) GENE ANALYSIS,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Optional Remarks</td>
</tr>
<tr>
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<td>------------------------</td>
</tr>
<tr>
<td>81206</td>
<td>BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81207</td>
<td>BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR QUANTITATIVE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81208</td>
<td>BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR QUANTITATIVE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81209</td>
<td>BLM (BLOOM SYNDROME, RECV HELICASE-LIKE) (EG, BLOOM SYNDROME) GENE ANALYSIS, 2281DEL6INS7 VARIANT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81210</td>
<td>BRAF (B-RAF PROTO-ONCOGENE, SERINE/THREONINE KINASE) (EG, COLON CANCER, MELANOMA), GENE ANALYSIS, V600 VARIANT(S)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81211</td>
<td>BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81212</td>
<td>BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; 185DELAG, 5385INSC, 6174DELT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81213</td>
<td>BRCA1, BRCA2 (BREAST CANCER 1 AND 2) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; UNCOMMON</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81214</td>
<td>BRCA1 (BREAST CANCER 1) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS AND COMMON</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81215</td>
<td>BRCA1 (BRCA1, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81216</td>
<td>BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; FULL SEQUENCE ANALYSIS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81217</td>
<td>BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) (EG, HEREDITARY BREAST AND OVARIAN CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81218</td>
<td>CEBPA (CCAAT/ENHANCER BINDING PROTEIN [C/EBP], ALPHA) (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS, FULL GENE SEQUENCE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81219</td>
<td>CALR (CALRETICULIN) (EG, MYELOPROLIFERATIVE DISORDERS), GENE ANALYSIS, COMMON VARIANTS IN EXON 9</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81220</td>
<td>CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMON VARIANTS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81221</td>
<td>CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; KNOWN FAMILIAL</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81222</td>
<td>CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS;</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81223</td>
<td>CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; FULL GENE SEQUENCE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81224</td>
<td>CFTR (CYSTIC FIBROSIS TRANSMEMBRANE CONDUCTANCE REGULATOR) (EG, CYSTIC FIBROSIS) GENE ANALYSIS; INTRON 8 POLY-T</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81225</td>
<td>CYP2C19 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 19) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81226</td>
<td>CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81227</td>
<td>CYP2C9 (CYTOCHROME P450, FAMILY 2, SUBFAMILY C, POLYPEPTIDE 9) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON</td>
<td>Auth Required</td>
</tr>
<tr>
<td>81228</td>
<td>CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROCARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER</td>
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<td>81229</td>
<td>CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) MICROCARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND</td>
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<td>81230</td>
<td>CYP3A4 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 4) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, *2, *22)</td>
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<td>81232</td>
<td>DPYD (DIHYDROPYRIMIDINE DEHYDROGENASE) (EG, 5-FLUOROURACIL/5-FU AND CAPECITABINE DRUG METABOLISM), GENE ANALYSIS, COMMON</td>
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<td>81233</td>
<td>BTK (BRUTON'S TYROSINE KINASE) (EG, CHRONIC LYMPHOCYTIC LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, C481S, C481R, C481F)</td>
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<td>81234</td>
<td>DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES</td>
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<td>81235</td>
<td>EGFR (EPIDERMAL GROWTH FACTOR RECEPTOR) (EG, NON-SMALL CELL LUNG CANCER) GENE ANALYSIS, COMMON VARIANTS (EG, EXON 19)</td>
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<td>81236</td>
<td>EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) (EG, MYELODYSPLASTIC SYNDROME)</td>
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<td>81237</td>
<td>EZH2 (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) (EG, DIFFUSE LARGE B-CELL LYMPHOMA) GENE ANALYSIS,</td>
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<td>81238</td>
<td>F9 (COAGULATION FACTOR IX) (EG, HEMOPHILIA B), FULL GENE SEQUENCE</td>
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<td>DMPK (DM1 PROTEIN KINASE) (EG, MYOTONIC DYSTROPHY TYPE 1) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED)</td>
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<td>F2 (PROTHROMBIN, COAGULATION FACTOR II) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, 20210G&gt;A VARIANT</td>
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<td>81241</td>
<td>F5 (COAGULATION FACTOR V) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, LEIDEN VARIANT</td>
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<td>81242</td>
<td>FANCC (FANCONI ANEMIA, COMPLEMENTATION GROUP C) (EG, FANCONI ANEMIA, TYPE C) GENE ANALYSIS, COMMON VARIANT (EG, IVS4+4A&gt;T)</td>
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<td>81243</td>
<td>FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL</td>
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<td>FMR1 (FRAGILE X MENTAL RETARDATION 1) (EG, FRAGILE X MENTAL RETARDATION) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG,</td>
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<td>81245</td>
<td>FLT3 (FMS-Related Tyrosine Kinase 3) (EG, Acute Myeloid Leukemia), Gene Analysis; Internal Tandem Duplication (ITD) Variants</td>
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<tr>
<td>81246</td>
<td>FLT3 (FMS-Related Tyrosine Kinase 3) (EG, Acute Myeloid Leukemia), Gene Analysis; Tyrosine Kinase Domain (TKD) Variants (EG,</td>
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<td>81247</td>
<td>G6PD (Glucose-6-Phosphate Dehydrogenase) (EG, Hemolytic Anemia, Jaundice), Gene Analysis; Common Variant(s) (EG, A, A-)</td>
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<td>G6PD (Glucose-6-Phosphate Dehydrogenase) (EG, Hemolytic Anemia, Jaundice), Gene Analysis; Known Familial Variant(s)</td>
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<td>81249</td>
<td>G6PD (Glucose-6-Phosphate Dehydrogenase) (EG, Hemolytic Anemia, Jaundice), Gene Analysis; Full Gene Sequence</td>
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<td>81250</td>
<td>G6PC (Glucose-6-Phosphatase, Catalytic Subunit) (EG, Glycogen Storage Disease, Type 1A, Von Gierke Disease) Gene Analysis,</td>
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<td>81251</td>
<td>GBA (Glucosidase, Beta, Acid) (EG, Gaucher Disease) Gene Analysis, Common Variants (EG, N370S, 84GG, L444P, IVS2+1G&gt;A)</td>
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<td>81252</td>
<td>GJB2 (GAP Junction Protein, Beta 2, 26KDA, Connexin 26) (EG, Nonsyndromic Hearing Loss) Gene Analysis; Full Gene Sequence</td>
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<tr>
<td>81253</td>
<td>GJB2 (GAP Junction Protein, Beta 2, 26KDA, Connexin 26) (EG, Nonsyndromic Hearing Loss) Gene Analysis; Known Familial</td>
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<td>GJB6 (GAP Junction Protein, Beta 6, 30KDA, Connexin 30) (EG, Nonsyndromic Hearing Loss) Gene Analysis, Common Variants (EG,</td>
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<td>HEXA (Hexosaminidase A [Alpha Polypeptide]) (EG, Tay-Sachs Disease) Gene Analysis, Common Variants (EG,</td>
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<td>81256</td>
<td>HFE (Hemochromatosis) (EG, Hereditary Hemochromatosis) Gene Analysis, Common Variants (EG, C282Y, H63D)</td>
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<tr>
<td>81257</td>
<td>HBA1/HBA2 (Alpha Globin 1 and Alpha Globin 2) (EG, Alpha Thalassemia, HB Bart Hydrops Fetalis Syndrome, HBH Disease), Gene</td>
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<td>81258</td>
<td>HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE</td>
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<td>81259</td>
<td>HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE</td>
<td>Auth Required</td>
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<tr>
<td>81260</td>
<td>IKBKAP (INHIBITOR OF KAPPA LIGHT POLYPEPTIDE GENE ENHANCER IN B-CELLS, KINASE COMPLEX-ASSOCIATED PROTEIN) (EG, FAMILIAL</td>
<td>Auth Required</td>
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<tr>
<td>81261</td>
<td>IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), GENE REARRANGEMENT ANALYSIS TO DETECT</td>
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<td>81262</td>
<td>IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIAS AND LYMPHOMAS, B-CELL), GENE REARRANGEMENT ANALYSIS TO DETECT</td>
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<td>81263</td>
<td>IGH@ (IMMUNOGLOBULIN HEAVY CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), VARIABLE REGION SOMATIC MUTATION ANALYSIS</td>
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<td>81264</td>
<td>IGK@ (IMMUNOGLOBULIN KAPPA LIGHT CHAIN LOCUS) (EG, LEUKEMIA AND LYMPHOMA, B-CELL), GENE REARRANGEMENT ANALYSIS, EVALUATION</td>
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<td>81265</td>
<td>COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; PATIENT AND COMPARATIVE SPECIMEN (EG, PRE-TRANSPLANT</td>
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<td>81266</td>
<td>COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT (STR) MARKERS; EACH ADDITIONAL SPECIMEN (EG, ADDITIONAL CORD BLOOD</td>
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<td>81267</td>
<td>CHIMERRISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIETIC STEM CELL), INCLUDES COMPARISON TO PREVIOUSLY P</td>
<td>Auth Required</td>
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<td>81268</td>
<td>CHIMERRISM (ENGRAFTMENT) ANALYSIS, POST TRANSPLANTATION SPECIMEN (EG, HEMATOPOIETIC STEM CELL), INCLUDES</td>
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<td>81269</td>
<td>HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE</td>
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<td>81270</td>
<td>JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, P.VAL617PHE (V617F) VARIANT</td>
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<td>81271</td>
<td>HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EG, EXPANDED) ALLELES</td>
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<tr>
<td>81272</td>
<td>KIT (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG) (EG, GASTROINTESTINAL STROMAL TUMOR [GIST],</td>
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<td>81273</td>
<td>KIT (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG) (EG, MASTOCYTOSIS), GENE ANALYSIS, D816</td>
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<td>HTT (HUNTINGTIN) (EG, HUNTINGTON DISEASE) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE)</td>
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<td>81275</td>
<td>KRAS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (EG, CARCINOMA) GENE ANALYSIS; VARIANTS IN EXON 2 (EG, CODONS 12 AND 13)</td>
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<td>81276</td>
<td>KRAS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG) (EG, CARCINOMA) GENE ANALYSIS; ADDITIONAL VARIANT(S) (EG, CODON 61, CODON</td>
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<td>CYTOGENOMIC NEOPLASIA (GENOME-WIDE) MICROARRAY ANALYSIS, IN</td>
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<td>LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND</td>
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<td>LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND</td>
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<td>LONG QT SYNDROME GENE ANALYSES (EG, KCNQ1, KCNH2, SCN5A, KCNE1, KCNE2, KCNJ2, CACNA1C, CAV3, SCN4B, AKAP, SNTA1, AND</td>
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<td>IFNL3 (INTERFERON, LAMBDA 3) (EG, DRUG RESPONSE), GENE ANALYSIS, RS12979860 VARIANT</td>
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<td>81284</td>
<td>FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL (EXPANDED) ALLELES</td>
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<td>FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; CHARACTERIZATION OF ALLELES (EG, EXPANDED SIZE)</td>
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<td>FXN (FRATAxin) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; FULL GENE SEQUENCE</td>
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<td>81287</td>
<td>MGMT (O-6-METHYLGUANINE-DNA METHYLTRANSFERASE) (EG, GliOBlastoma MULTIFORME) PROMOTER METHYLATION</td>
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<td>81288</td>
<td>MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOsis TYPE 2) (EG, HEREDITARY NONPOLYPOsis COLORECTAL CANCER, LYNCH)</td>
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<td>FXN (FRATAxin) (EG, FRIEDREICH ATAXIA) GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)</td>
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<td>MCOLN1 (MUCOLIPIN 1) (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON VARIANTS (EG, IVS3-2A&gt;G, DEL6.4KB)</td>
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<td>81291</td>
<td>MTHFR (5,10-METHYLENETETRAHYDROFOLATE REDUCTASE) (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS,</td>
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<td>MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOsis TYPE 2) (EG, HEREDITARY NONPOLYPOsis COLORECTAL CANCER, LYNCH)</td>
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<td>MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOsis TYPE 2) (EG, HEREDITARY NONPOLYPOsis COLORECTAL CANCER, LYNCH)</td>
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<td>MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOsis TYPE 1) (EG, HEREDITARY NONPOLYPOsis COLORECTAL CANCER, LYNCH)</td>
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<td>MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOsis TYPE 1) (EG, HEREDITARY NONPOLYPOsis COLORECTAL CANCER, LYNCH)</td>
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<td>MSH2 (MUTS HOMOLOG 2, COLON CANCER, NONPOLYPOsis TYPE 1) (EG, HEREDITARY NONPOLYPOsis COLORECTAL CANCER, LYNCH)</td>
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<td>MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOsis COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS;</td>
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<td>MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; Auth Required</td>
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<td>MSH6 (MUTS HOMOLOG 6 [E. COLI]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; Auth Required</td>
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<td>81301</td>
<td>MICROSATELLITE INSTABILITY ANALYSIS (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) OF MARKERS FOR Auth Required</td>
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<td>81302</td>
<td>MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS Auth Required</td>
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<td>81303</td>
<td>MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT Auth Required</td>
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<td>81304</td>
<td>MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS Auth Required</td>
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<td>81305</td>
<td>MYD88 (MYELOID DIFFERENTIATION PRIMARY RESPONSE 88) (EG, WALDENSTROM’S MACROGLOBULINEMIA, LYMPHOPLASMACYTIC LEUKEMIA) GENE ANALYSIS, P.LEU265PRO (L265P) Auth Required</td>
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<td>81307</td>
<td>PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANC Auth Required</td>
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<td>81308</td>
<td>PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANC Auth Required</td>
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<td>81309</td>
<td>PIK3CA (PHOSPHATIDYLINOSITOL-4, 5-BIPHOSPHATE 3-KINASE, CAT Auth Required</td>
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<td>81310</td>
<td>NPM1 (NUCLEOPHOSMIN) (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, EXON 12 VARIANTS Auth Required</td>
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<td>81311</td>
<td>NRAS (NEUROBLASTOMA RAS VIRAL [V-RAS] ONCOGENE HOMOLOG) (EG, COLORECTAL CARCINOMA), GENE ANALYSIS, VARIANTS IN Auth Required</td>
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<td>81312</td>
<td>PABPN1 (POLY[A] BINDING PROTEIN NUCLEAR 1) (EG, OCULOPHARYNGEAL MUSCULAR DYSTROPHY) GENE ANALYSIS, EVALUATION TO DETECT</td>
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<td>81313</td>
<td>PCA3/KLK3 (PROSTATE CANCER ANTIGEN 3 [NON-PROTEIN CODING]/KALLIKREIN-RELATED PEPTIDASE 3 [PROSTATE SPECIFIC ANTIGEN])</td>
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<td>81314</td>
<td>PDGFRA (PLATELET-DERIVED GROWTH FACTOR RECEPTOR, ALPHA POLYPEPTIDE) (EG, GASTROINTESTINAL STROMAL TUMOR [GIST]),</td>
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<td>81315</td>
<td>PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA) (EG, PROMYELOCYTIC LEUKEMIA) TRANSLOCATION</td>
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<td>81316</td>
<td>PML/RARALPHA, (T(15;17)), (PROMYELOCYTIC LEUKEMIA/RETINOIC ACID RECEPTOR ALPHA) (EG, PROMYELOCYTIC LEUKEMIA) TRANSLOCATION</td>
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<td>81317</td>
<td>PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH)</td>
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<td>81318</td>
<td>PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH)</td>
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<td>PMS2 (POSTMEIOTIC SEGREGATION INCREASED 2 [S. CEREVISIAE]) (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH)</td>
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<td>81320</td>
<td>PLCG2 (PHOSPHOLIPASE C GAMMA 2) (EG, CHRONIC LYMPHOCYTIC LEUKEMIA) GENE ANALYSIS, COMMON VARIANTS (EG, R665W)</td>
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<td>81321</td>
<td>PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; FULL</td>
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<tr>
<td>81322</td>
<td>PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS; KNOWN</td>
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<td>81323</td>
<td>PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME) GENE ANALYSIS;</td>
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<tr>
<td>81324</td>
<td>PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE)</td>
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<tr>
<td>Code</td>
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<td>81325</td>
<td>PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE)</td>
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<td>81326</td>
<td>PMP22 (PERIPHERAL MYELIN PROTEIN 22) (EG, CHARCOT-MARIE-TOOTH, HEREDITARY NEUROPATHY WITH LIABILITY TO PRESSURE)</td>
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<tr>
<td>81327</td>
<td>SEPT9 (SEPTIN9) (EG, COLORECTAL CANCER) PROMOTER METHYLATION ANALYSIS</td>
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<tr>
<td>81328</td>
<td>SLCO1B1 (SOLUTE CARRIER ORGANIC ANION TRANSPORTER FAMILY, MEMBER 1B1) (EG, ADVERSE DRUG REACTION), GENE ANALYSIS,</td>
<td>Auth Required</td>
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<td>81329</td>
<td>SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; DOSAGE/DELETION ANALYSIS</td>
<td>Auth Required</td>
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<td>81330</td>
<td>SMND1(SPHINGOMYELIN PHOSPHODIESTERASE 1, ACID LYOSOMAL) (EG, NIEMANN-PICK DISEASE, TYPE A) GENE ANALYSIS, COMMON VARIANTS</td>
<td>Auth Required</td>
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<td>81331</td>
<td>SNRPN/UBE3A (SMALL NUCLEAR RIBONUCLEOPROTEIN POLYPEPTIDE N AND UBIQUITIN PROTEIN LIGASE E3A) (EG, PRADER-</td>
<td>Auth Required</td>
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<td>81332</td>
<td>SERPINA1 (SERPIN PEPTIDASE INHIBITOR, CLADE A, ALPHA-1 ANTPROTEINASE, ANTITRYSIN, MEMBER 1) (EG, ALPHA-1-ANTITRYSIN</td>
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<tr>
<td>81333</td>
<td>TGFBI (TRANSFORMING GROWTH FACTOR BETA-INDUCED) (EG, CORNEAL DYSTROPHY) GENE ANALYSIS, COMMON VARIANTS (EG, R124H,</td>
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<tr>
<td>81334</td>
<td>RUNX1 (RUNT RELATED TRANSCRIPTION FACTOR 1) (EG, ACUTE MYELOID LEUKEMIA, FAMILIAL PLATELET DISORDER WITH ASSOCIATED MYELOID</td>
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<td>81335</td>
<td>TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3)</td>
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<td>81336</td>
<td>SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; FULL GENE SEQUENCE</td>
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<td>81337</td>
<td>SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) (EG, SPINAL MUSCULAR ATROPHY) GENE ANALYSIS; KNOWN FAMILIAL SEQUENCE</td>
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<td>81340</td>
<td>TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS TO DETECT</td>
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<tr>
<td>81341</td>
<td>TRB@ (T CELL ANTIGEN RECEPTOR, BETA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS TO DETECT</td>
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<tr>
<td>81342</td>
<td>TRG@ (T CELL ANTIGEN RECEPTOR, GAMMA) (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS, EVALUATION TO</td>
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<td>81343</td>
<td>PPP2R2B (PROTEIN PHOSPHATASE 2 REGULATORY SUBUNIT BBETA) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT</td>
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<td>81344</td>
<td>TBP (TATA BOX BINDING PROTEIN) (EG, SPINOCEREBELLAR ATAXIA) GENE ANALYSIS, EVALUATION TO DETECT ABNORMAL (EG,</td>
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<td>81345</td>
<td>TERT (TELOMERASE REVERSE TRANSCRIPTASE) (EG, THYROID CARCINOMA, Glioblastoma Multiforme) GENE ANALYSIS, TARGETED</td>
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<tr>
<td>81346</td>
<td>TYMS (THYMIDYLATE SYNTHETASE) (EG, 5-FLUOROURACIL/5-FU DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, TANDEM</td>
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<td>81350</td>
<td>UGT1A1 (UDP GLUCURONOSYLTRANSFERASE 1 FAMILY, POLYPEPTIDE A1) (EG, IRINOTECAN METABOLISM), GENE ANALYSIS, COMMON</td>
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<td>81355</td>
<td>VKORC1 (VITAMIN K EPOXIDE REDUCTASE COMPLEX, SUBUNIT 1) (EG, WARFARIN METABOLISM), GENE ANALYSIS, COMMON</td>
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<td>81361</td>
<td>HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); COMMON VARIANT(S)</td>
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<tr>
<td>81362</td>
<td>HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); KNOWN FAMILIAL</td>
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<td>81363</td>
<td>HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); DUPLICATION/DELETION</td>
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<td>81364</td>
<td>HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); FULL GENE SEQUENCE</td>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>81370</td>
<td>HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B, -C, -DRB1/3/4/5, AND -DQB1</td>
<td>No Auth Needed</td>
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<td>81371</td>
<td>HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B, AND -DRB1/3/4/5 (EG, VERIFICATION TYPING)</td>
<td>No Auth Needed</td>
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<td>81372</td>
<td>HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); COMPLETE (IE, HLA-A, -B, AND -C)</td>
<td>No Auth Needed</td>
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<td>81373</td>
<td>HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); 1 LOCUS (EG, HLA-A, -B, OR -C), EACH</td>
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<td>81374</td>
<td>HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); 1 ANTIGEN EQUIVALENT (EG, B*27), EACH</td>
<td>No Auth Needed</td>
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<td>81375</td>
<td>HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-DRB1/3/4/5 AND -DQB1</td>
<td>No Auth Needed</td>
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<td>81376</td>
<td>HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); 1 LOCUS (EG, HLA-DRB1/3/4/5, -DQB1, -DQA1, -DPB1, OR -DPA1), EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>81377</td>
<td>HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); 1 ANTIGEN EQUIVALENT, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>81378</td>
<td>HLA CLASS I AND II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS), HLA-A, -B, -C, AND -DRB1</td>
<td>No Auth Needed</td>
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<td>81379</td>
<td>HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); COMPLETE (IE, HLA-A, -B, AND -C)</td>
<td>No Auth Needed</td>
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<td>HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); 1 LOCUS (EG, HLA-A, -B, OR -C), EACH</td>
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<td>81381</td>
<td>HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); 1 ALLELE OR ALLELE GROUP (EG, B*57:01P), EACH</td>
<td>No Auth Needed</td>
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<td>81382</td>
<td>HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); 1 LOCUS (EG, HLA-DRB1, -DRB3, -DRB4, -DRB5, -DQB1, -DQA1, -DP)</td>
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<td>81383</td>
<td>HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); 1 ALLELE OR ALLELE GROUP (EG, HLA-DQB1*06:02P), EACH</td>
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<td>81400</td>
<td>MOLECULAR PATHOLOGY PROCEDURE LEVEL 1</td>
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<td>81401</td>
<td>MOLECULAR PATHOLOGY PROCEDURE LEVEL 2</td>
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<td>81402</td>
<td>MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3 (EG, &gt; 10 SNPS, 2-10 METHYLATED VARIANTS, OR 2-10 SOMATIC VARIANTS [TYPICALLY USING NON-</td>
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<td>81403</td>
<td>MOLECULAR PATHOLOGY PROCEDURE LEVEL 4</td>
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<td>MOLECULAR PATHOLOGY PROCEDURE LEVEL 5</td>
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<td>MOLECULAR PATHOLOGY PROCEDURE LEVEL 8</td>
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<td>81408</td>
<td>MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9 (EG, ANALYSIS OF &gt; 50 EXONS IN A SINGLE GENE BY DNA SEQUENCE ANALYSIS) FBN1 (FIBRILLIN 1)</td>
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<td>81410</td>
<td>AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL)</td>
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<td>81411</td>
<td>AORTIC DYSFUNCTION OR DILATION (EG, MARFAN SYNDROME, LOEYS DIETZ SYNDROME, EHLER DANLOS SYNDROME TYPE IV, ARTERIAL)</td>
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<td>81412</td>
<td>ASHKENAZI JEWISH ASSOCIATED DISORDERS (EG, BLOOM SYNDROME, CANAVAN DISEASE, CYSTIC FIBROSIS, FAMILIAL DYSAUTONOMIA, FANCONI ANEMIA)</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<td>81413</td>
<td>CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC)</td>
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<td>81414</td>
<td>CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC)</td>
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<td>81415</td>
<td>EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS</td>
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<td>81416</td>
<td>EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR EXOME (EG,</td>
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<td>81417</td>
<td>EXOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUSLY OBTAINED EXOME</td>
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<td>81420</td>
<td>FETAL CHROMOSOMAL ANEUPLOIDY (EG, TRISOMY 21, MONOSOMY X) GENOMIC SEQUENCE ANALYSIS PANEL, CIRCULATING CELL-FREE FETAL</td>
<td>Auth Required</td>
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<td>81422</td>
<td>FETAL CHROMOSOMAL MICRODELETION(S) GENOMIC SEQUENCE ANALYSIS (EG, DIGEORGE SYNDROME, CRIDU-CHAT SYNDROME),</td>
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<td>81425</td>
<td>GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS</td>
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<td>81426</td>
<td>GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); SEQUENCE ANALYSIS, EACH COMPARATOR GENOME (EG,</td>
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<td>81427</td>
<td>GENOME (EG, UNEXPLAINED CONSTITUTIONAL OR HERITABLE DISORDER OR SYNDROME); RE-EVALUATION OF PREVIOUSLY OBTAINED GENOME</td>
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<td>81430</td>
<td>HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME); GENOMIC SEQUENCE ANALYSIS PANEL, MUST</td>
<td>Auth Required</td>
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<tr>
<td>81431</td>
<td>HEARING LOSS (EG, NONSYNDROMIC HEARING LOSS, USHER SYNDROME, PENDRED SYNDROME); DUPLICATION/DELETION ANALYSIS PANEL, MUST</td>
<td>Auth Required</td>
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<tr>
<td>81432</td>
<td>HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>81433</td>
<td>HEREDITARY BREAST CANCER-RELATED DISORDERS (EG, HEREDITARY BREAST CANCER, HEREDITARY OVARIAN CANCER, HEREDITARY</td>
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<td>81434</td>
<td>HEREDITARY RETINAL DISORDERS (EG, RETINITIS PIGMENTOSA, LEBER CONGENITAL AMAUROSIS, CONE-ROD DYSTROPHY), GENOMIC SEQUENCE</td>
<td>Auth Required</td>
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<tr>
<td>81435</td>
<td>HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL</td>
<td>Auth Required</td>
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<tr>
<td>81436</td>
<td>HEREDITARY COLON CANCER DISORDERS (EG, LYNCH SYNDROME, PTEN HAMARTOMA SYNDROME, COWDEN SYNDROME, FAMILIAL</td>
<td>Auth Required</td>
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<td>81437</td>
<td>HEREDITARY NEUROENDOCRINE TUMOR DISORDERS (EG, MEDULLARY THYROID CARCINOMA, PARATHYROID CARCINOMA,</td>
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<td>81438</td>
<td>HEREDITARY NEUROENDOCRINE TUMOR DISORDERS (EG, MEDULLARY THYROID CARCINOMA, PARATHYROID CARCINOMA,</td>
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<tr>
<td>81439</td>
<td>HEREDITARY CARDIOMYOPATHY (EG, HYPERTROPHIC CARDIOMYOPATHY, DILATED CARDIOMYOPATHY, ARRHYTHMOGENIC RIGHT</td>
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<td>81440</td>
<td>NUCLEAR ENCODED MITOCHONDRIAL GENES (EG, NEUROLOGIC OR MYOPATHIC PHENOTYPES), GENOMIC SEQUENCE PANEL, MUST INCLUDE</td>
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<td>81442</td>
<td>NOONAN SPECTRUM DISORDERS (EG, NOONAN SYNDROME, CARDIO-FACIO-CUTANEOUS SYNDROME, COSTELLO SYNDROME, LEOPARD</td>
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<td>81443</td>
<td>GENETIC TESTING FOR SEVERE INHERITED CONDITIONS (EG, CYSTIC FIBROSIS, ASHKENAZI JEWISH-ASSOCIATED DISORDERS [EG, BLOOM]</td>
<td>Auth Required</td>
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<tr>
<td>81445</td>
<td>TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN PERFORMED, 5-50 GENES</td>
<td>Auth Required</td>
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<tr>
<td>81448</td>
<td>HEREDITARY PERIPHERAL NEUROPATHIES (EG, CHARCOT-MARIE-TOOTH, SPASTIC PARAPLEGIA), GENOMIC SEQUENCE ANALYSIS PANEL, MUST</td>
<td>Auth Required</td>
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<tr>
<td>81450</td>
<td>TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOlyMPHOID NEOPLASM OR DISORDER, DNA ANALYSIS, AND RNA ANALYSIS WHEN</td>
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</tr>
<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Auth Required</td>
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<tr>
<td>81455</td>
<td>TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM, DNA ANALYSIS, AND RNA ANALYSIS WHEN</td>
<td>Auth Required</td>
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<td>81460</td>
<td>WHOLE MITOCHONDRIAL GENOME (EG, LEIGH SYNDROME, MITOCHONDRIAL ENCEPHALOMYOPATHY, LACTIC ACIDOSIS, AND</td>
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<tr>
<td>81465</td>
<td>WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS PANEL (EG, KEARNS-SAYRE SYNDROME, CHRONIC PROGRESSIVE EXTERNAL</td>
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<td>81470</td>
<td>X-LINKED INTELLECTUAL DISABILITY (XLID) (EG, SYNDROMIC AND NON-SYNDROMIC XLID); GENOMIC SEQUENCE ANALYSIS PANEL, MUST</td>
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<td>81471</td>
<td>X-LINKED INTELLECTUAL DISABILITY (XLID) (EG, SYNDROMIC AND NON-SYNDROMIC XLID); DUPLICATION/DELETION GENE ANALYSIS, MUST</td>
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<tr>
<td>81479</td>
<td>UNLISTED MOLECULAR PATHOLOGY PROCEDURE</td>
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<tr>
<td>81490</td>
<td>AUTOIMMUNE (RHEUMATOID ARTHRITIS), ANALYSIS OF 12 BIOMARKERS USING IMMUNOASSAYS, UTILIZING SERUM, PROGNOSTIC</td>
<td>Auth Required</td>
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<tr>
<td>81493</td>
<td>CORONARY ARTERY DISEASE, MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 23 GENES, UTILIZING WHOLE PERIPHERAL BLOOD,</td>
<td>Auth Required</td>
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<td>81500</td>
<td>ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF TWO PROTEINS (CA-125 AND HE4), UTILIZING SERUM, WITH MENOPAUSAL STATUS, ALGORITHM</td>
<td>Auth Required</td>
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<tr>
<td>81503</td>
<td>ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF FIVE PROTEINS (CA-125, APOLIPOPROTEIN A1, BETA-2 MICROGLOBULIN, TRANSFERRIN AND PRE-</td>
<td>Auth Required</td>
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<td>81504</td>
<td>ONCOLOGY (TISSUE OF ORIGIN), MICROARRAY GENE EXPRESSION PROFILING OF &gt; 2000 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-</td>
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<td>81506</td>
<td>ENDOCRINOLOGY (TYPE 2 DIABETES), BIOCHEMICAL ASSAYS OF SEVEN ANALYTES (GLUCOSE, HBA1C, INSULIN, HS-CRP,</td>
<td>Auth Required</td>
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<td>81507</td>
<td>FETAL ANEUPLOIDY (TRISOMY 21, 18, AND 13) DNA SEQUENCE ANALYSIS OF SELECTED REGIONS USING MATERNAL PLASMA, ALGORITHM</td>
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<td>81508</td>
<td>FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF TWO PROTEINS (PAPP-A, HCG [ANY FORM]), UTILIZING MATERNAL</td>
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<td>81509</td>
<td>FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE PROTEINS (PAPP-A, HCG [ANY FORM], DIA), UTILIZING MATERNAL</td>
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<td>81510</td>
<td>FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE ANALYTES (AFP, UE3, HCG [ANY FORM]), UTILIZING MATERNAL</td>
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<td>FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FOUR ANALYTES (AFP, UE3, HCG [ANY FORM], DIA) UTILIZING MATERNAL</td>
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<td>81512</td>
<td>FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FIVE ANALYTES (AFP, UE3, TOTAL HCG, HYPERGLYCOSYLATED HCG, DIA)</td>
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<td>81518</td>
<td>ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 11 GENES (7 CONTENT AND 4 HOUSEKEEPING), UTILIZING</td>
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<td>81519</td>
<td>ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 21 GENES, UTILIZING FORMALIN-FIXED PARAFFIN EMBEDDED</td>
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<td>81520</td>
<td>ONCOLOGY (BREAST), MRNA GENE EXPRESSION PROFILING BY HYBRID CAPTURE OF 58 GENES (50 CONTENT AND 8 HOUSEKEEPING), UTILIZING</td>
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<td>81521</td>
<td>ONCOLOGY (BREAST), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 465 HOUSEKEEPING GENES, UTILIZING FRESH</td>
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<td>81522</td>
<td>ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY RT-PCR</td>
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<td>81525</td>
<td>ONCOLOGY (COLON), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 12 GENES (7 CONTENT AND 5 HOUSEKEEPING), UTILIZING</td>
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<td>81528</td>
<td>ONCOLOGY (COLORECTAL) SCREENING, QUANTITATIVE REAL-TIME TARGET AND SIGNAL AMPLIFICATION OF 10 DNA MARKERS (KRAS)</td>
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<td>81535</td>
<td>ONCOLOGY (GYNECOLOGIC), LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY DAPI STAIN AND MORPHOLOGY, PREDICTIVE</td>
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<td>81536</td>
<td>ONCOLOGY (GYNECOLOGIC), LIVE TUMOR CELL CULTURE AND CHEMOTHERAPEUTIC RESPONSE BY DAPI STAIN AND MORPHOLOGY, PREDICTIVE</td>
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<td>81538</td>
<td>ONCOLOGY (LUNG), MASS SPECTROMETRIC 8-PROTEIN SIGNATURE, INCLUDING AMYLOID A, UTILIZING SERUM, PROGNOSTIC AND PREDICTIVE</td>
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<td>81539</td>
<td>ONCOLOGY (HIGH-GRADE PROSTATE CANCER), BIOCHEMICAL ASSAY OF FOUR PROTEINS (TOTAL PSA, FREE PSA, INTACT PSA, AND HUMAN)</td>
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<td>81540</td>
<td>ONCOLOGY (TUMOR OF UNKNOWN ORIGIN), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 92 GENES (87 CONTENT AND 5)</td>
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<td>81541</td>
<td>ONCOLOGY (PROSTATE), MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 46 GENES (31 CONTENT AND 15 HOUSEKEEPING),</td>
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<td>ONCOLOGY (PROSTATE), MRNA, MICROARRAY GENE EXPRESSION PROFILING</td>
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<td>ONCOLOGY (THYROID), GENE EXPRESSION ANALYSIS OF 142 GENES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS A</td>
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<td>81551</td>
<td>ONCOLOGY (PROSTATE), PROMOTER METHYLATION PROFILING BY REAL-TIME PCR OF 3 GENES (GSTP1, APC, RASSF1), UTILIZING</td>
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<td>ONCOLOGY (UVEAL MELANOMA), MRNA, GENE EXPRESSION PROFILING</td>
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<td>81595</td>
<td>CARDIOLOGY (HEART TRANSPLANT), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF 20 GENES (11 CONTENT)</td>
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<td>81596</td>
<td>INFECTIOUS DISEASE, CHRONIC HEPATITIS C VIRUS (HCV) INFECTION, SIX BIOCHEMICAL ASSAYS (ALT, A2-MACROGLOBULIN, APOLIPOPROTEIN A-1,</td>
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<td>UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS</td>
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<td>AMINOLEVULINIC ACID, DELTA (ALA)</td>
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<td>ANGIOTENSIN II</td>
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<td>ANGIOTENSIN I - CONVERTING ENZYME (ACE)</td>
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<td>ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE</td>
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<td>BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE; FECES, CONSECUTIVE COLLECTED SPECIMENS WITH SINGLE DETERM</td>
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<td>BLOOD, OCCULT, BY PEROXIDASE ACTIVITY (EG, GUAIAC), QUALITATIVE, FECES, 1-3 SIMULTANEOUS DETERMINATIONS, PERFORMED</td>
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<td>BLOOD, OCCULT, BY PEROXIDASE</td>
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<td>BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIVE, FECES, 1-3 SIMULTANEOUS</td>
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<td>CREATINE KINASE (CK), (CPK); ISOENZYMES</td>
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<td>82553</td>
<td>CREATINE KINASE (CK), (CPK); MB FRACTION ONLY</td>
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<td>CREATININE; BLOOD</td>
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<td>82570</td>
<td>CREATININE; OTHER SOURCE</td>
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<td>82575</td>
<td>CREATININE; CLEARANCE</td>
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<td>CRYOFIBRINOGEN</td>
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<td>82595</td>
<td>CRYOGLOBULIN, QUALITATIVE OR SEMI-QUANTITATIVE (EG, CRYOCRIT)</td>
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<td>82600</td>
<td>CYANIDE</td>
<td>No Auth</td>
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<td>82607</td>
<td>CYANOCOBALAMIN (VITAMIN B-12);</td>
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<td>CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING CAPACITY</td>
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<td>82610</td>
<td>CYSTATIN C</td>
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<td>82615</td>
<td>CYSTINE AND HOMOCYSTINE, URINE, QUALITATIVE</td>
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<td>82626</td>
<td>DEHYDROEPIANDROSTERONE (DHEA)</td>
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<td>82627</td>
<td>DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)</td>
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<td>82633</td>
<td>DESOXYCORTICOSTERONE, 11-</td>
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<td>DEOXYCORTISOL, 11-</td>
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<td>DIHYDROTESTOSTERONE (DHT)</td>
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<td>DIHYDROXYVITAMIN D, 1,25-</td>
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<td>ELASTASE, PANCREATIC (EL-1), FECAL, QUALITATIVE OR SEMI-QUANTITATIVE</td>
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<td>82657</td>
<td>ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE SPECIFIED; NONRADIOACTIVE SUBSTRATE, EACH SPECIME</td>
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<td>Description</td>
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<td>ELECTROPHORETIC TECHNIQUE, NOT ELSEWHERE SPECIFIED</td>
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<td>82668</td>
<td>ERYTHROPOIETIN</td>
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<td>ESTRADIOL</td>
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<td>ESTROGENS; FRACTIONATED</td>
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<td>82672</td>
<td>ESTROGENS; TOTAL</td>
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<td>ESTRIOl</td>
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<tr>
<td>82679</td>
<td>ESTRONE</td>
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<td>82693</td>
<td>ETHYLENE GLYCOL</td>
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<td>ETIOCHOLANOLONE</td>
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<td>82705</td>
<td>FAT OR LIPIDS, FECES; QUALITATIVE</td>
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<td>FAT OR LIPIDS, FECES; QUANTITATIVE</td>
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<td>FAT DIFFERENTIAL, FECES, QUANTITATIVE</td>
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<td>82725</td>
<td>FATTY ACIDS, NONESTERIFIED</td>
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<td>82726</td>
<td>VERY LONG CHAIN FATTY ACIDS</td>
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<td>FERRITIN</td>
<td>No Auth Needed</td>
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<td>FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE</td>
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<td>82735</td>
<td>FLUORIDE</td>
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<td>82746</td>
<td>FOLIC ACID; SERUM</td>
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<td>82747</td>
<td>FOLIC ACID; RBC</td>
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<td>82757</td>
<td>FRUCTOSE, SEMEN</td>
<td>No Auth Needed</td>
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<td>82759</td>
<td>GALACTOKINASE, RBC</td>
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<td>GALACTOSE</td>
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<td>GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTITATIVE</td>
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<td>GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN</td>
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<td>GALECTIN-3</td>
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<td>82784</td>
<td>GAMMAGLOBULIN; IGA, IGD, IGG, IGM, EACH</td>
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<td>GAMMAGLOBULIN; IGE</td>
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<td>GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES (IGG1, 2, 3, OR 4), EACH</td>
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<td>82800</td>
<td>GASES, BLOOD, PH ONLY</td>
<td>No Auth Needed</td>
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<tr>
<td>82803</td>
<td>GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO3 (INCLUDING CALCULATED O2 SATURATION);</td>
<td>No Auth Needed</td>
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<tr>
<td>82805</td>
<td>GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO3 (INCLUDING CALCULATED O2 SATURATION); WITH O2 SATURATION, BY DIR</td>
<td>No Auth Needed</td>
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<td>82810</td>
<td>GASES, BLOOD, O2 SATURATION ONLY, BY DIRECT MEASUREMENT, EXCEPT PULSE OXIMETRY</td>
<td>No Auth Needed</td>
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<td>82820</td>
<td>HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXYGEN)</td>
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<td>82930</td>
<td>GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIMEN</td>
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<tr>
<td>82938</td>
<td>GASTRIN AFTER SECRETIN STIMULATION</td>
<td>No Auth Needed</td>
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<td>82941</td>
<td>GASTRIN</td>
<td>No Auth Needed</td>
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<td>82943</td>
<td>GLUCAGON</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>82945</td>
<td>GLUCOSE, BODY FLUID, OTHER THAN BLOOD</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<td>82946</td>
<td>GLUCAGON TOLERANCE TEST</td>
<td>No Auth Needed</td>
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<td>82947</td>
<td>GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)</td>
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<td>82948</td>
<td>GLUCOSE; BLOOD, REAGENT STRIP</td>
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<td>82950</td>
<td>GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)</td>
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<td>82951</td>
<td>GLUCOSE; TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)</td>
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<td>82952</td>
<td>GLUCOSE; TOLERANCE TEST, EACH ADDITIONAL BEYOND THREE SPECIMENS</td>
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<td>82955</td>
<td>GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTITATIVE</td>
<td>No Auth Needed</td>
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<td>82960</td>
<td>GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN</td>
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<td>GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY THE FDA SPECIFICALLY FOR HOME USE</td>
<td>No Auth Needed</td>
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<td>82963</td>
<td>GLUCOSIDASE, BETA</td>
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<td>GLUTAMATE DEHYDROGENASE</td>
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<td>GLUTAMYLTRANSFERASE, GAMMA (GGT)</td>
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<td>GLYCOCHOLIC ACID (GCA)</td>
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<td>GLUTATHIONE REDUCTASE, RBC</td>
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<td>82985</td>
<td>GLYCATED PROTEIN</td>
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<td>83001</td>
<td>GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)</td>
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<td>83002</td>
<td>GONADOTROPIN; LUTEINIZING HORMONE (LH)</td>
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<td>83003</td>
<td>GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN)</td>
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<td>83006</td>
<td>GROWTH STIMULATION EXPRESSED GENE 2 (ST2, INTERLEUKIN 1 RECEPTOR LIKE-1)</td>
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<td>83009</td>
<td>HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE ISOTOPE (EG, C-13)</td>
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<tr>
<td>83010</td>
<td>HAPTOGLOBIN; QUANTITATIVE</td>
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<td>83012</td>
<td>HAPTOGLOBIN; PHENOTYPES</td>
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<td>83013</td>
<td>HELICOBACTER PYLORI; BREATH TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE ISOTOPE (EG, C-13)</td>
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<td>83014</td>
<td>HELICOBACTER PYLORI; DRUG ADMINISTRATION</td>
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<td>83015</td>
<td>HEAVY METAL (EG, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY); SCREEN</td>
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<td>HEAVY METAL (EG, ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY); QUANTITATIVE, EACH</td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<td>83020</td>
<td>HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS (EG, A2, S, C, AND/OR F)</td>
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<td>83021</td>
<td>HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAPHY (EG, A2, S, C, AND/OR F)</td>
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<td>83026</td>
<td>HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED</td>
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<td>83030</td>
<td>HEMOGLOBIN; F (FETAL), CHEMICAL</td>
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<td>HEMOGLOBIN; F (FETAL), QUALITATIVE</td>
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<td>83036</td>
<td>HEMOGLOBIN; GLYCOSYLATED (A1C)</td>
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<td>83037</td>
<td>HEMOGLOBIN; GLYCOSYLATED (A1C) BY DEVICE CLEARED BY FDA FOR HOME USE</td>
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<td>HEMOGLOBIN; METHEMOGLOBIN, QUALITATIVE</td>
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<td>HEMOGLOBIN; METHEMOGLOBIN, QUANTITATIVE</td>
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<td>83051</td>
<td>HEMOGLOBIN; PLASMA</td>
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<td>HEMOGLOBIN; SULFHEMOGLOBIN, QUANTITATIVE</td>
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<td>HEMOGLOBIN; THERMOLABILE</td>
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<td>HEMOGLOBIN; UNSTABLE, SCREEN</td>
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<td>Description</td>
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<td>HEMOGLOBIN; URINE</td>
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<td>83070</td>
<td>HEMOSIDERIN; QUALITATIVE</td>
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<td>83080</td>
<td>B-HEXOSAMINIDASE, EACH ASSAY</td>
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<td>83088</td>
<td>HISTAMINE</td>
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<td>83090</td>
<td>HOMOCYSTEINE</td>
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<td>HOMOVANILLIC ACID (HVA)</td>
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<td>83491</td>
<td>HYDROXYCORTICOSTEROIDS, 17- (17-OHCS)</td>
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<tr>
<td>83497</td>
<td>HYDROXYINDOLACETIC ACID, 5-(HIAA)</td>
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<td>HYDROXYPROGESTERONE, 17-D</td>
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<td>HYDROXYPROLINE; FREE</td>
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<td>HYDROXYPROLINE; TOTAL</td>
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<td>83516</td>
<td>IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT ANTIGEN, QUALITATIVE OR</td>
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<td>83518</td>
<td>IMMUNOASSAY FOR ANALYTE OTHER THAN INFECTIOUS AGENT ANTIBODY OR INFECTIOUS AGENT ANTIGEN, QUALITATIVE OR</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>83519</td>
<td>IMMUNOASSAY, ANALYTE, QUANTITATIVE; BY RADIOPHARMACEUTICAL TECHNIQUE (EG, RIA)</td>
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<td>83520</td>
<td>IMMUNOASSAY, ANALYTE, QUANTITATIVE; NOT OTHERWISE SPECIFIED</td>
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<tr>
<td>83525</td>
<td>INSULIN; TOTAL</td>
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<td>83527</td>
<td>INSULIN; FREE</td>
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<tr>
<td>83528</td>
<td>INTRINSIC FACTOR</td>
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<td>83540</td>
<td>IRON</td>
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<tr>
<td>83550</td>
<td>IRON BINDING CAPACITY</td>
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<tr>
<td>83570</td>
<td>ISOCITRIC DEHYDROGENASE (IDH)</td>
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<td>83582</td>
<td>KETOGENIC STEROIDS, FRACTIONATION</td>
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<td>83586</td>
<td>KETOSTEROIDS, 17- (17-KS); TOTAL</td>
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<td>KETOSTEROIDS, 17- (17-KS); FRACTIONATION</td>
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<td>83605</td>
<td>LACTATE (LACTIC ACID)</td>
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<tr>
<td>83615</td>
<td>LACTATE DEHYDROGENASE (LD), (LDH);</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<td>LACTATE DEHYDROGENASE (LD), (LDH); ISOENZYMES, SEPARATION AND QUANTITATION</td>
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<td>83630</td>
<td>LACTOFERRIN, FECAL; QUALITATIVE</td>
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<td>LACTOFERRIN, FECAL; QUANTITATIVE</td>
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<td>LACTOSE, URINE; QUALITATIVE</td>
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<td>FETAL LUNG MATURITY ASSESSMENT; LECITHIN SPHINGOMYELIN (L/S) RATIO</td>
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<td>83662</td>
<td>FETAL LUNG MATURITY ASSESSMENT; FOAM STABILITY TEST</td>
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<td>FETAL LUNG MATURITY ASSESSMENT; FLUORESCENCE POLARIZATION</td>
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<td>FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY</td>
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<td>LEUCINE AMINOPEPTIDASE (LAP)</td>
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<td>LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2 (LP-PLA2)</td>
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<td>LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPARATION AND QUANTITATION</td>
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<td>83701</td>
<td>LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEINS INCLUDING LIPOPROTEIN</td>
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<td>LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND LIPOPROTEIN PARTICLE SUBCLASSES (EG, BY)</td>
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<td>LIPOPROTEIN, BLOOD; HIGH RES</td>
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<td>LIPOPROTEIN, DIRECT MEASUREMENT; LDL CHOLESTEROL</td>
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<td>LIPOPROTEIN, DIRECT MEASUREMENT; SMALL DENSE LDL CHOLESTEROL</td>
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<td>LUTEINIZING RELEASING FACTOR (LRH)</td>
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<td>MICROFLUIDIC ANALYSIS TEAR OSMOLARITY</td>
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<td>MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE</td>
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<td>MUCIN, SYNOVIAL FLUID (ROSES TEST)</td>
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<td>MYELIN BASIC PROTEIN, CEREBROSPINAL FLUID</td>
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<td>NEPHELOMETRY, EACH ANALYTE NOT ELSEWHERE SPECIFIED</td>
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<td>OSTEOCALCIN (BONE G1A PROTEIN)</td>
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<td>PH, BODY FLUID, EXCEPT BLOOD</td>
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<td>PH; EXHALED BREATH CONDENSATE</td>
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<td>PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, SERUM</td>
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<td>SOMATOMEDIN</td>
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<td>SOMATOSTATIN</td>
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<td>SPECIFIC GRAVITY (EXCEPT URINE)</td>
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<td>THYROXINE BINDING GLOBULIN (TBG)</td>
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<td>84443</td>
<td>THYROID STIMULATING HORMONE (TSH)</td>
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<td>THYROID STIMULATING IMMUNE GLOBULINS (TSI)</td>
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<td>TOCOPHEROL ALPHA (VITAMIN E)</td>
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<td>TRANSCORTIN (CORTISOL BINDING GLOBULIN)</td>
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<td>THYROID HORMONE (T3 OR T4) UPTAKE OR THYROID HORMONE BINDING RATIO (THBR)</td>
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<td>VASOACTIVE INTESTINAL PEPTIDE (VIP)</td>
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<td>OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODS FOR HUMAN LUTEINIZING HORMONE</td>
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<td>BLOOD COUNT; SPUN MICROHEMATOCRIT</td>
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<td>BLOOD COUNT; HEMATOCRIT (HCT)</td>
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<td>BLOOD COUNT; RETICULOCYTE, MANUAL</td>
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<td>BLOOD COUNT; PLATELET, AUTOMATED</td>
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<td>RETICULATED PLATELET ASSAY</td>
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<td>BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT</td>
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<td>BONE MARROW, SMEAR INTERPRETATION</td>
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<td>CHROMOGENIC SUBSTRATE ASSAY</td>
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<td>85170</td>
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<td>CLOT LYSIS TIME, WHOLE BLOOD DILUTION</td>
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<td>FIBRINOLYSINS OR COAGULOPATHY SCREEN, INTERPRETATION AND REPORT</td>
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<td>HEPARIN-PROTAMINE TOLERANCE TEST</td>
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<td>IRON STAIN, PERIPHERAL BLOOD</td>
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<td>85547</td>
<td>MECHANICAL FRAGILITY, RBC</td>
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<td>85549</td>
<td>MURAMIDASE</td>
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<td>OSMOTIC FRAGILITY, RBC; UNINCUBATED</td>
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<td>85576</td>
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<td>PLATELET NEUTRALIZATION</td>
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<td>PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID</td>
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<td>85610</td>
<td>PROTHROMBIN TIME;</td>
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<td>PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH</td>
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<tr>
<td>85612</td>
<td>RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED</td>
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<td>RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED</td>
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<td>REPTILASE TEST</td>
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<td>SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED</td>
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<td>SICKLING OF RBC, REDUCTION</td>
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<td>THROMBIN TIME; PLASMA</td>
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<td>THROMBIN TIME; TITER</td>
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<td>85705</td>
<td>THROMBOPLASTIN INHIBITION, TISSUE</td>
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<td>UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE</td>
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<td>86000</td>
<td>AGGLUTININS, FEBRILE (EG, BRUCELLA, FRANCISELLA, MURINE TYPHUS, Q FEVER, ROCKY MOUNTAIN SPOTTED FEVER, SCRUB TYPHUS),</td>
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<td>86021</td>
<td>ANTIBODY IDENTIFICATION; LEUKOCYTE ANTIBODIES</td>
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<td>86022</td>
<td>ANTIBODY IDENTIFICATION; PLATELET ANTIBODIES</td>
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<td>ANTIBODY IDENTIFICATION; PLATELET ASSOCIATED IMMUNOGLOBULIN ASSAY</td>
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<td>ANTINUCLEAR ANTIBODIES (ANA);</td>
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<td>ANTISTREPTOLYSIN O; TITER</td>
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<td>ANTISTREPTOLYSIN O; SCREEN</td>
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<td>BLOOD BANK PHYSICIAN SERVICES; DIFFICULT CROSS MATCH AND/OR EVALUATION OF IRREGULAR ANTIBODY(S), INTERPRETATION AND</td>
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<td>86078</td>
<td>BLOOD BANK PHYSICIAN SERVICES; INVESTIGATION OF TRANSFUSION REACTION INCLUDING SUSPICION OF TRANSMISSIBLE</td>
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<td>86079</td>
<td>BLOOD BANK PHYSICIAN SERVICES; AUTHORIZATION FOR DEVIATION FROM STANDARD BLOOD BANKING PROCEDURES (EG,</td>
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<td>86140</td>
<td>C-REACTIVE PROTEIN;</td>
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<td>86141</td>
<td>C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRP)</td>
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<td>86146</td>
<td>BETA 2 GLYCOPROTEIN I ANTIBODY, EACH</td>
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<td>CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY, EACH IG CLASS</td>
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<td>ANTI-PHOSPHATIDYLSTERINE (PHOSPHOLIPID) ANTIBODY</td>
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<td>86152</td>
<td>CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIMEN (EG, CIRCULATING TUMOR CELLS IN</td>
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<td>Code</td>
<td>Description</td>
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<td>CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIMEN (EG, CIRCULATING TUMOR CELLS IN CHEMOTAXIS ASSAY, SPECIFY METHOD)</td>
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<td>CHEMOTAXIS ASSAY, SPECIFY METHOD</td>
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<td>86156</td>
<td>COLD AGGLUTININ; SCREEN</td>
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<td>COLD AGGLUTININ; TITER</td>
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<td>COMPLEMENT; ANTIGEN, EACH COMPONENT</td>
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<td>COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT</td>
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<td>COMPLEMENT; TOTAL HEMOLYTIC (CH50)</td>
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<td>COMPLEMENT FIXATION TESTS, EACH ANTIGEN</td>
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<td>CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY</td>
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<td>DEOXYRIBONUCLEASE, ANTIBODY</td>
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<td>DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDED</td>
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<td>DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDED</td>
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<td>86235</td>
<td>EXTRACTABLE NUCLEAR ANTIGEN, ANTIBODY TO, ANY METHOD (EG, NRNP, SS-A, SS-B, SM, RNP, SC170, J01), EACH ANTIBODY</td>
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<td>Code</td>
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<td>FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN, EACH ANTIBODY</td>
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<td>FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; TITER, EACH ANTIBODY</td>
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<td>86277</td>
<td>GROWTH HORMONE, HUMAN (HGH), ANTIBODY</td>
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<td>HEMAGGLUTINATION INHIBITION TEST (HAI)</td>
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<td>86294</td>
<td>IMMUNOASSAY FOR TUMOR ANTGEN, QUALITATIVE OR SEMIQUANTITATIVE (EG, BLADDER TUMOR ANTGEN)</td>
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<td>IMMUNOASSAY FOR TUMOR ANTGEN, QUANTITATIVE; CA 15-3 (27.29)</td>
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<td>IMMUNOASSAY FOR TUMOR ANTGEN, QUANTITATIVE; CA 125</td>
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<td>HUMAN EPIDIDYMIS PROTEIN 4 (HE4)</td>
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<td>HETEROPHILE ANTIBODIES; SCREENING</td>
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<td>HETEROPHILE ANTIBODIES; TITER</td>
<td>No Auth Needed</td>
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<td>86310</td>
<td>HETEROPHILE ANTIBODIES; TITERS AFTER ABSORPTION WITH BEEF CELLS AND GUINEA PIG KIDNEY</td>
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<td>86316</td>
<td>IMMUNOASSAY FOR TUMOR ANTGEN, OTHER ANTGEN, QUANTITATIVE (EG, CA 50, 72-4, 549), EACH</td>
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<td>86317</td>
<td>IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT OTHERWISE SPECIFIED</td>
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<td>86318</td>
<td>IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE, SINGLE STEP METHOD (EG, REAGENT STRIP)</td>
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<td>86320</td>
<td>IMMUNOELECTROPHORESIS; SERUM</td>
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<td>IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CEREBROSPINAL FLUID) WITH CONCENTRATION</td>
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<td>IMMUNODIFFUSION; NOT ELSEWHERE SPECIFIED</td>
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<td>IMMUNODIFFUSION; GEL DIFFUSION, QUALITATIVE (OUCHTERLONY), EACH ANTIGEN OR ANTIBODY</td>
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<td>IMMUNOFIXATION ELECTROPHORESIS; SERUM</td>
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<td>IMMUNOFIXATION ELECTROPHORESIS; OTHER FLUIDS WITH CONCENTRATION (EG, URINE, CSF)</td>
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<td>INTRINSIC FACTOR ANTIBODIES</td>
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<td>ISLET CELL ANTIBODY</td>
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<td>86343</td>
<td>LEUKOCYTE HISTAMINE RELEASE TEST (LHR)</td>
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<td>LEUKOCYTE PHAGOCYTOSIS</td>
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<td>86352</td>
<td>CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (EG, MITOGEN OR ANTIGEN) AND DETECTION OF BIOMARKER (EG, ATP)</td>
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<td>86353</td>
<td>LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR ANTIGEN INDUCED BLASTOGENESIS</td>
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<td>MONONUCLEAR CELL ANTIGEN, QUANTITATIVE (EG, FLOW CYTOMETRY), NOT OTHERWISE SPECIFIED, EACH ANTIGEN</td>
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<td>NATURAL KILLER (NK) CELLS, TOTAL COUNT</td>
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<td>T CELLS; TOTAL COUNT</td>
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<td>86360</td>
<td>T CELLS; ABSOLUTE CD4 AND CD8 COUNT, INCLUDING RATIO</td>
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<td>T CELLS; ABSOLUTE CD4 COUNT</td>
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<td>STEM CELLS (IE, CD34), TOTAL COUNT</td>
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<td>NATURAL KILLER CELLS TOTAL C</td>
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<td>NEUTRALIZATION TEST, VIRAL</td>
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<td>NITROBLUE TETRAZOLIUM DYE TEST (NTD)</td>
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<td>NUCLEAR MATRIX PROTEIN 22 (NMP22), QUALITATIVE</td>
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<td>PARTICLE AGGLUTINATION; SCREEN, EACH ANTIBODY</td>
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<td>PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY</td>
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<td>RHEUMATOID FACTOR; QUALITATIVE</td>
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<td>RHEUMATOID FACTOR; QUANTITATIVE</td>
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<td>TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY MEASUREMENT OF GAMMA INTERFERON ANTIGEN RESPONSE</td>
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<td>SKIN TEST; UNLISTED ANTIGEN, EACH</td>
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<td>SKIN TEST; COCCIDIOIDOMYCOSIS</td>
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<td>ANTIBODY; ASPERGILLUS</td>
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<td>ANTIBODY; BARTONELLA</td>
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<td>ANTIBODY; BLASTOMYCES</td>
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<td>THYROGLOBULIN ANTIBODY</td>
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<td>HEPATITIS C ANTIBODY;</td>
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<td>HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMMUNOBLOT)</td>
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<td>LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITH TITRATION</td>
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<td>LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITHOUT TITRATION</td>
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<td>86807</td>
<td>SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); STANDARD METHOD</td>
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<td>86808</td>
<td>SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); QUICK METHOD</td>
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<td>HLA TYPING; DR/DQ, SINGLE ANTIGEN</td>
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<td>HLA TYPING; LYMPHOCYTE CULTURE, MIXED (MLC)</td>
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<td>HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOW CYTOMETRY); FIRST SERUM SAMPLE OR DILUTION</td>
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<td>86826</td>
<td>HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOTOXIC (EG, USING FLOW CYTOMETRY); EACH ADDITIONAL SERUM SAMPLE</td>
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<td>86828</td>
<td>ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES OR BEADS, ELISA, FLOW CYTOMETRY)</td>
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<td>ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES OR BEADS, ELISA, FLOW CYTOMETRY)</td>
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<td>ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES OR BEADS, ELISA, FLOW CYTOMETRY); ANTIBODY</td>
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<td>ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES OR BEADS, ELISA, FLOW CYTOMETRY); ANTIBODY</td>
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<td>ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES OR BEADS, ELISA, FLOW CYTOMETRY); HIGH</td>
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<td>ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES OR BEADS, ELISA, FLOW CYTOMETRY); SEMI-</td>
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<td>ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS (HLA), SOLID PHASE ASSAYS (EG, MICROSPHERES OR BEADS, ELISA, FLOW CYTOMETRY); SEMI-</td>
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<td>UNLISTED IMMUNOLOGY PROCEDURE</td>
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<td>ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE</td>
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<td>ANTIBODY ELUTION (RBC), EACH ELUTION</td>
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<td>86870</td>
<td>ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PANEL FOR EACH SERUM TECHNIQUE</td>
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<td>ANTIHUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM</td>
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<td>ANTIHUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, QUALITATIVE, EACH REAGENT RED CELL</td>
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<td>ANTIHUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, EACH ANTIBODY TITER</td>
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<td>86890</td>
<td>AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; PREDEPOSITED</td>
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<td>86891</td>
<td>AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; INTRA- OR POSTOPERATIVE SALVAGE</td>
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<td>86900</td>
<td>BLOOD TYPING, SEROLOGIC; ABO</td>
<td>No Auth Needed</td>
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<td>BLOOD TYPING, SEROLOGIC; RH (D)</td>
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<td>BLOOD TYPING, SEROLOGIC; ANTIGEN TESTING OF DONOR BLOOD USING REAGENT SERUM, EACH ANTIGEN TEST</td>
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<td>BLOOD TYPING, SEROLOGIC; ANTIGEN SCREENING FOR COMPATIBLE UNIT USING PATIENT SERUM, PER UNIT SCREENED</td>
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<td>BLOOD TYPING, SEROLOGIC; RBC ANTIGENS, OTHER THAN ABO OR RH (D), EACH</td>
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<td>BLOOD TYPING, FOR PATERNITY TESTING, PER INDIVIDUAL; ABO, RH AND MN</td>
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<td>BONE MARROW OR PERIPHERAL ST</td>
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<td>COMPATIBILITY TEST EACH UNIT; IMMEDIATE SPIN TECHNIQUE</td>
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<td>COMPATIBILITY TEST EACH UNIT; INCUBATION TECHNIQUE</td>
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<td>COMPATIBILITY TEST EACH UNIT; ANTIGLOBULIN TECHNIQUE</td>
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<td>COMPATIBILITY TEST EACH UNIT; ELECTRONIC</td>
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<td>FRESH FROZEN PLASMA, THAWING, EACH UNIT</td>
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<td>FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION)</td>
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<tr>
<td>86931</td>
<td>FROZEN BLOOD, EACH UNIT; THAWING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>86932</td>
<td>FROZEN BLOOD, EACH UNIT; FREEZING (INCLUDES PREPARATION) AND THAWING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>86940</td>
<td>HEMOLYSINS AND AGGLUTININS; AUTO, SCREEN, EACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>86941</td>
<td>HEMOLYSINS AND AGGLUTININS; INCUBATED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
</tr>
<tr>
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</tr>
<tr>
<td>86945</td>
<td>IRRADIATION OF BLOOD PRODUCT, EACH UNIT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>86950</td>
<td>LEUKOCYTE TRANSFUSION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>86960</td>
<td>VOLUME REDUCTION OF BLOOD OR BLOOD PRODUCT (EG, RED BLOOD CELLS OR PLATELETS), EACH UNIT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>86965</td>
<td>POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>86970</td>
<td>PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR COMPATIBILITY TESTING; INCUBATION WITH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>86971</td>
<td>PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR COMPATIBILITY TESTING; INCUBATION WITH ENZY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>86972</td>
<td>PRETREATMENT OF RBCS FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR COMPATIBILITY TESTING; BY DENSITY GRADIENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>86975</td>
<td>PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH DRUGS, EACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>86976</td>
<td>PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DILUTION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>86977</td>
<td>PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH INHIBITORS, EACH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>86978</td>
<td>PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DIFFERENTIAL RED CELL ABSORPTION USING PATIENT RBCS OR RB</td>
<td>Auth Required</td>
</tr>
<tr>
<td>86985</td>
<td>SPLITTING OF BLOOD OR BLOOD PRODUCTS, EACH UNIT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>86999</td>
<td>UNLISTED TRANSFUSION MEDICINE PROCEDURE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>87003</td>
<td>ANIMAL INOCULATION, SMALL ANIMAL; WITH OBSERVATION AND DISSECTION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87015</td>
<td>CONCENTRATION (ANY TYPE), FOR INFECTIOUS AGENTS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87040</td>
<td>CULTURE, BACTERIAL; BLOOD, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES (INCLUDES ANAEROBIC CULTURE,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87045</td>
<td>CULTURE, BACTERIAL; STOOL, AEROBIC, WITH ISOLATION AND PRELIMINARY EXAMINATION (Eg, KIA, LIA), SALMONELLA AND SHIGELLA SPE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87046</td>
<td>CULTURE, BACTERIAL; STOOL, AEROBIC, ADDITIONAL PATHOGENS, ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87070</td>
<td>CULTURE, BACTERIAL; ANY OTHER SOURCE EXCEPT URINE, BLOOD OR STOOL, AEROBIC, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87071</td>
<td>CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES, ANY SOURCE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87073</td>
<td>CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES, ANY SOURCE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87075</td>
<td>CULTURE, BACTERIAL; ANY SOURCE, EXCEPT BLOOD, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87076</td>
<td>CULTURE, BACTERIAL; ANAEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION, EACH ISOLATE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87077</td>
<td>CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION, EACH ISOLATE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87081</td>
<td>CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87084</td>
<td>CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY; WITH COLONY ESTIMATION FROM DENSITY CHART</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>87086</td>
<td>CULTURE, BACTERIAL; QUANTITATIVE COLONY COUNT, URINE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87088</td>
<td>CULTURE, BACTERIAL; WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF EACH ISOLATE, URINE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87101</td>
<td>CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF ISOLATES; SKIN, HAIR, OR NAIL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87102</td>
<td>CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF ISOLATES; OTHER SOURCE (EXCEPT BLOOD)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87103</td>
<td>CULTURE, FUNGI (MOLD OR YEAST) ISOLATION, WITH PRESUMPTIVE IDENTIFICATION OF ISOLATES; BLOOD</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87106</td>
<td>CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; YEAST</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87107</td>
<td>CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87109</td>
<td>CULTURE, MYCOPLASMA, ANY SOURCE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87110</td>
<td>CULTURE, CHLAMYDIA, ANY SOURCE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87116</td>
<td>CULTURE, TUBERCLE OR OTHER ACID-FAST BACILLI (EG, TB, AFB, MYCOBACTERIA) ANY SOURCE, WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87118</td>
<td>CULTURE, MYCOBACTERIAL, DEFINITIVE IDENTIFICATION, EACH ISOLATE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87140</td>
<td>CULTURE, TYPING; IMMUNOFLUORESCENT METHOD, EACH ANTISERUM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87143</td>
<td>CULTURE, TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) OR HIGH PRESSURE LIQUID CHROMATOGRAPHY (HPLC) METHOD</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>87147</td>
<td>CULTURE, TYPING; IMMUNOLOGIC METHOD, OTHER THAN IMMUNOFLUORESCENCE (EG, AGGLUTINATION GROUPING), PER ANTISERUM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87149</td>
<td>CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID PROBE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87150</td>
<td>CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, AMPLIFIED PROBE TECHNIQUE, PER CULTURE OR ISOLATE, EACH ORGANI</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87152</td>
<td>CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87153</td>
<td>CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID SEQUENCING METHOD, EACH ISOLATE (EG, SEQUENCING OF THE 16S RRNA GENE)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>87158</td>
<td>CULTURE, TYPING; OTHER METHODS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87164</td>
<td>DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN); INCLUDES SPECIMEN COLLECTION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87166</td>
<td>DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN); WITHOUT COLLECTION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87168</td>
<td>MACROSCOPIC EXAMINATION; ARTHROPOD</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87169</td>
<td>MACROSCOPIC EXAMINATION; PARASITE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87172</td>
<td>PINWORM EXAM (EG, CELLOPHANE TAPE PREP)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87176</td>
<td>HOMOGENIZATION, TISSUE, FOR CULTURE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87177</td>
<td>OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
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</tr>
<tr>
<td>87181</td>
<td>SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; AGAR DILUTION METHOD, PER AGENT (EG, ANTIBIOTIC GRADIENT STRIP)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87184</td>
<td>SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; DISK METHOD, PER PLATE (12 OR FEWER AGENTS)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87185</td>
<td>SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; ENZYME DETECTION (EG, BETA LACTAMASE), PER ENZYME</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87186</td>
<td>SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION (MINIMUM INHIBITORY CONCENTRATION (MIC) OR BRE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87187</td>
<td>SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MICRODILUTION OR AGAR DILUTION, MINIMUM LETHAL CONCENTRATION (MLC), EACH PLAT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87188</td>
<td>SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MACROBROTH DILUTION METHOD, EACH AGENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87190</td>
<td>SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; MYCOBACTERIA, PROPORTION METHOD, EACH AGENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87197</td>
<td>SERUM BACTERICIDAL TITER (SCHLICTER TEST)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87198</td>
<td>CYTOMEGALOVIRUS, DIRECT FLUO</td>
<td>Auth Required</td>
</tr>
<tr>
<td>87199</td>
<td>ENTEROVIRUS, DIRECT FLUORESC</td>
<td>Auth Required</td>
</tr>
<tr>
<td>87205</td>
<td>SMEAR, PRIMARY SOURCE WITH INTERPRETATION; GRAM OR GHEMSA STAIN FOR BACTERIA, FUNGI, OR CELL TYPES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87206</td>
<td>SMEAR, PRIMARY SOURCE WITH INTERPRETATION; FLUORESCENT AND/OR ACID FAST STAIN FOR BACTERIA, FUNGI, PARASITES,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87207</td>
<td>SMEAR, PRIMARY SOURCE WITH INTERPRETATION; SPECIAL STAIN FOR INCLUSION BODIES OR PARASITES (EG, MALARIA, COCCIDIA,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
</tr>
<tr>
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</tr>
<tr>
<td>87209</td>
<td>SMEAR, PRIMARY SOURCE WITH INTERPRETATION; COMPLEX SPECIAL STAIN (EG, TRICHROME, IRON HEMOTOXYLIN) FOR OVA AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87210</td>
<td>SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS (EG, SALINE, INDIA INK, KOH PREPS)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87220</td>
<td>TISSUE EXAMINATION BY KOH SLIDE OF SAMPLES FROM SKIN, HAIR, OR NAILS FOR FUNGI OR ECTOPARASITE OVA OR MITES (EG, SCABIES)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87230</td>
<td>TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE (EG, CLOSTRIDIUM DIFFICILE TOXIN)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87250</td>
<td>VIRUS ISOLATION; INOCULATION OF EMBRYONATED EGGS, OR SMALL ANIMAL, INCLUDES OBSERVATION AND DISSECTION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87252</td>
<td>VIRUS ISOLATION; TISSUE CULTURE INOCULATION, OBSERVATION, AND PRESUMPTIVE IDENTIFICATION BY CYTOPATHIC EFFECT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87253</td>
<td>VIRUS ISOLATION; TISSUE CULTURE, ADDITIONAL STUDIES OR DEFINITIVE IDENTIFICATION (EG, HEMABSORPTION, NEUTRALIZATION, IMMUN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87254</td>
<td>VIRUS ISOLATION; CENTRIFUGE ENHANCED (SHELL VIAL) TECHNIQUE, INCLUDES IDENTIFICATION WITH IMMUNOFLUORESCENCE STAIN, EACH V</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87255</td>
<td>VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD, OTHER THAN BY CYTOPATHIC EFFECT (EG, VIRUS SPECIFIC E</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87260</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; ADENOVIRUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87265</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; BORDETELLA PERTUSSIS/PARAPERTUSSIS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87267</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; ENTEROVIRUS, DIRECT FLUORESCENT ANTIBODY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87269</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; GIARDIA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>87270</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; CHLAMYDIA TRACHOMATIS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87271</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; CYTOMEGALOVIRUS, DIRECT FLUORESCENT ANTIBODY (DFA)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87272</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; CRYPTOSPORIDIUM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87273</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HERPES SIMPLEX VIRUS TYPE 2</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87274</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; HERPES SIMPLEX VIRUS TYPE 1</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87275</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; INFLUENZA B VIRUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87276</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; INFLUENZA A VIRUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87278</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; LEGIONELLA PNEUMOPHILA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87279</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; PARAINFLUENZA VIRUS, EACH TYPE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87280</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; RESPIRATORY SYNCYTIAL VIRUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87281</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; PNEUMOCYSTIS CARINII</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87283</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; RUBEOLA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87285</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; TREPONEMA PALLIDUM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Details</td>
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<tr>
<td>87290</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; VARICELLA ZOSTER VIRUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87299</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE; NOT OTHERWISE SPECIFIED, EACH ORGANISM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87300</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE, POLYVALENT FOR MULTIPLE ORGANISMS, EACH POLYVALENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87301</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE, (EG, ENZYME IMMUNOASSAY [EIA], ENZYME-LINKED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87305</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE, (EG, ENZYME IMMUNOASSAY [EIA], ENZYME-LINKED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87320</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE, (EG, ENZYME IMMUNOASSAY [EIA], ENZYME-LINKED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87324</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE, (EG, ENZYME IMMUNOASSAY [EIA], ENZYME-LINKED</td>
<td>No Auth Needed</td>
</tr>
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<td>87327</td>
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<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (HPV), LOW-RISK TYPES (EG, 6, 11, 42, 43, 44)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87624</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (HPV), HIGH-RISK TYPES (EG, 16, 18, 31, 33, 35, 39, 45, 51)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87625</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS (HPV), TYPES 16 AND 18 ONLY, INCLUDES TYPE 45, IF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87631</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY VIRUS (EG, ADENOVIRUS, INFLUENZA VIRUS, CORONAVIRUS, ET AL.)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Test Description</td>
<td>Auth Needed</td>
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<tr>
<td>87632</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY VIRUS (EG, ADENOVIRUS, INFLUENZA VIRUS, CORONAVIRUS,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87633</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY VIRUS (EG, ADENOVIRUS, INFLUENZA VIRUS, CORONAVIRUS,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87634</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY SYNCYTIAL VIRUS, AMPLIFIED PROBE TECHNIQUE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87640</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYLOCOCCUS AUREUS, AMPLIFIED PROBE TECHNIQUE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87641</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STAPHYLOCOCCUS AUREUS, METHICILLIN RESISTANT, AMPLIFIED PROBE TECHNIQUE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87650</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP A, DIRECT PROBE TECHNIQUE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87651</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP A, AMPLIFIED PROBE TECHNIQUE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87652</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP A, QUANTIFICATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87653</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); STREPTOCOCCUS, GROUP B, AMPLIFIED PROBE TECHNIQUE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87660</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS, DIRECT PROBE TECHNIQUE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87661</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS, AMPLIFIED PROBE TECHNIQUE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87662</td>
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<td>No Auth Needed</td>
</tr>
<tr>
<td>87797</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE SPECIFIED; DIRECT PROBE TECHNIQUE, EACH ORGANISM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
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<tr>
<td>87798</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE SPECIFIED; AMPLIFIED PROBE TECHNIQUE, EACH ORGANISM</td>
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<tr>
<td>87799</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), NOT OTHERWISE SPECIFIED; QUANTIFICATION, EACH ORGANISM</td>
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<tr>
<td>87800</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS; DIRECT PROBE(S) TECHNIQUE</td>
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<tr>
<td>87801</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), MULTIPLE ORGANISMS; AMPLIFIED PROBE(S) TECHNIQUE</td>
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<tr>
<td>87802</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; STREPTOCOCCUS, GROUP B</td>
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<tr>
<td>87803</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; CLOSTRIDIUM DIFFICILE TOXIN A</td>
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<tr>
<td>87804</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; INFLUENZA</td>
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<tr>
<td>87806</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; HIV-1 ANTIGEN(S), WITH HIV-1</td>
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<tr>
<td>87807</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; RESPIRATORY SYNCYTIAL VIRUS</td>
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<tr>
<td>87808</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; TRICHOMONAS VAGINALIS</td>
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<tr>
<td>87809</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; ADENOVIRUS</td>
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<tr>
<td>87810</td>
<td>INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; CHLAMYDIA TRACHOMATIS</td>
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<tr>
<td>87850</td>
<td>INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; NEISSERIA GONORRHOEAE</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>87880</td>
<td>INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; STREPTOCOCCUS, GROUP A</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87899</td>
<td>INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; NOT OTHERWISE SPECIFIED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87900</td>
<td>INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION USING REGULARLY UPDATED GENOTYPIC BIOINFORMATICS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87901</td>
<td>INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HIV 1, REVERSE TRANSCRIPTASE AND PROTEASE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87902</td>
<td>INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C VIRUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87903</td>
<td>INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG RESISTANCE TISSUE CULTURE ANALYSIS, HIV 1;</td>
<td>No Auth Needed</td>
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<tr>
<td>87904</td>
<td>INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG RESISTANCE TISSUE CULTURE ANALYSIS, HIV 1;</td>
<td>No Auth Needed</td>
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<tr>
<td>87905</td>
<td>INFECTIOUS AGENT ENZYMATIC ACTIVITY OTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN VAGINAL FLUID)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>87906</td>
<td>INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HIV-1, OTHER REGION (EG, INTEGRASE, FUSION)</td>
<td>No Auth Needed</td>
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<tr>
<td>87910</td>
<td>INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); CYTOMEGALOVIRUS</td>
<td>No Auth Needed</td>
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<tr>
<td>87912</td>
<td>INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HEPATITIS B VIRUS</td>
<td>No Auth Needed</td>
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<tr>
<td>87999</td>
<td>UNLISTED MICROBIOLOGY PROCEDURE</td>
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<tr>
<td>88000</td>
<td>NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITHOUT CNS</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>88005</td>
<td>NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITH BRAIN</td>
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<tr>
<td>88007</td>
<td>NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITH BRAIN AND SPINAL CORD</td>
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<tr>
<td>88012</td>
<td>NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; INFANT WITH BRAIN</td>
<td>Auth Required</td>
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<tr>
<td>88014</td>
<td>NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; STILLBORN OR NEWBORN WITH BRAIN</td>
<td>Auth Required</td>
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<tr>
<td>88016</td>
<td>NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; MACERATED STILLBORN</td>
<td>Auth Required</td>
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<tr>
<td>88020</td>
<td>NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITHOUT CNS</td>
<td>Auth Required</td>
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<tr>
<td>88025</td>
<td>NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITH BRAIN</td>
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<td>88027</td>
<td>NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITH BRAIN AND SPINAL CORD</td>
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<tr>
<td>88028</td>
<td>NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; INFANT WITH BRAIN</td>
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<td>88029</td>
<td>NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; STILLBORN OR NEWBORN WITH BRAIN</td>
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<td>88036</td>
<td>NECROPSY (AUTOPSY), LIMITED, GROSS AND/OR MICROSCOPIC; REGIONAL</td>
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<td>88037</td>
<td>NECROPSY (AUTOPSY), LIMITED, GROSS AND/OR MICROSCOPIC; SINGLE ORGAN</td>
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<tr>
<td>88040</td>
<td>NECROPSY (AUTOPSY); FORENSIC EXAMINATION</td>
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<td>Code</td>
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<td>Authorization</td>
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<tr>
<td>88045</td>
<td>NECROPSY (AUTOPSY); CORONER’S CALL</td>
<td>Auth Required</td>
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<tr>
<td>88099</td>
<td>UNLISTED NECROPSY (AUTOPSY) PROCEDURE</td>
<td>Auth Required</td>
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<tr>
<td>88104</td>
<td>CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS WITH INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88106</td>
<td>CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SIMPLE FILTER METHOD WITH INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88108</td>
<td>CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AND INTERPRETATION (EG, SACCOMANNO TECHNIQUE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88112</td>
<td>CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH INTERPRETATION (EG, LIQUID BASED SLIDE)</td>
<td>No Auth Needed</td>
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<tr>
<td>88120</td>
<td>CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS, 3-5 MOLECULAR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88121</td>
<td>CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS, 3-5 MOLECULAR</td>
<td>No Auth Needed</td>
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<tr>
<td>88125</td>
<td>CYTOPATHOLOGY, FORENSIC (EG, SPERM)</td>
<td>No Auth Needed</td>
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<tr>
<td>88130</td>
<td>SEX CHROMATIN IDENTIFICATION; BARR BODIES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88140</td>
<td>SEX CHROMATIN IDENTIFICATION; PERIPHERAL BLOOD SMEAR, POLYMORPHONUCLEAR DRUMSTICKS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88141</td>
<td>CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), REQUIRING INTERPRETATION BY PHYSICIAN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88142</td>
<td>CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<td>88143</td>
<td>CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER</td>
<td>No Auth Needed</td>
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<tr>
<td>88144</td>
<td>CYTOPATHOLOGY, CERVICAL OR V</td>
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<tr>
<td>88145</td>
<td>CYTOPATHOLOGY, CERVICAL OR V</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88147</td>
<td>CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM UNDER PHYSICIAN SUPERVISION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88148</td>
<td>CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM WITH MANUAL RESCREENING UNDER PHYSICIAN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88150</td>
<td>CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; MANUAL SCREENING UNDER PHYSICIAN SUPERVISION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88152</td>
<td>CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING UNDER PHYSICIAN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88153</td>
<td>CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88155</td>
<td>CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL, DEFINITIVE HORMONAL EVALUATION (EG, MATURATION INDEX, KARYOPYKNOTIC INDEX, EST)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88160</td>
<td>CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; SCREENING AND INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88161</td>
<td>CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; PREPARATION, SCREENING AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>88162</td>
<td>CYTOPATHOLOGY, SMEARS, ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88164</td>
<td>CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); MANUAL SCREENING UNDER PHYSICIAN SUPERVISION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>88165</td>
<td>CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN</td>
<td>No Auth Needed</td>
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<tr>
<td>88166</td>
<td>CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND COMPUTER-ASSISTED</td>
<td>No Auth Needed</td>
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<tr>
<td>88167</td>
<td>CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND COMPUTER-ASSISTED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88172</td>
<td>CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY OF SPECIMEN(S)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88173</td>
<td>CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88174</td>
<td>CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER</td>
<td>No Auth Needed</td>
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<tr>
<td>88175</td>
<td>CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER</td>
<td>No Auth Needed</td>
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<tr>
<td>88177</td>
<td>CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE ADEQUACY FOR DIAGNOSIS, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>88180</td>
<td>FLOW CYTOMETRY; EACH CELL SU</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88182</td>
<td>FLOW CYTOMETRY, CELL CYCLE OR DNA ANALYSIS</td>
<td>No Auth Needed</td>
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<tr>
<td>88184</td>
<td>FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; FIRST MARKER</td>
<td>No Auth Needed</td>
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<tr>
<td>88185</td>
<td>FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; EACH ADDITIONAL MARKER (LIST SEPAR)</td>
<td>No Auth Needed</td>
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<td>88187</td>
<td>FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>88188</td>
<td>FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS</td>
<td>No Auth Needed</td>
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<td>88189</td>
<td>FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS</td>
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<td>88199</td>
<td>UNLISTED CYTOPATHOLOGY PROCEDURE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88230</td>
<td>TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; LYMPHOCYTE</td>
<td>No Auth Needed</td>
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<tr>
<td>88233</td>
<td>TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; SKIN OR OTHER SOLID TISSUE BIOPSY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88235</td>
<td>TISSUE CULTURE FOR NON-NEOPLASTIC DISORDERS; AMNIOTIC FLUID OR CHORIONIC VILLUS CELLS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88237</td>
<td>TISSUE CULTURE FOR NEOPLASTIC DISORDERS; BONE MARROW, BLOOD CELLS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88239</td>
<td>TISSUE CULTURE FOR NEOPLASTIC DISORDERS; SOLID TUMOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88240</td>
<td>CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS, EACH CELL LINE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88241</td>
<td>THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88245</td>
<td>CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE SISTER CHROMATID EXCHANGE (SCE), 20-25 CELLS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88248</td>
<td>CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; BASELINE BREAKAGE, SCORE 50-100 CELLS, COUNT 20 CELLS, 2 KARYOTYPES (EG, FOR A</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88249</td>
<td>CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS (EG, DIEPOXYBUTANE, MITOMYCIN C,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>88261</td>
<td>CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88262</td>
<td>CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88263</td>
<td>CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTYPES, WITH BANDING</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88264</td>
<td>CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88267</td>
<td>CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIONIC VILLUS, COUNT 15 CELLS, 1 KARYOTYPE, WITH BANDING</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88269</td>
<td>CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6-12 COLONIES, 1 KARYOTYPE, WITH BANDING</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88271</td>
<td>MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88272</td>
<td>MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5 CELLS (EG, FOR DERIVATIVES AND MARKERS)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88273</td>
<td>MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS (EG, FOR MICRODELETIONS)</td>
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</tr>
<tr>
<td>88274</td>
<td>MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS</td>
<td>Auth Required</td>
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<tr>
<td>88275</td>
<td>MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS</td>
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<tr>
<td>88280</td>
<td>CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88283</td>
<td>CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR, C-BANDING)</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>88285</td>
<td>CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED, EACH STUDY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88289</td>
<td>CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY</td>
<td>Auth Required</td>
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<tr>
<td>88291</td>
<td>CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88299</td>
<td>UNLISTED CYTOGENETIC STUDY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88300</td>
<td>LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY</td>
<td>No Auth Needed</td>
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<tr>
<td>88302</td>
<td>LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION APPENDIX, INCIDENTAL FALLOPIAN TUBE, STERILIZATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88304</td>
<td>LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION, INDUCED ABSCESS ANEURYSM -</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88305</td>
<td>LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY BONE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88307</td>
<td>LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ADRENAL, RESECTION BONE - BIOPSY/CURETTINGS BONE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88309</td>
<td>LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION BONE RESECTION BREAST, MASTECTOMY - WITH REGIONAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88311</td>
<td>DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88312</td>
<td>SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE); GROUP I FOR MICROORGANISMS (EG, GRIDLEY, ACID)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88313</td>
<td>SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE); GROUP II, ALL OTHER (EG, IRON, TRICROME),</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>88314</td>
<td>SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE);</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>HISTOCHEMICAL STAINING WITH FROZEN SECTION(S)</td>
<td></td>
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<tr>
<td>88319</td>
<td>DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO IDENTIFY ENZYME CONSTITUENTS,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td></td>
<td>EACH</td>
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<tr>
<td>88321</td>
<td>CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88323</td>
<td>CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF SLIDES</td>
<td>No Auth Needed</td>
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<tr>
<td>88325</td>
<td>CONSULTATION, COMPREHENSIVE, WITH REVIEW OF RECORDS AND SPECIMENS, WITH REPORT</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>ON REFERRED MATERIAL</td>
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<tr>
<td>88329</td>
<td>PATHOLOGY CONSULTATION DURING SURGERY;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88331</td>
<td>PATHOLOGY CONSULTATION DURING SURGERY; FIRST TISSUE BLOCK, WITH FROZEN</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>SECTION(S), SINGLE SPECIMEN</td>
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<td>88332</td>
<td>PATHOLOGY CONSULTATION DURING SURGERY; EACH ADDITIONAL TISSUE BLOCK WITH</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>FROZEN SECTION(S)</td>
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<tr>
<td>88333</td>
<td>PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td></td>
<td>SQUASH PREP), INITIAL SITE</td>
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<tr>
<td>88334</td>
<td>PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP,</td>
<td>No Auth Needed</td>
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<td>SQUASH PREP), EACH ADDITIONAL SITE</td>
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<td>88341</td>
<td>IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL</td>
<td>Auth Required</td>
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<td></td>
<td>SINGLE ANTIBODY STAIN</td>
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<tr>
<td>88342</td>
<td>IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; INITIAL SINGLE</td>
<td>No Auth Needed</td>
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<td></td>
<td>ANTIBODY STAIN PROCEDURE</td>
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<tr>
<td>88344</td>
<td>IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH MULTIPLEX</td>
<td>Auth Required</td>
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<tr>
<td></td>
<td>ANTIBODY STAIN PROCEDURE</td>
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<td>Description</td>
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<tr>
<td>88346</td>
<td>IMMUNOFLUORESCENCE, PER SPECIMEN; INITIAL SINGLE ANTIBODY STAIN PROCEDURE</td>
<td>No Auth Needed</td>
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<tr>
<td>88348</td>
<td>ELECTRON MICROSCOPY; DIAGNOSTIC</td>
<td>No Auth Needed</td>
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<tr>
<td>88350</td>
<td>IMMUNOFLUORESCENCE, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN PROCEDURE (LIST SEPARATELY IN ADDITION)</td>
<td>No Auth Needed</td>
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<tr>
<td>88355</td>
<td>MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88356</td>
<td>MORPHOMETRIC ANALYSIS; NERVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88358</td>
<td>MORPHOMETRIC ANALYSIS; TUMOR (EG, DNA PLOIDY)</td>
<td>No Auth Needed</td>
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<tr>
<td>88360</td>
<td>MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/NEU, ESTROGEN RECEPTOR/PROGESTERONE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88361</td>
<td>MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY (EG, HER-2/NEU, ESTROGEN RECEPTOR/PROGESTERONE)</td>
<td>No Auth Needed</td>
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<tr>
<td>88362</td>
<td>NERVE TEASING PREPARATIONS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88363</td>
<td>EXAMINATION AND SELECTION OF RETRIEVED ARCHIVAL (IE, PREVIOUSLY DIAGNOSED) TISSUE(S) FOR MOLECULAR ANALYSIS (EG, KRAS)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88364</td>
<td>IN SITU HYBRIDIZATION (EG, FISH), PER SPECIMEN; EACH ADDITIONAL SINGLE PROBE STAIN PROCEDURE (LIST SEPARATELY IN ADDITION TO)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88365</td>
<td>IN SITU HYBRIDIZATION (EG, FISH), PER SPECIMEN; INITIAL SINGLE PROBE STAIN PROCEDURE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88366</td>
<td>IN SITU HYBRIDIZATION (EG, FISH), PER SPECIMEN; EACH MULTIPLEX PROBE STAIN PROCEDURE</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>88367</td>
<td>MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), USING COMPUTER-ASSISTED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88368</td>
<td>MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), MANUAL, PER SPECIMEN; INITIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88369</td>
<td>MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), MANUAL, PER SPECIMEN; EACH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88371</td>
<td>PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88372</td>
<td>PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT; IMMUNOLOGICAL PROBE FOR BAND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88373</td>
<td>MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), USING COMPUTER-ASSISTED</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88374</td>
<td>MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), USING COMPUTER-ASSISTED</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88375</td>
<td>OPTICAL ENDOMICROSCOPIC IMAGE(S), INTERPRETATION AND REPORT, REAL-TIME OR REFERRED, EACH ENDOSCOPIC SESSION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88377</td>
<td>MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE), MANUAL, PER SPECIMEN; EACH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88380</td>
<td>MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); LASER CAPTURE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88381</td>
<td>MICRODISSECTION (IE, SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); MANUAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88387</td>
<td>MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR NON-MICROSCOPIC ANALYTICAL STUDIES (EG, NUCLEIC ACID-BASED)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88388</td>
<td>MACROSCOPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR NON-MICROSCOPIC ANALYTICAL STUDIES (EG, NUCLEIC ACID-BASED)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Service Description</td>
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<tr>
<td>88399</td>
<td>UNLISTED SURGICAL PATHOLOGY PROCEDURE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>88400</td>
<td>BILIRUBIN, TOTAL, TRANSCUTAN</td>
<td>Auth Required</td>
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<tr>
<td>88720</td>
<td>BILIRUBIN, TOTAL, TRANSCUTANEOUS</td>
<td>No Auth Needed</td>
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<tr>
<td>88738</td>
<td>HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOUS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88740</td>
<td>HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88741</td>
<td>HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; METHEMOGLOBIN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>88749</td>
<td>UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>89049</td>
<td>CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTERMIA SUSCEPTIBILITY, INCLUDING INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>89050</td>
<td>CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID), EXCEPT BLOOD;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>89051</td>
<td>CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CEREBROSPINAL FLUID, JOINT FLUID), EXCEPT BLOOD; WITH DIFFERENTIAL COUNT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>89055</td>
<td>LEUKOCYTE ASSESSMENT, FECAL, QUALITATIVE OR SEMIQUANTITATIVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>89060</td>
<td>CRYSTAL IDENTIFICATION BY LIGHT MICROSCOPY WITH OR WITHOUT POLARIZING LENS ANALYSIS, TISSUE OR ANY BODY FLUID (EXCEPT URINE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>89125</td>
<td>FAT STAIN, FECES, URINE, OR RESPIRATORY SECRETIONS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>89160</td>
<td>MEAT FIBERS, FECES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>89190</td>
<td>NASAL SMEAR FOR EOSINOPHILS</td>
<td>No Auth Needed</td>
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<tr>
<td>89220</td>
<td>SPUTUM, OBTAINING SPECIMEN, AEROSOL INDUCED TECHNIQUE (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>89230</td>
<td>SWEAT COLLECTION BY IONTOPHORESIS</td>
<td>No Auth Needed</td>
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<tr>
<td>89240</td>
<td>UNLISTED MISCELLANEOUS PATHOLOGY TEST</td>
<td>Auth Required</td>
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<tr>
<td>89250</td>
<td>CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS;</td>
<td>Auth Required</td>
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<tr>
<td>89251</td>
<td>CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS; WITH CO-CULTURE OF OOCYTE(S)/EMBRYOS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>89253</td>
<td>ASSISTED EMBRYO HATCHING, MICROTÉCNICHE (ANY METHOD)</td>
<td>Auth Required</td>
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<tr>
<td>89254</td>
<td>OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID</td>
<td>Auth Required</td>
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<tr>
<td>89255</td>
<td>PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)</td>
<td>Auth Required</td>
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<tr>
<td>89257</td>
<td>SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)</td>
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<tr>
<td>89258</td>
<td>CRYOPRESERVATION; EMBRYO(S)</td>
<td>Auth Required</td>
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<tr>
<td>89259</td>
<td>CRYOPRESERVATION; SPERM</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>89260</td>
<td>SPERM ISOLATION; SIMPLE PREP (EG, SPERM WASH AND SWIM-UP) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>89261</td>
<td>SPERM ISOLATION; COMPLEX PREP (EG, PERCOLL GRADIENT, ALBUMIN GRADIENT) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN</td>
<td>Auth Required</td>
</tr>
<tr>
<td>89264</td>
<td>SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED</td>
<td>Auth Required</td>
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<tr>
<td>89268</td>
<td>INSEMINATION OF OOCYTES</td>
<td>Auth Required</td>
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<tr>
<td>89272</td>
<td>EXTENDED CULTURE OF OOCYTE(S)/EMBRYO(S), 4-7 DAYS</td>
<td>Auth Required</td>
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<tr>
<td>89280</td>
<td>ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; LESS THAN OR EQUAL TO 10 OOCYTES</td>
<td>Auth Required</td>
</tr>
<tr>
<td>89281</td>
<td>ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; GREATER THAN 10 OOCYTES</td>
<td>Auth Required</td>
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<tr>
<td>89290</td>
<td>BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); LESS THAN</td>
<td>Auth Required</td>
</tr>
<tr>
<td>89291</td>
<td>BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE (FOR PRE-IMPLANTATION GENETIC DIAGNOSIS); GREATER</td>
<td>Auth Required</td>
</tr>
<tr>
<td>89300</td>
<td>SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM INCLUDING HUHNER TEST (POST COITAL)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>89310</td>
<td>SEMEN ANALYSIS; MOTILITY AND COUNT (NOT INCLUDING HUHNER TEST)</td>
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<tr>
<td>89320</td>
<td>SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL</td>
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<tr>
<td>89321</td>
<td>SEMEN ANALYSIS; SPERM PRESENCE AND MOTILITY OF SPERM, IF PERFORMED</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>89322</td>
<td>SEMEN ANALYSIS; VOLUME, COUNT, MOTILITY, AND DIFFERENTIAL USING STRICT MORPHOLOGIC CRITERIA (EG, KRUGER)</td>
<td>Auth Required</td>
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<tr>
<td>89325</td>
<td>SPERM ANTIBODIES</td>
<td>Auth Required</td>
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<tr>
<td>89329</td>
<td>SPERM EVALUATION; HAMSTER PENETRATION TEST</td>
<td>Auth Required</td>
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<tr>
<td>89330</td>
<td>SPERM EVALUATION; CERVICAL MUCUS PENETRATION TEST, WITH OR WITHOUT SPINNBARKEIT TEST</td>
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<tr>
<td>89331</td>
<td>SPERM EVALUATION, FOR RETROGRADE EjACULATION, Urine (SPERM CONCENTRATION, MotILITY, AND MORPHOLOGY, AS INDICATED)</td>
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<tr>
<td>89335</td>
<td>CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR</td>
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<tr>
<td>89337</td>
<td>CRYOPRESERVATION, MATURE OOCYTE(S)</td>
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<td>89342</td>
<td>STORAGE (PER YEAR); EMBRYO(S)</td>
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<td>89343</td>
<td>STORAGE (PER YEAR); SPERM/SEmen</td>
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<tr>
<td>89344</td>
<td>STORAGE (PER YEAR); REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN</td>
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<td>89346</td>
<td>STORAGE (PER YEAR); OOCYTE(S)</td>
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<tr>
<td>89350</td>
<td>SPUTUM, ObtAINING SPECIMEN,</td>
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<tr>
<td>89352</td>
<td>THAWING OF CRYOPRESERVED; EMBRYO(S)</td>
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</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>89353</td>
<td>THAWING OF CRYOPRESERVED; SPERM/SEMEN, EACH ALIQUOT</td>
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<td>89354</td>
<td>THAWING OF CRYOPRESERVED; REPRODUCTIVE TISSUE, TESTICULAR/OVARIAN</td>
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<tr>
<td>89355</td>
<td>STARCH GRANULES, FECES</td>
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<td>89356</td>
<td>THAWING OF CRYOPRESERVED; OOCYTES, EACH ALIQUOT</td>
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<td>89360</td>
<td>SWEAT COLLECTION BY IONTOPH</td>
<td>Auth Required</td>
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<td>89365</td>
<td>WATER LOAD TEST</td>
<td>Auth Required</td>
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<tr>
<td>89389</td>
<td>UNLISTED REPRODUCTIVE MEDICINE LABORATORY PROCEDURE</td>
<td>Auth Required</td>
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<td>89399</td>
<td>UNLISTED MISCELLANEOUS PATH</td>
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<tr>
<td>90281</td>
<td>IMMUNE GLOBULIN (IG), HUMAN, FOR INTRAMUSCULAR USE</td>
<td>Auth Required</td>
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<tr>
<td>90283</td>
<td>IMMUNE GLOBULIN (IGIV), HUMAN, FOR INTRAVENOUS USE</td>
<td>Auth Required</td>
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<tr>
<td>90284</td>
<td>IMMUNE GLOBULIN (SCIG), HUMAN, FOR USE IN SUBCUTANEOUS INFUSIONS, 100 MG, EACH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90287</td>
<td>BOTULINUM ANTITOXIN, EQUINE, ANY ROUTE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90288</td>
<td>BOTULISM IMMUNE GLOBULIN, HUMAN, FOR INTRAVENOUS USE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<td>90291</td>
<td>CYTOMEGALOVIRUS IMMUNE GLOBULIN (CMV-IGIV), HUMAN, FOR INTRAVENOUS USE</td>
<td>Auth Required</td>
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<tr>
<td>90296</td>
<td>DIPHTHERIA ANTITOXIN, EQUINE, ANY ROUTE</td>
<td>No Auth Needed</td>
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<tr>
<td>90371</td>
<td>HEPATITIS B IMMUNE GLOBULIN (HBIG), HUMAN, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90375</td>
<td>RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90376</td>
<td>RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90378</td>
<td>RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIM), FOR INTRAMUSCULAR USE, 50 MG, EACH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90384</td>
<td>RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, FULL-DOSE, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90385</td>
<td>RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
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<tr>
<td>90386</td>
<td>RHO(D) IMMUNE GLOBULIN (RHIGIV), HUMAN, FOR INTRAVENOUS USE</td>
<td>Auth Required</td>
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<td>90389</td>
<td>TETANUS IMMUNE GLOBULIN (TIG), HUMAN, FOR INTRAMUSCULAR USE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90393</td>
<td>VACCINIA IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90396</td>
<td>VARICELLA-ZOSTER IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
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<tr>
<td>90399</td>
<td>UNLISTED IMMUNE GLOBULIN</td>
<td>Auth Required</td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>90460</td>
<td>IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90461</td>
<td>EACH ADDITIONAL VACCINE/TOXOID COMPONENT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90466</td>
<td>IMM ADMIN &lt;8 YR PERQ SUBQ/IM</td>
<td>Auth Required</td>
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<tr>
<td>90471</td>
<td>IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); ONE VACCINE (</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90472</td>
<td>IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS, OR INTRAMUSCULAR INJECTIONS); EACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90473</td>
<td>IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90474</td>
<td>IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION)</td>
<td>No Auth Needed</td>
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<tr>
<td>90476</td>
<td>ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE</td>
<td>No Auth Needed</td>
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<tr>
<td>90477</td>
<td>ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE</td>
<td>No Auth Needed</td>
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<tr>
<td>90581</td>
<td>ANTHRAX VACCINE, FOR SUBCUTANEOUS USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90585</td>
<td>BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90586</td>
<td>BACILLUS CALMETTE-GUERIN VACCINE (BCG) FOR BLADDER CANCER, LIVE, FOR INTRAVESICAL USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90587</td>
<td>DENGUE VACC QUAD LIVE 3 DOSE S</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>90619</td>
<td>MENACWY-TT CONJ VACC SEROGROUPS ACWY FOR IM USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90620</td>
<td>MENB RECOMBINANT PROT WITHOUT MEMBR VESIC VACC IM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90621</td>
<td>MENB RECOMBINANT LIPOPROTEIN VACCINE IM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90625</td>
<td>CHOLERA VACCINE, LIVE, ADULT DOSAGE, 1 DOSE SCHEDULE, FOR ORAL USE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90630</td>
<td>INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90632</td>
<td>HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90633</td>
<td>HEPATITIS A VACCINE, PEDIATRIC/adolescent dosage-2 dose schedule, for intramuscular use</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90634</td>
<td>HEPATITIS A VACCINE, PEDIATRIC/adolescent dosage-3 dose schedule, for intramuscular use</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90636</td>
<td>HEPATITIS A AND HEPATITIS B VACCINE (HEPA-HEPB), ADULT DOSAGE, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90644</td>
<td>MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS C &amp; Y AND HEMOPHILUS INFLUENZA B VACCINE, TETANUS TOXOID CONJUGATE (HIB-MENCY-TT), 4-D</td>
<td>No Auth Needed</td>
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<tr>
<td>90647</td>
<td>HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90648</td>
<td>HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
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<tr>
<td>90649</td>
<td>HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>90650</td>
<td>HUMAN PAPILLOMAVIRUS (HPV) VACCINE, TYPES 16 AND 18, BIVALENT, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90651</td>
<td>HUMAN PAPILLOMAVIRUS VACCINE TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONAVALENT (9VHPV), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
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<tr>
<td>90653</td>
<td>INFLUENZA VACCINE, INACTIVATED, SUBUNIT, ADJUVANTED, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90654</td>
<td>INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, PRESERVATIVE-FREE, FOR INTRADERMAL USE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90655</td>
<td>INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90656</td>
<td>INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS AND OLDER, FOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90657</td>
<td>INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90658</td>
<td>INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
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<tr>
<td>90659</td>
<td>INFLUENZA VIRUS VACCINE, WHO</td>
<td>Auth Required</td>
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<tr>
<td>90660</td>
<td>INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE</td>
<td>No Auth Needed</td>
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<tr>
<td>90661</td>
<td>INFLUENZA VIRUS VACCINE, DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90662</td>
<td>INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASED ANTIGEN CONTENT, FOR INTRAM</td>
<td>No Auth Needed</td>
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<tr>
<td>90664</td>
<td>INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, LIVE, FOR INTRANASAL USE</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>90666</td>
<td>INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRAMUSCULAR USE</td>
<td>Auth Required</td>
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<td>90667</td>
<td>INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, ADJUVANTED, FOR INTRAMUSCULAR USE</td>
<td>Auth Required</td>
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<tr>
<td>90668</td>
<td>INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, SPLIT VIRUS, FOR INTRAMUSCULAR USE</td>
<td>Auth Required</td>
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<tr>
<td>90670</td>
<td>PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
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<tr>
<td>90672</td>
<td>INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90673</td>
<td>INFLUENZA VIRUS VACCINE, TRIVALENT, DERIVED FROM RECOMBINANT DNA (RIV3), HEMAGGLUTININ (HA) PROTEIN ONLY,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90674</td>
<td>INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIV4), DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE,</td>
<td>No Auth Needed</td>
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<tr>
<td>90675</td>
<td>RABIES VACCINE, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90676</td>
<td>RABIES VACCINE, FOR INTRADERMAL USE</td>
<td>No Auth Needed</td>
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<tr>
<td>90680</td>
<td>ROTAVIRUS VACCINE, PENTAVALENT, 3 DOSE SCHEDULE, LIVE, FOR ORAL USE</td>
<td>No Auth Needed</td>
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<tr>
<td>90681</td>
<td>ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE, LIVE, FOR ORAL USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90682</td>
<td>INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4), DERIVED FROM RECOMBINANT DNA, HEMAGGLUTININ (HA) PROTEIN ONLY,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90685</td>
<td>INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>90686</td>
<td>INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90687</td>
<td>INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
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<tr>
<td>90688</td>
<td>INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90689</td>
<td>INFLUENZA VIRUS VACCINE QUADRIVALENT (IIV4), INACTIVATED, ADJUVANTED, PRESERVATIVE FREE, 0.25 ML DOSAGE, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
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<tr>
<td>90690</td>
<td>TYPHOID VACCINE, LIVE, ORAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90691</td>
<td>TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90694</td>
<td>INFLUENZA VIRUS VACCINE, QUADRIVALENT (AIV4), INACTIVATED,</td>
<td>Auth Required</td>
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<tr>
<td>90696</td>
<td>DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE AND POLIOVIRUS VACCINE, INACTIVATED (DTAP-IPV), WHEN ADMINISTERED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90697</td>
<td>DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, INACTIVATED POLIOVIRUS VACCINE, HAEMOPHILUS INFLUENZA TYPE B PRP-</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90698</td>
<td>DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZA TYPE B, AND POLIOVIRUS VACCINE, INACTIVATE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90700</td>
<td>DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90702</td>
<td>DIPHTHERIA AND TETANUS TOXOIDS (DT) ADSORBED WHEN ADMINISTERED TO INDIVIDUALS YOUNGER THAN 7 YEARS, FOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90707</td>
<td>MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Product Description</td>
<td>Auth Required</td>
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<tr>
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</tr>
<tr>
<td>90709</td>
<td>RUBELLA AND MUMPS VIRUS VACC</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90710</td>
<td>MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE (MMRV), LIVE, FOR SUBCUTANEOUS USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90713</td>
<td>POLIOVIRUS VACCINE, INACTIVATED (IPV), FOR SUBCUTANEOUS OR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90714</td>
<td>TETANUS AND DIPHTHERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90715</td>
<td>TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90716</td>
<td>VARICELLA VIRUS VACCINE, LIVE, FOR SUBCUTANEOUS USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90717</td>
<td>YELLOW FEVER VACCINE, LIVE, FOR SUBCUTANEOUS USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90723</td>
<td>DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE, HEPATITIS B, AND INACTIVATED POLIOVIRUS VACCINE (DTAP-HEPB-</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90732</td>
<td>PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED PATIENT DOSAGE, WHEN ADMINISTERED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90733</td>
<td>MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S)), FOR SUBCUTANEOUS USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90734</td>
<td>MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS A, C, Y AND W-135, QUADRIVALENT, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90736</td>
<td>ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90738</td>
<td>JAPANESE ENCEPHALITIS VIRUS VACCINE, INACTIVATED, FOR INTRAMUSCULAR USE</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>90739</td>
<td>HEPATITIS B VACCINE, ADULT DOSAGE (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90740</td>
<td>HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90743</td>
<td>HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90744</td>
<td>HEPATITIS B VACCINE, PEDIATRIC/ADOLESCENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90746</td>
<td>HEPATITIS B VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90747</td>
<td>HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90748</td>
<td>HEPATITIS B AND HEMOPHILUS INFLuenza B VACCINE (HEPB-HIB), FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90749</td>
<td>UNLISTED VACCINE/TOXOID</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90750</td>
<td>ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUB-UNIT, ADJUVANTED, FOR INTRAMUSCULAR INJECTION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90756</td>
<td>INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIIV4), DERIVED FROM CELL CULTURES, SUBUNIT, ANTIBIOTIC FREE, 0.5ML DOSAGE, FOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90760</td>
<td>HYDRATION IV INFUSION INIT</td>
<td>Auth Required</td>
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<tr>
<td>90761</td>
<td>INTRAVENOUS INFUSION HYDRATION</td>
<td>Auth Required</td>
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<tr>
<td>90765</td>
<td>INTRAVENOUS INFUSION FOR THE</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>90766</td>
<td>INTRAVENOUS INFUSION FOR THE</td>
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<tr>
<td>90767</td>
<td>IV INF, FOR THER, PROPHYL DIAG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90768</td>
<td>INTRAVENOUS INFUSION FOR THE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90769</td>
<td>SC THER INFUSION UP TO 1 HR</td>
<td>Auth Required</td>
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<tr>
<td>90770</td>
<td>SC THER INFUSION ADDL HR</td>
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<tr>
<td>90771</td>
<td>SC THER INFUSION RESET PUMP</td>
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<tr>
<td>90772</td>
<td>THERAPEUTIC PROPHYACTIC INJ</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90773</td>
<td>THERAPEUTIC PROPHYLACTIC OR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90774</td>
<td>THERAPEUTIC PROPHYLACTIC OR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90775</td>
<td>THERAPEUTIC PROPHYLACTIC OR</td>
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<tr>
<td>90776</td>
<td>TX/PRO/DX INJ SAME DRUG ADON</td>
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<tr>
<td>90780</td>
<td>INTRAVENOUS INFUSION FOR THE</td>
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<tr>
<td>90781</td>
<td>IV INFUSION FOR THERAPY/DIAG</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>90782</td>
<td>THERAPEUTIC, PROPHYLACTIC OR</td>
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<tr>
<td>90783</td>
<td>THERAPEUTIC OR DIAGNOSTIC IN</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90785</td>
<td>INTERACTIVE COMPLEXITY ADD-ON CODE</td>
<td>Auth Required</td>
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<td>90788</td>
<td>INTRAMUSCULAR INJECTION OF A</td>
<td>Auth Required</td>
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<tr>
<td>90791</td>
<td>PSYCHIATRIC DIAGNOSTIC EVALUATION (NO MEDICAL SERVICES)</td>
<td>No Auth Needed</td>
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<td>90792</td>
<td>PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES</td>
<td>No Auth Needed</td>
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<tr>
<td>90799</td>
<td>UNLISTED THERAPEUTIC, PROPHY</td>
<td>Auth Required</td>
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<tr>
<td>90832</td>
<td>PSYCHOTHERAPY, 30 MINS</td>
<td>No Auth Needed</td>
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<tr>
<td>90833</td>
<td>30 MIN PSYCHOTHERAPY ADD-ON CODE</td>
<td>No Auth Needed</td>
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<tr>
<td>90834</td>
<td>PSYCHOTHERAPY, 45 MINS</td>
<td>No Auth Needed</td>
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<tr>
<td>90836</td>
<td>45 MIN PSYCHOTHERAPY ADD-ON CODE</td>
<td>No Auth Needed</td>
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<tr>
<td>90837</td>
<td>PSYCHOTHERAPY, 60 MINS</td>
<td>No Auth Needed</td>
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<tr>
<td>90838</td>
<td>60 MIN PSYCHOTHERAPY ADD-ON CODE</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>90839</td>
<td>PSYCHOTHERAPY FOR CRISIS, FIRST 60 MIN.</td>
<td>No Auth Needed</td>
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<tr>
<td>90840</td>
<td>CRISIS CODE ADD ON FOR EACH ADDITIONAL 30 MIN.</td>
<td>No Auth Needed</td>
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<tr>
<td>90845</td>
<td>PSYCHOANALYSIS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90846</td>
<td>FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)</td>
<td>No Auth Needed</td>
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<tr>
<td>90847</td>
<td>FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90849</td>
<td>MULTIPLE-FAMILY GROUP PSYCHOTHERAPY</td>
<td>No Auth Needed</td>
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<tr>
<td>90853</td>
<td>GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)</td>
<td>No Auth Needed</td>
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<tr>
<td>90863</td>
<td>PHARMOCOLOGIC MANAGEMENT, ADD ON CODE</td>
<td>Auth Required</td>
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<tr>
<td>90865</td>
<td>NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG, SODIUM AMOBARBITAL</td>
<td>Auth Required</td>
</tr>
<tr>
<td></td>
<td>(AMYTAL) INTERVIEW</td>
<td></td>
</tr>
<tr>
<td>90867</td>
<td>THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT; PLANNING</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90868</td>
<td>THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT; DELIVERY AND MANAGEMENT,</td>
<td>Auth Required</td>
</tr>
<tr>
<td></td>
<td>PER SESSION</td>
<td></td>
</tr>
<tr>
<td>90869</td>
<td>THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (TMS) TREATMENT; SUBSEQUENT MOTOR</td>
<td>Auth Required</td>
</tr>
<tr>
<td></td>
<td>THRESHOLD RE-</td>
<td></td>
</tr>
<tr>
<td>90870</td>
<td>ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
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<td>----------------------------------------------------------------------------</td>
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<tr>
<td>90871</td>
<td>ELECTROCONVULSIVE THERAPY (I)</td>
<td>Auth Required</td>
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<tr>
<td>90875</td>
<td>INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY (FACE-TO-FACE WITH THE PATIENT),</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90876</td>
<td>INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY (FACE-TO-FACE WITH THE PATIENT),</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90880</td>
<td>HYPNOTHERAPY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90882</td>
<td>ENVIRONMENTAL INTERVENTION FOR MEDICAL MANAGEMENT PURPOSES ON A PSYCHIATRIC PATIENT’S BEHALF WITH AGENCIES, EMPLOYERS,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90885</td>
<td>PSYCHIATRIC EVALUATION OF HOSPITAL RECORDS, OTHER PSYCHIATRIC REPORTS, PSYCHOMETRIC AND/OR PROJECTIVE TESTS, AND</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90887</td>
<td>INTERPRETATION OR EXPLANATION OF RESULTS OF PSYCHIATRIC, OTHER MEDICAL EXAMINATIONS AND PROCEDURES, OR OTHER ACCUMULATED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90889</td>
<td>PREPARATION OF REPORT OF PATIENT’S PSYCHIATRIC STATUS, HISTORY, TREATMENT, OR PROGRESS (OTHER THAN FOR LEGAL OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90899</td>
<td>UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90901</td>
<td>BIOFEEDBACK TRAINING BY ANY MODALITY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90911</td>
<td>BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDING EMG AND/OR MANOMETRY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90912</td>
<td>BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90913</td>
<td>BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
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<tr>
<td>90918</td>
<td>END STAGE RENAL DISEASE (ESR)</td>
<td>Auth Required</td>
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<tr>
<td>90919</td>
<td>END STAGE RENAL DISEASE (ESR)</td>
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<td>END STAGE RENAL DISEASE (ESR)</td>
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<td>90924</td>
<td>END STAGE RENAL DISEASE (ESR)</td>
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<tr>
<td>90925</td>
<td>END STAGE RENAL DISEASE (ESR)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90935</td>
<td>HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90937</td>
<td>HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESCRIPTION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90939</td>
<td>HEMODIALYSIS ACCESS FLOW STUDY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>90940</td>
<td>HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS AND ARTERIOVENOUS FISTULAE BY AN INDICATOR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90945</td>
<td>DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG. PERITONEAL DIALYSIS, HEMOFILTRATION, OR OTHER CONTINUOUS RENAL REPLACEMENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>-------</td>
<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>90947</td>
<td>DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL DIALYSIS, HEMOFILTRATION, OR OTHER CONTINUOUS RENAL REPLACEMENT)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90951</td>
<td>ESRD RELATED SVC MONTHLY &lt;2 YR OLD 4/&gt; VISITS END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90952</td>
<td>ESRD RELATED SVC MONTHLY &lt;2 YR OLD 2/3 VISITS END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90953</td>
<td>ESRD RELATED SVC MONTHLY &lt;2 YR OLD 1 VISIT END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90954</td>
<td>ESRD RELATED SVC MONTHLY 2-11 YR OLD 4/&gt; VISITS END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90955</td>
<td>ESRD RELATED SERVICES, MONTHLY, PTS 2-11 YRS OLD. INCLUDES MONITORING &amp; COUNSELING W/ PARENTS; 2-3 FACE-TO- FACE PHYS VISITS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90956</td>
<td>ESRD RELATED SERVICES, MONTHLY, PTS 2-11 YRS OLD. INCLUDES MONITORING &amp; COUNSELING W/ PARENTS; 1 FACE-TO- FACE PHYS VISIT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90957</td>
<td>ESRD RELATED SERVICES, MTHLY, PTS 12 - 19 YRS OLD. INCLUDES MONITORING &amp; COUNSELING W/ PARENTS; 4 OR MORE FACE-TO- FACE PHYS VSTS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90958</td>
<td>ESRD RELATED SERVICES, MTHLY, PTS 12 - 19 YRS OLD. INCLUDES MONITORING &amp; COUNSELING W/ PARENTS; 2 - 3 FACE-TO- FACE PHYS VSTS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90959</td>
<td>ESRD RELATED SVC MONTHLY 12-19 YR OLD 1 VISIT END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19 YEARS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90960</td>
<td>ESRD RELATED SVC MONTHLY 20&amp;&gt; YR OLD 4/&gt; VISITS END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90961</td>
<td>ESRD RELATED SVC MONTHLY 20&amp;&gt; YR OLD 2/3 VISITS END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90962</td>
<td>ESRD RELATED SVC MONTHLY 20&amp;&gt; YR OLD 1 VISIT END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<td>------------------------</td>
</tr>
<tr>
<td>90963</td>
<td>ESRD SVC HOME DIALYSIS FULL MONTH &lt;2YR OLD ESRD RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90964</td>
<td>ESRD SVC HOME DIALYSIS FULL MONTH 2-11 YR OLD ESRD RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH,</td>
<td>No Auth Needed</td>
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<tr>
<td>90965</td>
<td>ESRD SVC HOME DIALYSIS FULL MONTH 12-19 YR OLD ESRD RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90966</td>
<td>ESRD SVS FOR HOME DIALYSIS PER FULL MONTH, PTS 20 YRS AND OLDER.</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90967</td>
<td>ESRD RELATED SVC &lt;FULL MONTH &lt; 2 YR OLD ESRD RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90968</td>
<td>ESRD RELATED SVC &lt;FULL MONTH 2-11 YR OLD ESRD RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90969</td>
<td>ESRD RELATED SVC &lt;FULL MONTH 12-19 YR OLD ESRD RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90970</td>
<td>ESRD RELATED SVC &lt;FULL MONTH 20&amp;&gt; YR OLD ESRD RELATED SERVICES FOR DIALYSIS LESS THAN A FULL MONT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90989</td>
<td>DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COMPLETED COURSE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90993</td>
<td>DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COURSE NOT COMPLETED, PER TRAINING SESSION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90997</td>
<td>HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>90999</td>
<td>UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>91010</td>
<td>ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Required Authorization</td>
</tr>
<tr>
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</tr>
<tr>
<td>91013</td>
<td>ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY WITH INTERPRETATION AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>91020</td>
<td>GASTRIC MOTILITY (MANOMETRIC) STUDIES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>91022</td>
<td>DUODENAL MOTILITY (MANOMETRIC) STUDY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>91030</td>
<td>ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>91032</td>
<td>ESOPHAGUS, ACID REFLUX TEST,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>91033</td>
<td>ESOPHAGUS, ACID REFLUX TEST,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>91034</td>
<td>ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH ELECTRODE(S) PLACEMENT, RECORDING, ANALYSIS AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>91035</td>
<td>ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETY PH ELECTRODE PLACEMENT, RECORDING, ANALYSIS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>91037</td>
<td>ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER INTRALUMINAL IMPEDANCE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>91038</td>
<td>ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER INTRALUMINAL IMPEDANCE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>91040</td>
<td>ESOPHAGEAL BALLOON DISTENSION STUDY, DIAGNOSTIC, WITH PROVOCATION WHEN PERFORMED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>91060</td>
<td>GASTRIC SALINE LOAD TEST</td>
<td>Auth Required</td>
</tr>
<tr>
<td>91065</td>
<td>BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY, FRUCTOSE INTOLEANCE, BACTERIAL OVERGROWTH, OR ORO-CECAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Procedure Code</td>
<td>Description</td>
<td>Auth Required</td>
</tr>
<tr>
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<tr>
<td>91100</td>
<td>INTESTINAL BLEEDING TUBE, PA</td>
<td>Auth Required</td>
</tr>
<tr>
<td>91110</td>
<td>GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS THROUGH ILEUM, WITH PHYSICIAN INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>91111</td>
<td>GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS WITH PHYSICIAN INTERPRETATION</td>
<td>Auth Required</td>
</tr>
<tr>
<td>91112</td>
<td>GASTROINTESTINAL TRANSIT AND PRESSURE MEASUREMENT, STOMACH THROUGH COLON, WIRELESS CAPSULE, WITH INTERPRETATION AND</td>
<td>Auth Required</td>
</tr>
<tr>
<td>91117</td>
<td>COLON MOTILITY (MANOMETRIC) STUDY, MINIMUM 6 HOURS CONTINUOUS RECORDING (INCLUDING PROVOCATION TESTS, EG, MEAL,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>91120</td>
<td>RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GRADED BALLOON DISTENTION)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>91122</td>
<td>ANORECTAL MANOMETRY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>91132</td>
<td>ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>91133</td>
<td>ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; WITH PROVOCATIVE TESTING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>91200</td>
<td>LIVER ELASTOGRAPHY, MECHANICALLY INDUCED SHEAR WAVE (EG, VIBRATION), WITHOUT IMAGING, WITH INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>91299</td>
<td>UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>92002</td>
<td>OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92004</td>
<td>OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>92012</td>
<td>OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92014</td>
<td>OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92015</td>
<td>DETERMINATION OF REFRACTIVE STATE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92018</td>
<td>OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92019</td>
<td>OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92020</td>
<td>GONIOSCOPY (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92025</td>
<td>COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92060</td>
<td>SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION (EG, RESTRICTIVE OR PARETIC MUSCLE WITH DIPLOPIA)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92065</td>
<td>ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND EVALUATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92071</td>
<td>FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92072</td>
<td>FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92081</td>
<td>VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; LIMITED EXAMINATION (EG, TANGENT SCREEN)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92082</td>
<td>VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; INTERMEDIATE EXAMINATION (EG, AT LEAST)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>92083</td>
<td>VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; EXTENDED EXAMINATION (EG, GOLDMANN)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92100</td>
<td>SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTRAOCULAR PRESSURE OVER AN EXTENDED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92132</td>
<td>SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92133</td>
<td>SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; O</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92134</td>
<td>SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL; R</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92136</td>
<td>OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS POWER CALCULATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92145</td>
<td>CORNEAL HYSTERESIS DETERMINATION, BY AIR IMPULSE STIMULATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92201</td>
<td>OPHTHALMOSCOPY, EXTENDED; WITH RETINAL DRAWING AND SCLERAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92202</td>
<td>OPHTHALMOSCOPY, EXTENDED; WITH DRAWING OF OPTIC NERVE OR MA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92225</td>
<td>OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT, MELANOMA), WITH INTERPRETATION AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92226</td>
<td>OPHTHALMOSCOPY, EXTENDED, WITH RETINAL DRAWING (EG, FOR RETINAL DETACHMENT, MELANOMA), WITH INTERPRETATION AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92227</td>
<td>REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE (EG, RETINOPATHY IN A PATIENT WITH DIABETES) WITH ANALYSIS AND REPORT UNDER</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92228</td>
<td>REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG, DIABETIC RETINOPATHY) WITH PHYSICIAN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
</tr>
<tr>
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</tr>
<tr>
<td>92230</td>
<td>FLUORESCIN ANGIOSCOPY WITH INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92235</td>
<td>FLUORESCIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92240</td>
<td>INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92242</td>
<td>FLUORESCIN ANGIOGRAPHY AND INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) PERFORMED AT THE SAME PATIENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92250</td>
<td>FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92260</td>
<td>OPHTHALMODYNAMOMETRY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92265</td>
<td>NEEDLE OCULOELECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES, WITH INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92270</td>
<td>ELECTRO-OculoGyrography WITH INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92273</td>
<td>ELECTRORETINOGRAPHY (ERG), WITH INTERPRETATION AND REPORT; FULL FIELD (IE, FFERG, FLASH ERG, GANZFELD ERG)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92274</td>
<td>ELECTRORETINOGRAPHY (ERG), WITH INTERPRETATION AND REPORT; MULTIFOCAL (MFERG)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92283</td>
<td>COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92284</td>
<td>DARK ADAPTATION EXAMINATION WITH INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92285</td>
<td>EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF MEDICAL PROGRESS (EG,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
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</tr>
<tr>
<td>92286</td>
<td>SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH SPECULAR ENDOTHELIAL MICROSCOPY AND CELL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92287</td>
<td>SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH FLUORESCIN ANGIOGRAPHY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92310</td>
<td>PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92311</td>
<td>PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF</td>
<td>No Auth Needed</td>
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<tr>
<td>92312</td>
<td>PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF</td>
<td>No Auth Needed</td>
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<tr>
<td>92313</td>
<td>PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92314</td>
<td>PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92315</td>
<td>PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND</td>
<td>No Auth Needed</td>
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<tr>
<td>92316</td>
<td>PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND</td>
<td>No Auth Needed</td>
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<tr>
<td>92317</td>
<td>PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92325</td>
<td>MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH MEDICAL SUPERVISION OF ADAPTATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92326</td>
<td>REPLACEMENT OF CONTACT LENS</td>
<td>No Auth Needed</td>
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<tr>
<td>92330</td>
<td>PRESCRIPTION, FITTING, AND S</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>92335</td>
<td>PRESCRIPTION OF OCULAR PROST</td>
<td>Auth Required</td>
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<tr>
<td>92340</td>
<td>FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92341</td>
<td>FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92342</td>
<td>FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92352</td>
<td>FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL</td>
<td>No Auth Needed</td>
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<tr>
<td>92353</td>
<td>FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92354</td>
<td>FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92355</td>
<td>FITTING OF SPECTACLE MOUNTED LOW VISION AID; TELESCOPIC OR OTHER COMPOUND LENS SYSTEM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92358</td>
<td>PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOAN, INCLUDING MATERIALS)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92370</td>
<td>REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92371</td>
<td>REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA</td>
<td>No Auth Needed</td>
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<tr>
<td>92390</td>
<td>SUPPLY OF SPECTACLES, EXCEPT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>92391</td>
<td>SUPPLY OF CONTACT LENSES, EX</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>92392</td>
<td>SUPPLY OF LOW VISION AIDS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>92393</td>
<td>SUPPLY OF OCULAR PROSTHESIS</td>
<td>Auth Required</td>
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<tr>
<td>92395</td>
<td>SUPPLY OF PERMANENT PROSTHES</td>
<td>Auth Required</td>
</tr>
<tr>
<td>92396</td>
<td>SUPPLY PERM PROSTH APHAKIA;</td>
<td>Auth Required</td>
</tr>
<tr>
<td>92499</td>
<td>UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>92502</td>
<td>OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92504</td>
<td>BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92507</td>
<td>TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR Auditory processing disorder; individual</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92508</td>
<td>TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR Auditory processing disorder; group, 2 or more</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92510</td>
<td>AURAL REHABILITATION FOLLOWI</td>
<td>Auth Required</td>
</tr>
<tr>
<td>92511</td>
<td>NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92512</td>
<td>NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92516</td>
<td>FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEURONOGRAPHY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
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<tr>
<td>92520</td>
<td>LARYNGEAL FUNCTION STUDIES (IE, AERODYNAMIC TESTING AND ACOUSTIC TESTING)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92521</td>
<td>EVALUATION OF SPEECH FLUENCY (EG, STUTTERING, CLUTTERING)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92522</td>
<td>EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA);</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92523</td>
<td>EVALUATION OF SPEECH SOUND PRODUCTION (EG, ARTICULATION, PHONOLOGICAL PROCESS, APRAXIA, DYSARTHRIA); WITH EVALUATION OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92524</td>
<td>BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92525</td>
<td>EVALUATION OF SWALLOWING AND</td>
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<tr>
<td>92526</td>
<td>TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING</td>
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<tr>
<td>92531</td>
<td>SPONTANEOUS NYSTAGMUS, INCLUDING GAZE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92532</td>
<td>POSITIONAL NYSTAGMUS TEST</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92533</td>
<td>CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION CONSTITUTES FOUR TESTS)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92534</td>
<td>OPTOKINETIC NYSTAGMUS TEST</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92537</td>
<td>CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; BITHERMAL (IE, ONE WARM AND ONE COOL IRRIGATION IN EACH EAR FOR A TOTAL OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92538</td>
<td>CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; MONOTHERMAL (IE, ONE IRRIGATION IN EACH EAR FOR A TOTAL OF TWO IRRIGATIONS)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
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<tr>
<td>92540</td>
<td>BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTAGMUS TEST WITH ECCENTRIC GAZE FIXATION NYSTAGMUS, WITH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92541</td>
<td>SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92542</td>
<td>POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92544</td>
<td>OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, Foveal OR PERIPHERAL STIMULATION, WITH RECORDING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92545</td>
<td>OSCILLATING TRACKING TEST, WITH RECORDING</td>
<td>No Auth Needed</td>
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<tr>
<td>92546</td>
<td>SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING</td>
<td>No Auth Needed</td>
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<tr>
<td>92547</td>
<td>USE OF VERTICAL ELECTRODES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>92548</td>
<td>COMPUTERIZED DYNAMIC POSTUROGRAPHY</td>
<td>No Auth Needed</td>
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<tr>
<td>92549</td>
<td>COMPUTERIZED DYNAMIC POSTUROGRAPHY SENSORY ORGANIZATION TES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92550</td>
<td>TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92551</td>
<td>SCREENING TEST, PURE TONE, AIR ONLY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92552</td>
<td>PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92553</td>
<td>PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE</td>
<td>No Auth Needed</td>
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<tr>
<td>Service Description</td>
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<tr>
<td>92555 SPEECH AUDIOMETRY THRESHOLD;</td>
<td>No Auth Needed</td>
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<tr>
<td>92556 SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION</td>
<td>No Auth Needed</td>
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<tr>
<td>92557 COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)</td>
<td>No Auth Needed</td>
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<tr>
<td>92558 EVOKE OTACOUSTIC EMISSIONS, SCREENING (QUALITATIVE MEASUREMENT OF DISTORTION PRODUCT OR TRANSIENT EVOKED OTACOUSTIC)</td>
<td>No Auth Needed</td>
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<tr>
<td>92559 AUDIOMETRIC TESTING OF GROUPS</td>
<td>Auth Required</td>
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<tr>
<td>92560 BEKESY AUDIOMETRY; SCREENING</td>
<td>No Auth Needed</td>
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<tr>
<td>92561 BEKESY AUDIOMETRY; DIAGNOSTIC</td>
<td>No Auth Needed</td>
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<tr>
<td>92562 LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>92563 TONE DECAY TEST</td>
<td>No Auth Needed</td>
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<tr>
<td>92564 SHORT INCREMENT SENSITIVITY INDEX (SISI)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>92565 STenger TEST, PURE TONE</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>92567 TYMPANOMETRY (IMPEDEANCE TESTING)</td>
<td>No Auth Needed</td>
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<tr>
<td>92568 ACOUSTIC REFLEX TESTING; THRESHOLD</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Test Description</td>
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<tr>
<td>92570</td>
<td>ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDEANCE TESTING), ACOUSTIC REFLEX THRESHOLD TESTING, AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92571</td>
<td>FILTERED SPEECH TEST</td>
<td>No Auth Needed</td>
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<tr>
<td>92572</td>
<td>STAGGERED SPONDAIC WORD TEST</td>
<td>No Auth Needed</td>
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<tr>
<td>92573</td>
<td>LOMBARD TEST</td>
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<tr>
<td>92575</td>
<td>SENSORINEURAL ACUITY LEVEL TEST</td>
<td>No Auth Needed</td>
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<tr>
<td>92576</td>
<td>SYNTHETIC SENTENCE IDENTIFICATION TEST</td>
<td>No Auth Needed</td>
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<tr>
<td>92577</td>
<td>STENGER TEST, SPEECH</td>
<td>No Auth Needed</td>
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<tr>
<td>92579</td>
<td>VISUAL REINFORCEMENT AUDIOMETRY (VRA)</td>
<td>No Auth Needed</td>
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<tr>
<td>92582</td>
<td>CONDITIONING PLAY AUDIOMETRY</td>
<td>No Auth Needed</td>
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<tr>
<td>92583</td>
<td>SELECT PICTURE AUDIOMETRY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92584</td>
<td>ELECTROCOCHLEOGRAPHY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92585</td>
<td>AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; COMPREHENSIVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92586</td>
<td>AUDITORY EVOKED POTENTIALS FOR EVOKED RESPONSE AUDIOMETRY AND/OR TESTING OF THE CENTRAL NERVOUS SYSTEM; LIMITED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>92587</td>
<td>EVOKE OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92588</td>
<td>EVOKE OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION (COMPARISON OF TRANSIENT AND/OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92589</td>
<td>CENTRAL AUDITORY FUNCTION TE</td>
<td>Auth Required</td>
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<tr>
<td>92590</td>
<td>HEARING AID EXAMINATION AND SELECTION; MONAURAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92591</td>
<td>HEARING AID EXAMINATION AND SELECTION; BINAURAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92592</td>
<td>HEARING AID CHECK; MONAURAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92593</td>
<td>HEARING AID CHECK; BINAURAL</td>
<td>No Auth Needed</td>
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<tr>
<td>92594</td>
<td>ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL</td>
<td>No Auth Needed</td>
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<td>92595</td>
<td>ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL</td>
<td>No Auth Needed</td>
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<tr>
<td>92596</td>
<td>EAR PROTECTOR ATTENUATION MEASUREMENTS</td>
<td>No Auth Needed</td>
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<tr>
<td>92597</td>
<td>EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC DEVICE TO SUPPLEMENT ORAL SPEECH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92598</td>
<td>MODIFICATION OF VOICE PROSTH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>92599</td>
<td>UNLISTED OTORHINOLARYNGOLOGI</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>92601</td>
<td>DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT YOUNGER THAN 7 YEARS OF AGE; WITH PROGRAMMING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92602</td>
<td>DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PATIENT YOUNGER THAN 7 YEARS OF AGE; SUBSEQUENT REPROGRAMMING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92603</td>
<td>DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; WITH PROGRAMMING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92604</td>
<td>DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, AGE 7 YEARS OR OLDER; SUBSEQUENT REPROGRAMMING</td>
<td>No Auth Needed</td>
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<tr>
<td>92605</td>
<td>EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92606</td>
<td>THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92607</td>
<td>EVALUATION FOR PRESCRIPTION FOR SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92608</td>
<td>THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92609</td>
<td>EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92610</td>
<td>MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92611</td>
<td>FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING; PHYSICIAN INTERPRETATION AND REPORT ON</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>92614</td>
<td>FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING;</td>
<td>Auth Required</td>
</tr>
<tr>
<td>92615</td>
<td>FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING; PHYSICIAN INTERPRETATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92616</td>
<td>FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92617</td>
<td>FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING; PHYSICIAN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92618</td>
<td>EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FACE-TO-FACE WITH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92620</td>
<td>EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92621</td>
<td>EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92625</td>
<td>ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92626</td>
<td>EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92627</td>
<td>EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY)</td>
<td>No Auth Needed</td>
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<tr>
<td>92630</td>
<td>AUDITORY REHABILITATION; PRELINGUAL HEARING LOSS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92633</td>
<td>AUDITORY REHABILITATION; POSTLINGUAL HEARING LOSS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92640</td>
<td>DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOUR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>92700</td>
<td>UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>92920</td>
<td>PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; SINGLE MAJOR CORONARY ARTERY OR BRANCH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92921</td>
<td>PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; EACH ADDITIONAL BRANCH OF A MAJOR CORONARY ARTERY (LIST SEPARATELY IN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92924</td>
<td>PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH CORONARY ANGIOPLASTY WHEN PERFORMED; SINGLE MAJOR CORONARY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92925</td>
<td>PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH CORONARY ANGIOPLASTY WHEN PERFORMED; EACH ADDITIONAL BRANCH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92928</td>
<td>PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S), WITH CORONARY ANGIOPLASTY WHEN PERFORMED; SINGLE MAJOR</td>
<td>No Auth Needed</td>
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<tr>
<td>92929</td>
<td>PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S), WITH CORONARY ANGIOPLASTY WHEN PERFORMED; EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>92933</td>
<td>PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH INTRACORONARY STENT, WITH CORONARY ANGIOPLASTY WHEN</td>
<td>No Auth Needed</td>
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<tr>
<td>92934</td>
<td>PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH INTRACORONARY STENT, WITH CORONARY ANGIOPLASTY WHEN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92937</td>
<td>PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT (INTERNAL</td>
<td>No Auth Needed</td>
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<tr>
<td>92938</td>
<td>PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT (INTERNAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92941</td>
<td>PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF ACUTE TOTAL/SUBTOTAL OCCLUSION DURING ACUTE MYOCARDIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92943</td>
<td>PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY, CORONARY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>92944</td>
<td>PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY, CORONARY</td>
<td>No Auth Needed</td>
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<tr>
<td>92950</td>
<td>CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)</td>
<td>No Auth Needed</td>
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<tr>
<td>92953</td>
<td>TEMPORARY TRANSCUTANEOUS PACING</td>
<td>No Auth Needed</td>
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<tr>
<td>92960</td>
<td>CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; EXTERNAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92961</td>
<td>CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92970</td>
<td>CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; INTERNAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92971</td>
<td>CARDIOASSIST-METHOD OF CIRCULATORY ASSIST; EXTERNAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92973</td>
<td>PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92974</td>
<td>TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT CORONARY INTRAVASCULAR BRACHYTHERAPY (LIST)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92975</td>
<td>THROMBOLYSIS, CORONARY; BY INTRACORONARY INFUSION, INCLUDING SELECTIVE CORONARY ANGIOGRAPHY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92977</td>
<td>THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92978</td>
<td>INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92979</td>
<td>INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
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<tr>
<td>92986</td>
<td>PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92987</td>
<td>PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE</td>
<td>Auth Required</td>
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<tr>
<td>92990</td>
<td>PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE</td>
<td>Auth Required</td>
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<tr>
<td>92992</td>
<td>ATRIAL SEPTECTOMY OR SEPTOSTOMY; TRANSVENOUS METHOD, BALLOON (EG, RASHKIND TYPE) (INCLUDES CARDIAC)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92993</td>
<td>ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD (PARK SEPTOSTOMY) (INCLUDES CARDIAC CATHETERIZATION)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92997</td>
<td>PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE VESSEL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>92998</td>
<td>PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADDITIONAL VESSEL (LIST SEPARATELY IN)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93000</td>
<td>ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93005</td>
<td>ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93010</td>
<td>ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND REPORT ONLY</td>
<td>No Auth Needed</td>
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<tr>
<td>93015</td>
<td>CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTROCARDIOGRAPHIC</td>
<td>No Auth Needed</td>
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<tr>
<td>93016</td>
<td>CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTROCARDIOGRAPHIC</td>
<td>No Auth Needed</td>
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<tr>
<td>93017</td>
<td>CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTROCARDIOGRAPHIC</td>
<td>No Auth Needed</td>
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<td>CPT Code</td>
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<td>93018</td>
<td>CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE, CONTINUOUS ELECTROCARDIOGRAPHIC</td>
<td>No Auth Needed</td>
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<tr>
<td>93024</td>
<td>ERGONOVINE PROVOCATION TEST</td>
<td>No Auth Needed</td>
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<tr>
<td>93025</td>
<td>MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS</td>
<td>No Auth Needed</td>
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<tr>
<td>93040</td>
<td>RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
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<tr>
<td>93041</td>
<td>RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
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<tr>
<td>93042</td>
<td>RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ONLY</td>
<td>No Auth Needed</td>
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<tr>
<td>93050</td>
<td>ARTERIAL PRESSURE WAVEFORM ANALYSIS FOR ASSESSMENT OF CENTRAL ARTERIAL PRESSURES, INCLUDES OBTAINING WAVEFORM(S),</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93224</td>
<td>ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93225</td>
<td>ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH</td>
<td>No Auth Needed</td>
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<tr>
<td>93226</td>
<td>ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH</td>
<td>No Auth Needed</td>
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<tr>
<td>93227</td>
<td>ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH</td>
<td>No Auth Needed</td>
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<tr>
<td>93228</td>
<td>WEARABLE MOBILE CV TELEMETRY W/PHYS R&amp;I W/REPORTWEARABLE MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC</td>
<td>No Auth Needed</td>
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<tr>
<td>93229</td>
<td>WEARABLE MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED REAL TIME DATA</td>
<td>No Auth Needed</td>
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<td>93260</td>
<td>PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93261</td>
<td>INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93264</td>
<td>REMOTE MONITORING OF A WIRELESS PULMONARY ARTERY PRESSURE SENSOR FOR UP TO 30 DAYS, INCLUDING AT LEAST WEEKLY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93268</td>
<td>PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, 24-HOUR ATTENDED MONITORING, PER 30 DAY</td>
<td>No Auth Needed</td>
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<tr>
<td>93270</td>
<td>PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, 24-HOUR ATTENDED MONITORING, PER 30 DAY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93271</td>
<td>PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, 24-HOUR ATTENDED MONITORING, PER 30 DAY</td>
<td>No Auth Needed</td>
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<tr>
<td>93272</td>
<td>PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, 24-HOUR ATTENDED MONITORING, PER 30 DAY</td>
<td>No Auth Needed</td>
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<tr>
<td>93278</td>
<td>SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93279</td>
<td>PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF</td>
<td>No Auth Needed</td>
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<tr>
<td>93280</td>
<td>DUAL LEAD PEACEMAKER</td>
<td>No Auth Needed</td>
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<tr>
<td>93281</td>
<td>PROGRAMMING EVAL IMPLANTABLE DEV MLT LEAD PACEMAKER PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF</td>
<td>No Auth Needed</td>
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<tr>
<td>93282</td>
<td>PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF</td>
<td>No Auth Needed</td>
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<tr>
<td>93283</td>
<td>PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF</td>
<td>No Auth Needed</td>
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<tr>
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<td>93284</td>
<td>PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF</td>
<td>No Auth Needed</td>
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<tr>
<td>93285</td>
<td>PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93286</td>
<td>PERI-PROCEDURAL DEVICE EVALUATION (IN PERSON) AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A SURGERY,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93287</td>
<td>PERI-PROCEDURAL DEVICE EVALUATION (IN PERSON) AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A SURGERY,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93288</td>
<td>INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93289</td>
<td>INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH</td>
<td>No Auth Needed</td>
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<tr>
<td>93290</td>
<td>INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH</td>
<td>No Auth Needed</td>
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<tr>
<td>93291</td>
<td>INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH</td>
<td>No Auth Needed</td>
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<tr>
<td>93292</td>
<td>INTERROGATION EVAL IN PERSON WR DEFIBRILLATOR INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN</td>
<td>No Auth Needed</td>
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<tr>
<td>93293</td>
<td>TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVAL TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVALUATION(S) SINGLE, DUAL, OR</td>
<td>No Auth Needed</td>
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<tr>
<td>93294</td>
<td>INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYSTEM, OR</td>
<td>No Auth Needed</td>
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<tr>
<td>93295</td>
<td>INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR MULTIPLE LEAD IMPLANTABLE DEFIBRILLATOR</td>
<td>No Auth Needed</td>
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<tr>
<td>93296</td>
<td>INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR MULTIPLE LEAD PACEMAKER SYSTEM, LEADLESS</td>
<td>No Auth Needed</td>
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<tr>
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<tr>
<td>93297</td>
<td>INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITOR</td>
<td>No Auth Needed</td>
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<tr>
<td>93298</td>
<td>INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; SUBCUTANEOUS CARDIAC RHYTHM MONITOR SYSTEM, INCLUDING</td>
<td>No Auth Needed</td>
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<td>93299</td>
<td>INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITOR</td>
<td>No Auth Needed</td>
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<tr>
<td>93303</td>
<td>TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE</td>
<td>No Auth Needed</td>
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<tr>
<td>93304</td>
<td>TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR LIMITED STUDY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93306</td>
<td>ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN</td>
<td>No Auth Needed</td>
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<tr>
<td>93307</td>
<td>ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) INCLUDES M-MODE RECORDING, WHEN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93308</td>
<td>ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP</td>
<td>No Auth Needed</td>
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<tr>
<td>93312</td>
<td>ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING); INCLUDING</td>
<td>No Auth Needed</td>
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<tr>
<td>93313</td>
<td>ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING); PLACEMENT</td>
<td>No Auth Needed</td>
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<tr>
<td>93314</td>
<td>ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING); IMAGE</td>
<td>No Auth Needed</td>
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<tr>
<td>93315</td>
<td>TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING PROBE PLACEMENT, IMAGE ACQUISITION,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93316</td>
<td>TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; PLACEMENT OF TRANSESOPHAGEAL PROBE ONLY</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<td>93317</td>
<td>TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; IMAGE ACQUISITION, INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
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<tr>
<td>93318</td>
<td>ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLUDING PROBE PLACEMENT, REAL TIME 2-DIMENSIONAL IMAGE</td>
<td>No Auth Needed</td>
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<tr>
<td>93320</td>
<td>DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODES)</td>
<td>No Auth Needed</td>
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<tr>
<td>93321</td>
<td>DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY IN ADDITION TO CODES)</td>
<td>No Auth Needed</td>
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<tr>
<td>93325</td>
<td>DOPPLER ECHOCARDIOGRAPHY COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93350</td>
<td>ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), WITH OR WITHOUT M-MODE RECORDING, DURING REST</td>
<td>No Auth Needed</td>
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<tr>
<td>93351</td>
<td>ECHO TTHRC R-T 2D →M-MODE REST&amp;STRS CONT ECG ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D),</td>
<td>No Auth Needed</td>
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<tr>
<td>93352</td>
<td>ADMIN ECG CONTRAST AGENT</td>
<td>No Auth Needed</td>
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<tr>
<td>93355</td>
<td>ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR GUIDANCE OF A TRANSCATHETER INTRACARDIAC OR GREAT VESSEL(S) STRUCTURAL</td>
<td>No Auth Needed</td>
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<tr>
<td>93356</td>
<td>MYOCARDIAL STRAIN IMAGING USING SPECKLE TRACKING-DERIVED AS</td>
<td>No Auth Needed</td>
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<tr>
<td>93451</td>
<td>RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT, WHEN PERFORMED</td>
<td>Auth Required</td>
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<tr>
<td>93452</td>
<td>LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVISION</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93453</td>
<td>COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>93454</td>
<td>CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY</td>
<td>Auth Required</td>
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<tr>
<td>93455</td>
<td>CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY</td>
<td>Auth Required</td>
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<td>93456</td>
<td>CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY</td>
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<td>93457</td>
<td>CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY</td>
<td>Auth Required</td>
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<td>93458</td>
<td>CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY</td>
<td>Auth Required</td>
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<td>93459</td>
<td>CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY</td>
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<td>93460</td>
<td>CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY</td>
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<td>93461</td>
<td>CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION(S) FOR CORONARY</td>
<td>Auth Required</td>
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<tr>
<td>93462</td>
<td>LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY TRANSAPICAL PUNCTURE (LIST SEPARATELY IN)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93463</td>
<td>PHARMACOLOGIC AGENT ADMINISTRATION (EG, INHALED NITRIC OXIDE, INTRAVENOUS INFUSION OF NITROPRUSSIDE, DOBUTAMINE, MILRINONE,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93464</td>
<td>PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) INCLUDING ASSESSING HEMODYNAMIC MEASUREMENTS BEFORE AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93503</td>
<td>INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR MONITORING PURPOSES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93505</td>
<td>ENDOMYOCARDIAL BIOPSY</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
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</tr>
<tr>
<td>93530</td>
<td>RIGHT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93531</td>
<td>COMBINED RIGHT HEART CATHETERIZATION AND RETROGRADE LEFT HEART CATHETERIZATION, FOR CONGENITAL CARDIAC ANOMALIES</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93532</td>
<td>COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH INTACT SEPTUM WITH OR WITHOUT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93533</td>
<td>COMBINED RIGHT HEART CATHETERIZATION AND TRANSSEPTAL LEFT HEART CATHETERIZATION THROUGH EXISTING SEPTAL OPENING, WITH OR</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93561</td>
<td>INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL AND/OR VENOUS CATHETERIZATION; WITH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93562</td>
<td>INDICATOR DILUTION STUDIES SUCH AS DYE OR THERMAL DILUTION, INCLUDING ARTERIAL AND/OR VENOUS CATHETERIZATION;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93563</td>
<td>INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93564</td>
<td>INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93565</td>
<td>INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93566</td>
<td>INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93567</td>
<td>INJECTION PROCEDURE DURING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION, AND REPORT;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93568</td>
<td>INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE MEASUREMENT (CORONARY VESSEL OR GRAFT)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93571</td>
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<td>No Auth Needed</td>
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<tr>
<td>93572</td>
<td>Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93580</td>
<td>Percutaneous transcatheter closure of congenital interatrial communication (ie, Fontan fenestration, atrial septal defect)</td>
<td>Auth Required</td>
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<tr>
<td>93581</td>
<td>Percutaneous transcatheter closure of a congenital ventricular septal defect with implant</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93582</td>
<td>Percutaneous transcatheter closure of patent ductus arteriosus</td>
<td>Auth Required</td>
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<tr>
<td>93583</td>
<td>Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker</td>
<td>Auth Required</td>
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<tr>
<td>93590</td>
<td>Percutaneous transcatheter closure of paraavalvular leak; initial occlusion device, mitral valve</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93591</td>
<td>Percutaneous transcatheter closure of paraavalvular leak; initial occlusion device, aortic valve</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93592</td>
<td>Percutaneous transcatheter closure of paraavalvular leak; each additional occlusion device (list separately in)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93600</td>
<td>Bundle of His recording</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93602</td>
<td>Intra-atrial recording</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93603</td>
<td>Right ventricular recording</td>
<td>No Auth Needed</td>
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<tr>
<td>93609</td>
<td>Intraventricular and/or intra-atrial mapping of tachycardia site(s) with catheter manipulation to record from</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93610</td>
<td>Intra-atrial pacing</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>93612</td>
<td>INTRAVENTRICULAR PACING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93613</td>
<td>INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93615</td>
<td>ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S);</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93616</td>
<td>ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S); WITH PACING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93618</td>
<td>INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93619</td>
<td>COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93620</td>
<td>COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93621</td>
<td>COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93622</td>
<td>COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93623</td>
<td>PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93624</td>
<td>ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST EFFECTIVENESS OF THERAPY, INCLUDING INDUCTION OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93631</td>
<td>INTRA-OPERATIVE EPICARDIAL AND ENDOCARDIAL PACING AND MAPPING TO LOCALIZE THE SITE OF TACHYCARDIA OR ZONE OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93640</td>
<td>ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR LEADS INCLUDING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>93641</td>
<td>ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR LEADS INCLUDING</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93642</td>
<td>ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER TRANSVENOUS PACING CARDIOVERTER-DEFIBRILLATOR (INCLUDES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93644</td>
<td>ELECTROPHYSIOLOGIC EVALUATION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR (INCLUDES DEFIBRILLATION THRESHOLD</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93650</td>
<td>INTRACARDIAC CATHETER ABLATION OF ATRIOVENTRICULAR NODE FUNCTION, ATRIOVENTRICULAR CONDUCTION FOR CREATION</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93653</td>
<td>COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE</td>
<td>Auth Required</td>
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<td>93654</td>
<td>COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93655</td>
<td>INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECHANISM OF ARRHYTHMIA WHICH IS DISTINCT FROM THE PRIMARY ABLATED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93656</td>
<td>COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING TRANSSEPTAL CATHETERIZATIONS, INSERTION AND</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93657</td>
<td>ADDITIONAL LINEAR OR FOCAL INTRACARDIAC CATHETER ABLATION OF THE LEFT OR RIGHT ATRIUM FOR TREATMENT OF ATRIAL FIBRILLATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93660</td>
<td>EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOUS ECG MONITORING AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93662</td>
<td>INTRACARDIAC ECHOCARDIOGRAPHY DURING THERAPEUTIC/DIAGNOSTIC INTERVENTION, INCLUDING IMAGING SUPERVISION AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93668</td>
<td>PERIPHERAL ARTERIAL DISEASE (PAD) REHABILITATION, PER SESSION</td>
<td>Auth Required</td>
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<tr>
<td>93701</td>
<td>BIOIMPEDANCE, THORACIC, ELECTRICAL</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>93702</td>
<td>BIOIMPEDANCE SPECTROSCOPY (BIS), EXTRACELLULAR FLUID ANALYSIS FOR LYMPHEDEMA ASSESSMENT(S)</td>
<td>Auth Required</td>
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<tr>
<td>93724</td>
<td>ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM (INCLUDES ELECTROCARDIOGRAPHIC RECORDING,)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93727</td>
<td>ELECTRONIC ANALYSIS OF IMPLA</td>
<td>Auth Required</td>
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<tr>
<td>93731</td>
<td>ELECTRONIC ANALYSIS OF DUAL-</td>
<td>Auth Required</td>
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<tr>
<td>93732</td>
<td>ELECTRONIC ANALYSIS OF DUAL-</td>
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<tr>
<td>93733</td>
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<td>93736</td>
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<tr>
<td>93740</td>
<td>TEMPERATURE GRADIENT STUDIES</td>
<td>No Auth Needed</td>
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<tr>
<td>93741</td>
<td>ANALY CARDIOVERT; 1 CHMBR NO</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93742</td>
<td>ANALY CARDIOVERT; 1 CHMBR W/</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93743</td>
<td>ELECTRONIC ANALYSIS OF PACIN</td>
<td>Auth Required</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>93744</td>
<td>ELECTRONIC ANALYSIS OF PACIN</td>
<td>Auth Required</td>
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<tr>
<td>93745</td>
<td>INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE CARDIOVERTER-DEFIBRILLATORIncludes initial programming</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93750</td>
<td>INTERROGATION OF VENTRICULAR ASSIST DEVICE (VAD), IN PERSON, WITH PHYSICIAN ANALYSIS OF DEVICE PARAMETERS (EG, DRIVELINES, ALARMS, THERMOGRAM; CEPHALIC)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93760</td>
<td>THERMOGRAM; CEPHALIC</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93762</td>
<td>THERMOGRAM; PERIPHERAL</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93770</td>
<td>DETERMINATION OF VENOUS PRESSURE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93784</td>
<td>AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HOURS OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93786</td>
<td>AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HOURS OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93788</td>
<td>AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HOURS OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93790</td>
<td>AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HOURS OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93792</td>
<td>PATIENT/CAREGIVER TRAINING FOR INITIATION OF HOME INTERNATIONAL NORMALIZED RATIO (INR) MONITORING UNDER THE DIRECTION OF A PHYSICIAN</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93793</td>
<td>ANTICOAGULANT MANAGEMENT FOR A PATIENT TAKING WARFARIN, MUST INCLUDE REVIEW AND INTERPRETATION OF A NEW HOME, OFFICE, OR</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93797</td>
<td>PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG Monitoring (Per Session)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>93798</td>
<td>PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93799</td>
<td>UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>93880</td>
<td>DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93882</td>
<td>DUPLEX SCAN OF EXTRACRANIAL ARTERIES; UNILATERAL OR LIMITED STUDY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93886</td>
<td>TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93888</td>
<td>TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; LIMITED STUDY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93890</td>
<td>TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOREACTIVITY STUDY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93892</td>
<td>TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITHOUT INTRAVENOUS MICROBUBBLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93893</td>
<td>TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITH INTRAVENOUS MICROBUBBLE INJECTION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93895</td>
<td>QUANTITATIVE CAROTID INTIMA MEDIA THICKNESS AND CAROTID Atheroma Evaluation, Bilateral</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93922</td>
<td>NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, SINGLE LEVEL, BILATERAL (EG, ANKLE/BRACHIAL INDICES)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93923</td>
<td>NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES, MULTIPLE LEVELS OR WITH PROVOCATIVE FUNCTIONAL MANEU</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93924</td>
<td>NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FOLLOWING TREADMILL STRESS TESTING, COMPLETE</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>93925</td>
<td>DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93926</td>
<td>DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93930</td>
<td>DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93931</td>
<td>DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93970</td>
<td>DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUDY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93971</td>
<td>DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; UNILATERAL OR LIMITED STUDY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93975</td>
<td>DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL CONTENTS AND/OR RETROPERITONEAL ORGANS;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93976</td>
<td>DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL CONTENTS AND/OR RETROPERITONEAL ORGANS;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93978</td>
<td>DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; COMPLETE STUDY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93979</td>
<td>DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; UNILATERAL OR LIMITED STUDY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93980</td>
<td>DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; COMPLETE STUDY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93981</td>
<td>DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; FOLLOW-UP OR LIMITED STUDY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93985</td>
<td>DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOP</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Requirement</td>
</tr>
<tr>
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<tr>
<td>93986</td>
<td>DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOP</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93990</td>
<td>DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AND VENOUS OUTFLOW)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>93998</td>
<td>UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY</td>
<td>Auth Required</td>
</tr>
<tr>
<td>94002</td>
<td>VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME RESET VENTILATORS FOR ASSISTED OR CONTROLLED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94003</td>
<td>VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME RESET VENTILATORS FOR ASSISTED OR CONTROLLED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94004</td>
<td>VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME RESET VENTILATORS FOR ASSISTED OR CONTROLLED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94005</td>
<td>HOME VENTILATOR MANAGEMENT CARE PLAN OVERSIGHT OF A PATIENT (PATIENT NOT PRESENT) IN HOME, DOMICILIARY OR REST HOME</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94010</td>
<td>SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), WITH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94011</td>
<td>MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD THROUGH 2 YEARS OF AGE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94012</td>
<td>MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER BRONCHODILATOR, IN AN INFANT OR CHILD</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94013</td>
<td>MEASUREMENT OF LUNG VOLUMES (IE, FUNCTIONAL RESIDUAL CAPACITY [FRC], FORCED VITAL CAPACITY [FVC], AND EXPIRATORY RESERVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94014</td>
<td>PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; INCLUDES REINFORCED EDUCATION, TRANSMISSION OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94015</td>
<td>PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; RECORDING (INCLUDES HOOK-UP, REINFORCED EDUCATION, DATA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
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<tr>
<td>94016</td>
<td>PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; PHYSICIAN REVIEW AND INTERPRETATION ONLY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94060</td>
<td>BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND POST-BRONCHODILATOR ADMINISTRATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94070</td>
<td>BRONCHOSPASM PROVOCATION EVALUATION, MULTIPLE SPIROMETRIC DETERMINATIONS AS IN 94010, WITH ADMINISTERED AGENTS (EG,</td>
<td>No Auth Needed</td>
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<tr>
<td>94150</td>
<td>VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>94200</td>
<td>MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94250</td>
<td>EXPIRED GAS COLLECTION, QUANTITATIVE, SINGLE PROCEDURE (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>94375</td>
<td>RESPIRATORY FLOW VOLUME LOOP</td>
<td>No Auth Needed</td>
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<td>94400</td>
<td>BREATHING RESPONSE TO CO2 (CO2 RESPONSE CURVE)</td>
<td>No Auth Needed</td>
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<tr>
<td>94450</td>
<td>BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)</td>
<td>No Auth Needed</td>
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<tr>
<td>94452</td>
<td>HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT;</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94453</td>
<td>HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT; WITH SUPPLEMENTAL OXYGEN TITRATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94610</td>
<td>INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN THROUGH ENDOTRACHEAL TUBE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94617</td>
<td>EXERCISE TEST FOR BRONCHOSPASM, INCLUDING PRE- AND POST-SPIROMETRY, ELECTROCARDIOGRAPHIC RECORDING(S), AND</td>
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<td>Code</td>
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<tr>
<td>94618</td>
<td>PULMONARY STRESS TESTING (EG, 6-MINUTE WALK TEST), INCLUDING MEASUREMENT OF HEART RATE, OXIMETRY, AND OXYGEN TITRATION,</td>
<td>No Auth Needed</td>
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<tr>
<td>94621</td>
<td>CARDIOPULMONARY EXERCISE TESTING, INCLUDING MEASUREMENTS OF MINUTE VENTILATION, CO2 PRODUCTION, O2 UPTAKE,</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94640</td>
<td>PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION OR FOR SPUTUM INDUCTION FOR DIAGNOSTIC</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94642</td>
<td>AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT OR PROPHYLAXIS</td>
<td>No Auth Needed</td>
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<tr>
<td>94644</td>
<td>CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUCTION; FIRST HOUR</td>
<td>No Auth Needed</td>
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<tr>
<td>94645</td>
<td>CONTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUCTION; EACH ADDITIONAL HOUR (LIST</td>
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<tr>
<td>94650</td>
<td>INTERMITTENT POSITIVE PRESSU</td>
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<tr>
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<td>Auth Required</td>
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<td>94657</td>
<td>VENTILATION ASSIST AND MANAG</td>
<td>Auth Required</td>
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<tr>
<td>94660</td>
<td>CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND MANAGEMENT</td>
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<tr>
<td>94662</td>
<td>CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEMENT</td>
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<tr>
<td>94664</td>
<td>DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR, NEBULIZER, METERED DOSE INHALER OR IPPB DE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94665</td>
<td>AEROSOL OR VAPOR INHALATIONS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>94667</td>
<td>MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACILITATE LUNG FUNCTION; INITIAL DEMONSTRATION AND</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94668</td>
<td>MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACILITATE LUNG FUNCTION; SUBSEQUENT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94669</td>
<td>MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCTION, PER SESSION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94680</td>
<td>OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94681</td>
<td>OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGEN EXTRACTED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94690</td>
<td>OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94726</td>
<td>PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, AIRWAY RESISTANCE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94727</td>
<td>GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, DISTRIBUTION OF VENTILATION</td>
<td>No Auth Needed</td>
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<tr>
<td>94728</td>
<td>AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94729</td>
<td>DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94750</td>
<td>PULMONARY COMPLIANCE STUDY (EG, PLETHYSMOGRAPHY, VOLUME AND PRESSURE MEASUREMENTS)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>94760</td>
<td>NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94761</td>
<td>NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE DETERMINATIONS (EG, DURING EXERCISE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94762</td>
<td>NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS OVERNIGHT MONITORING (SEPARATE)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94770</td>
<td>CARBON DIOXIDE, EXPIRED GAS DETERMINATION BY INFRARED ANALYZER</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94772</td>
<td>CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12-24 HOUR CONTINUOUS RECORDING, INFANT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94774</td>
<td>PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94775</td>
<td>PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94776</td>
<td>PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94777</td>
<td>PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30-DAY PERIOD OF</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94780</td>
<td>CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, FOR INFANTS THROUGH 12 MONTHS OF AGE, WITH CONTINUAL CLINICAL STAFF OBSERVATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94781</td>
<td>CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, FOR INFANTS THROUGH 12 MONTHS OF AGE, WITH CONTINUAL CLINICAL STAFF OBSERVATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>94799</td>
<td>UNLISTED PULMONARY SERVICE OR PROCEDURE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>95004</td>
<td>PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, INCLUDING TEST INTERPRETA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>95012</td>
<td>NITRIC OXIDE EXPIRED GAS DETERMINATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>95017</td>
<td>ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS (SCRATCH, PUNCTURE, PRICK) AND INTRACUTANEOUS (INTRADERMAL),</td>
<td>Auth Required</td>
</tr>
<tr>
<td>95018</td>
<td>ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS (SCRATCH, PUNCTURE, PRICK) AND INTRACUTANEOUS (INTRADERMAL),</td>
<td>Auth Required</td>
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<tr>
<td>95024</td>
<td>INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, INCLUDING TEST INTERPRETATION</td>
<td>Auth Required</td>
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<tr>
<td>95027</td>
<td>INTRACUTANEOUS (INTRADERMAL) TESTS, SEQUENTIAL AND INCREMENTAL, WITH ALLERGENIC EXTRACTS FOR AIRBORNE</td>
<td>Auth Required</td>
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<tr>
<td>95028</td>
<td>INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE REACTION, INCLUDING READING, SPECIFY NUMBER OF</td>
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<tr>
<td>95044</td>
<td>PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)</td>
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<tr>
<td>95052</td>
<td>PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)</td>
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<td>95056</td>
<td>PHOTO TESTS</td>
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<td>95060</td>
<td>OPHTHALMIC MUCOUS MEMBRANE TESTS</td>
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<tr>
<td>95065</td>
<td>DIRECT NASAL MUCOUS MEMBRANE TEST</td>
<td>Auth Required</td>
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<tr>
<td>95070</td>
<td>INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH HISTAMINE,</td>
<td>Auth Required</td>
</tr>
<tr>
<td>95071</td>
<td>INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH ANTIGENS OR GASES,</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>95076</td>
<td>INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS, EG, FOOD, DRUG OR OTHER SUBSTANCE); INITIAL 120</td>
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<tr>
<td>95078</td>
<td>PROVOCATIVE TESTING (EG, RIN)</td>
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<tr>
<td>95079</td>
<td>INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS, EG, FOOD, DRUG OR OTHER SUBSTANCE); EACH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>95115</td>
<td>PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; SINGLE INJECTION</td>
<td>Auth Required</td>
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<tr>
<td>95117</td>
<td>PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; TWO OR MORE</td>
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<tr>
<td>95120</td>
<td>PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS OFFICE OR INSTITUTION, INCLUDING PROVISION</td>
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<tr>
<td>95125</td>
<td>PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS OFFICE OR INSTITUTION, INCLUDING PROVISION</td>
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<td>95130</td>
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<td>PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS OFFICE OR INSTITUTION, INCLUDING PROVISION</td>
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<td>PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIANS OFFICE OR INSTITUTION, INCLUDING PROVISION</td>
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<tr>
<td>95134</td>
<td>PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY, SINGLE DOSE</td>
<td>Auth Required</td>
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<tr>
<td>95144</td>
<td>PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY, SINGLE DOSE</td>
<td>Auth Required</td>
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</tbody>
</table>

Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization.
<table>
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<tr>
<td>95145</td>
<td>PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUM)</td>
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<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization</td>
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<td>PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUM)</td>
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<td>95148</td>
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<td>95165</td>
<td>PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY; SINGLE OR M</td>
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<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization</td>
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<tr>
<td>95170</td>
<td>PROFESSIONAL SERVICES FOR THE SUPERVISION OF PREPARATION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY; WHOLE BODY</td>
<td>Auth Required</td>
<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization</td>
</tr>
<tr>
<td>95180</td>
<td>RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, EQUINE SERUM)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95199</td>
<td>UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE</td>
<td>Auth Required</td>
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<tr>
<td>95249</td>
<td>AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR FOR A MINIMUM OF 72</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>95250</td>
<td>AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR FOR A MINIMUM OF 72</td>
<td>No Auth Needed</td>
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<td>95251</td>
<td>AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR FOR A MINIMUM OF 72</td>
<td>No Auth Needed</td>
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<tr>
<td>95700</td>
<td>ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
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<td>Auth Required</td>
<td>Notes</td>
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<tr>
<td>95705</td>
<td>ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA,</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95706</td>
<td>ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA,</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95707</td>
<td>ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA,</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95708</td>
<td>ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA,</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95709</td>
<td>ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA,</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95710</td>
<td>ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA,</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95711</td>
<td>ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TEC</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95712</td>
<td>ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TEC</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95713</td>
<td>ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TEC</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95714</td>
<td>ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TEC</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95715</td>
<td>ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TEC</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95716</td>
<td>ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TEC</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95717</td>
<td>ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
<td>Notes</td>
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<tr>
<td>95718</td>
<td>ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95719</td>
<td>ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95720</td>
<td>ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95721</td>
<td>ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95722</td>
<td>ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95723</td>
<td>ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95724</td>
<td>ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95725</td>
<td>ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95726</td>
<td>ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>95782</td>
<td>POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>95783</td>
<td>POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>95800</td>
<td>SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE, OXYGEN SATURATION, RESPIRATORY ANALYSIS (EG, BY AIRFLOW OR</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>95801</td>
<td>SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; MINIMUM OF HEART RATE, OXYGEN SATURATION, AND RESPIRATORY ANALYSIS (EG,</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
<td></td>
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<tr>
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<td></td>
</tr>
<tr>
<td>95803</td>
<td>ACTIGRAPHY TESTING, RECORDING, ANALYSIS, INTERPRETATION, AND REPORT (MINIMUM OF 72 HOURS TO 14 CONSECUTIVE DAYS OF RECORDING)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95805</td>
<td>MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYSIOLOGICAL</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>95806</td>
<td>SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATION,</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>95807</td>
<td>SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATION,</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>95808</td>
<td>POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>95810</td>
<td>POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>95811</td>
<td>POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, WITH INITIATION OF CONTINUOUS POSITIVE AIRWA</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>95812</td>
<td>ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; 41-60 MINUTES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95813</td>
<td>ELECTROENCEPHALOGRAM (EEG) EXTENDED MONITORING; GREATER THAN ONE HOUR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95816</td>
<td>ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND DROWSY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95819</td>
<td>ELECTROENCEPHALOGRAM (EEG); INCLUDING RECORDING AWAKE AND ASLEEP</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95822</td>
<td>ELECTROENCEPHALOGRAM (EEG); RECORDING IN COMA OR SLEEP ONLY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95824</td>
<td>ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONLY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
<td></td>
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<td>------------------------------------------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td>95827</td>
<td>ELECTROENCEPHALOGRAM (EEG); ALL NIGHT RECORDING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95829</td>
<td>ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95830</td>
<td>INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR ELECTROENCEPHALOGRAPHIC (EEG) RECORDING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95831</td>
<td>MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING HAND) OR TRUNK</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95832</td>
<td>MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95833</td>
<td>MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUATION OF BODY, EXCLUDING HANDS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95834</td>
<td>MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; TOTAL EVALUATION OF BODY, INCLUDING HANDS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95836</td>
<td>ELECTROCORTICOGRAM FROM AN IMPLANTED BRAIN NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER, INCLUDING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95851</td>
<td>RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY (EXCLUDING HAND) OR EACH TRUNK SECTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95852</td>
<td>RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95857</td>
<td>TENSILON TEST FOR MYASTHENIA GRAVIS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95858</td>
<td>TENSILON TEST FOR MYASTHENIA</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>95860</td>
<td>NEEDLE ELECTROMYOGRAPHY; ONE EXTREMITY WITH OR WITHOUT RELATED PARASPINAL AREAS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Requires Authorization</td>
<td></td>
</tr>
<tr>
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<tr>
<td>95861</td>
<td>NEEDLE ELECTROMYOGRAPHY; TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95863</td>
<td>NEEDLE ELECTROMYOGRAPHY; THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95864</td>
<td>NEEDLE ELECTROMYOGRAPHY; FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95865</td>
<td>NEEDLE ELECTROMYOGRAPHY; LARYNX</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95866</td>
<td>NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95867</td>
<td>NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLE(S), UNILATERAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95868</td>
<td>NEEDLE ELECTROMYOGRAPHY; CRANIAL NERVE SUPPLIED MUSCLES, BILATERAN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95869</td>
<td>NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES (EXCLUDING T1 OR T12)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95870</td>
<td>NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR NON-LIMB (AXIAL) MUSCLES (UNILATERAL OR BILATERAL),</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95872</td>
<td>NEEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIVE MEASUREMENT OF JITTER, BLOCKING AND/OR FIBER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95873</td>
<td>ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95874</td>
<td>NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>95875</td>
<td>ISCHEMIC LIMB EXERCISE TEST WITH SERIAL SPECIMEN(S) ACQUISITION FOR MUSCLE(S) METABOLITE(S)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
<td></td>
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<tr>
<td>95885</td>
<td>NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95886</td>
<td>NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCTION,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95887</td>
<td>NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY (CRANIAL NERVE SUPPLIED OR AXIAL) MUSCLE(S) DONE WITH NERVE CONDUCTION, AMPLITUDE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95905</td>
<td>MOTOR AND/OR SENSORY NERVE CONDUCTION, USING PRECONFIGURED ELECTRODE ARRAY(S), AMPLITUDE AND LATENCY/VELOCITY STUDY, EACH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95907</td>
<td>NERVE CONDUCTION STUDIES; 1-2 STUDIES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95908</td>
<td>NERVE CONDUCTION STUDIES; 3-4 STUDIES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95909</td>
<td>NERVE CONDUCTION STUDIES; 5-6 STUDIES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95910</td>
<td>NERVE CONDUCTION STUDIES; 7-8 STUDIES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95911</td>
<td>NERVE CONDUCTION STUDIES; 9-10 STUDIES</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>95912</td>
<td>NERVE CONDUCTION STUDIES; 11-12 STUDIES</td>
<td>No Auth Needed</td>
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<tr>
<td>95913</td>
<td>NERVE CONDUCTION STUDIES; 13 OR MORE STUDIES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95921</td>
<td>TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL INNERVATION (PARASYMPATHETIC FUNCTION), INCLUDING TWO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95922</td>
<td>TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; VASOMOTOR ADRENERGIC INNERVATION (SYMPATHETIC ADRENERGIC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>95923</td>
<td>TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR, INCLUDING ONE OR</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>MORE OF THE FOLLOWING: QUANTITATIVE</td>
<td>Needed</td>
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</tr>
<tr>
<td>95924</td>
<td>TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; COMBINED PARASYMPATHETIC AND</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SYMPATHETIC ADRENERGIC FUNCTION TESTING</td>
<td>Needed</td>
<td></td>
</tr>
<tr>
<td>95925</td>
<td>SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PERIPHERAL NERVES OR SKIN SITES, RECORDING</td>
<td>Needed</td>
<td></td>
</tr>
<tr>
<td>95926</td>
<td>SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PERIPHERAL NERVES OR SKIN SITES, RECORDING</td>
<td>Needed</td>
<td></td>
</tr>
<tr>
<td>95927</td>
<td>SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PERIPHERAL NERVES OR SKIN SITES, RECORDING</td>
<td>Needed</td>
<td></td>
</tr>
<tr>
<td>95928</td>
<td>CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION);</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>UPPER LIMBS</td>
<td>Needed</td>
<td></td>
</tr>
<tr>
<td>95929</td>
<td>CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION);</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LOWER LIMBS</td>
<td>Needed</td>
<td></td>
</tr>
<tr>
<td>95930</td>
<td>VISUAL EVOKED POTENTIAL (VEP) CHECKERBOARD OR FLASH TESTING, CENTRAL</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NERVOUS SYSTEM EXCEPT GLAUCOMA, WITH</td>
<td>Needed</td>
<td></td>
</tr>
<tr>
<td>95933</td>
<td>ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td>95937</td>
<td>NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI),</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EACH NERVE, ANY ONE METHOD</td>
<td>Needed</td>
<td></td>
</tr>
<tr>
<td>95938</td>
<td>SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PERIPHERAL NERVES OR SKIN SITES, RECORDING</td>
<td>Needed</td>
<td></td>
</tr>
<tr>
<td>95939</td>
<td>CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION);</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>IN UPPER AND LOWER LIMBS</td>
<td>Needed</td>
<td></td>
</tr>
<tr>
<td>95940</td>
<td>CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM,</td>
<td>No Auth</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ONE ON ONE MONITORING REQUIRING PERSONAL ATTENDANCE,</td>
<td>Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>95941</td>
<td>CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95943</td>
<td>SIMULTANEOUS, INDEPENDENT, QUANTITATIVE MEASURES OF BOTH PARASYMPATHETIC FUNCTION AND SYMPATHETIC FUNCTION, BASED NO AUTH NEEDED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95950</td>
<td>MONITORING FOR IDENTIFICATION AND LATERALIZATION OF CEREBRAL SEIZURE FOCUS, ELECTROENCEPHALOGRAPHIC (EG, 8 CHANNEL NO AUTH NEEDED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95951</td>
<td>MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY, COMBINED ELECTROENCEPHALOGRA NO AUTH NEEDED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95953</td>
<td>MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY COMPUTERIZED PORTABLE 16 OR MORE CHANNEL EEG, ELECTROENCEPHALOGRAPH NO AUTH NEEDED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95954</td>
<td>PHARMACOLOGICAL OR PHYSICAL ACTIVATION REQUIRING PHYSICIAN ATTENDANCE DURING EEG RECORDING OF ACTIVATION PHASE (EG, THIOPE NO AUTH NEEDED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95955</td>
<td>ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY) NO AUTH NEEDED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95956</td>
<td>MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS BY CABLE OR RADIO, 16 OR MORE CHANNEL TELEMETRY, ELECTROENCEPHALOGRA NO AUTH NEEDED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95957</td>
<td>DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EEG) (EG, FOR EPILEPTIC SPIKE ANALYSIS) NO AUTH NEEDED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95958</td>
<td>WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING NO AUTH NEEDED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95961</td>
<td>FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF ELECTRODES ON BRAIN SURFACE, OR OF NO AUTH NEEDED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95962</td>
<td>FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF ELECTRODES ON BRAIN SURFACE, OR OF NO AUTH NEEDED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95965</td>
<td>MAGNETOENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY (EG, EPILEPTIC NO AUTH NEEDED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>95966</td>
<td>MAGNETOEENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC FIELDS, SINGLE MODALITY (EG, CONTACT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95967</td>
<td>MAGNETOEENCEPHALOGRAPHY (MEG), RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC FIELDS, EACH ADDITIONAL MODALITY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95970</td>
<td>ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95971</td>
<td>ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95972</td>
<td>ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95976</td>
<td>ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95977</td>
<td>ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95980</td>
<td>ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE AND DURATION, CONTACT)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>95981</td>
<td>ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE AND DURATION, CONTACT)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>95982</td>
<td>ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM (EG, RATE, PULSE AMPLITUDE AND DURATION, CONTACT)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>95983</td>
<td>ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95984</td>
<td>ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR/TRANSMITTER (EG, CONTACT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95990</td>
<td>REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SPINAL (INTRATHECAL, EPIDURAL) OR BRAIN (INT)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization</td>
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<tr>
<td>95991</td>
<td>REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SPINAL (INTRATHecal, EPIDURAL) OR BRAIN (INT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95992</td>
<td>CANALITH REPOSITIONING PROCEDURE(S) (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER DAY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>95999</td>
<td>UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>96000</td>
<td>COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS;</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96001</td>
<td>COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO-TAPING AND 3-D KINEMATICS; WITH DYNAMIC PLANTAR PRESSURE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96002</td>
<td>DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL ACTIVITIES, 1-12 MUSCLES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96003</td>
<td>DYNAMIC FINE WIRE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL ACTIVITIES, 1 MUSCLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96004</td>
<td>PHYSICIAN REVIEW AND INTERPRETATION OF COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS, DYNAMIC PLANTAR PRESSURE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96020</td>
<td>NEUROFUNCTIONAL TESTING SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGING FUNCTIONAL BRAIN MAPPING, WITH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96040</td>
<td>MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES FACE-TO-FACE WITH PATIENT/FAMILY</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>96100</td>
<td>PSYCHOLOGICAL TESTING (INCLU</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>96105</td>
<td>ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUAGE FUNCTION, LANGUAGE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96110</td>
<td>DEVELOPMENTAL SCREENING (EG, DEVELOPMENTAL MILESTONE SURVEY, SPEECH AND LANGUAGE DELAY SCREEN), WITH SCORING</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>96112</td>
<td>DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND/OR GROSS MOTOR, LANGUAGE, COGNITIVE LEVEL,)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>96113</td>
<td>DEVELOPMENTAL TEST ADMINISTRATION (INCLUDING ASSESSMENT OF FINE AND/OR GROSS MOTOR, LANGUAGE, COGNITIVE LEVEL,)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96115</td>
<td>NEUROBEHAVIORAL STATUS EXAM</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>96116</td>
<td>NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, [EG, ACQUIRED KNOWLEDGE,)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>96117</td>
<td>NEUROPSYCHOLOGICAL TESTING B</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>96121</td>
<td>NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, [EG, ACQUIRED KNOWLEDGE,)</td>
<td>Auth Required</td>
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<tr>
<td>96125</td>
<td>STANDARDIZED COGNITIVE PERFORMANCE TESTING (EG, ROSS INFORMATION PROCESSING ASSESSMENT) PER HOUR OF A QUALIFIED HEALTH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96127</td>
<td>BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT (EG, DEPRESSION INVENTORY, ATTENTION-DEFICIT/HYPERACTIVITY DISORDER [ADHD]</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>96130</td>
<td>PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>96131</td>
<td>PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING INTEGRATION OF</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>96132</td>
<td>NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>96133</td>
<td>NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>96136</td>
<td>PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>96137</td>
<td>PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>96138</td>
<td>PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN, TWO OR MORE TESTS, ANY METHOD; FIRST 30</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>96139</td>
<td>PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN, TWO OR MORE TESTS, ANY METHOD; EACH</td>
<td>Auth Required</td>
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<tr>
<td>96146</td>
<td>PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION, WITH SINGLE AUTOMATED, STANDARDIZED INSTRUMENT VIA ELECTRONIC</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>96150</td>
<td>HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORAL OBSERVATIONS, PSYCHOPHYSIOLOGICAL)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96151</td>
<td>HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORAL OBSERVATIONS, PSYCHOPHYSIOLOGICAL)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96152</td>
<td>HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; INDIVIDUAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96153</td>
<td>HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; GROUP (2 OR MORE PATIENTS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96154</td>
<td>HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY (WITH THE PATIENT PRESENT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96155</td>
<td>HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY (WITHOUT THE PATIENT PRESENT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96156</td>
<td>HEALTH BEHAVIOR ASSESSMENT, OR RE-ASSESSMENT (IE, HEALTH-FO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96158</td>
<td>HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; INI</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96159</td>
<td>HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; EAC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorisation Required</td>
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<tr>
<td>96160</td>
<td>ADMINISTRATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT (EG, HEALTH HAZARD APPRAISAL) WITH SCORING AND</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96161</td>
<td>ADMINISTRATION OF CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT (EG, DEPRESSION INVENTORY) FOR THE BENEFIT OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96164</td>
<td>HEALTH BEHAVIOR INTERVENTION, GROUP (2 OR MORE PATIENTS), F</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96165</td>
<td>HEALTH BEHAVIOR INTERVENTION, GROUP (2 OR MORE PATIENTS), F</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96167</td>
<td>HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96168</td>
<td>HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96170</td>
<td>HEALTH BEHAVIOR INTERVENTION, FAMILY (WITHOUT THE PATIENT P</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96171</td>
<td>HEALTH BEHAVIOR INTERVENTION, FAMILY (WITHOUT THE PATIENT P</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96360</td>
<td>IV INFUSION HYDRATION INITIAL 31 MIN-1 HOUR INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96361</td>
<td>IV INFUSION HYDRATION EACH ADDITIONAL HOUR INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96365</td>
<td>IV INFUSION THERAPY/PROPHYLAXIS /DX 1ST &gt;1 HOUR INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96366</td>
<td>IV INFUSION THERAPY PROPHYLAXIS/DX EA HOUR INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96367</td>
<td>IV NFS THER PROPH/DX ADDL SEQUENTIAL NFS &gt;1 HR INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>96368</td>
<td>IV NFS THERAPY PROPHYLAXIS/DX CONCURRENT NFS INTRavenous INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96369</td>
<td>SUBCUTANEOUS INFUSION INITIAL 1 HR W/PUMP SETUP SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG);</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96370</td>
<td>SC THER INFUSION, ADDL HR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96371</td>
<td>SUBQ INFUSION ADDITIONAL PUMP INFUSION SITE SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG);</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96372</td>
<td>THERAPEUTIC, PROPHYLACTIC OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96373</td>
<td>THERAPEUTIC PROPHYLACTIC/DX NJX INTRA-ARTERIAL THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96374</td>
<td>THER PROPH/DX NJX IV PUSH SINGLE/1ST SBST/DRUG THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96375</td>
<td>THER PROPH/DX NJX EA SEQL IV PUSH SBST/DRUG THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96376</td>
<td>THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL INTRAVENOUS PUSH OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96377</td>
<td>APPLICATION OF ON-BODY INJECTOR (INCLUDES CANNULA INSERTION) FOR TIMED SUBCUTANEOUS INJECTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>96379</td>
<td>UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION</td>
<td>Auth Required</td>
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<tr>
<td>96400</td>
<td>CHEMOTHERAPY ADMINISTRATION;</td>
<td>Auth Required</td>
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<tr>
<td>96401</td>
<td>CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>96402</td>
<td>CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC</td>
<td>No Auth Needed</td>
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<tr>
<td>96405</td>
<td>CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, UP TO AND INCLUDING 7 LESIONS</td>
<td>No Auth Needed</td>
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<tr>
<td>96406</td>
<td>CHEMOTHERAPY ADMINISTRATION; INTRALESIONAL, MORE THAN 7 LESIONS</td>
<td>No Auth Needed</td>
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<td>96408</td>
<td>CHEMOTHERAPY ADMINISTRATION,</td>
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<tr>
<td>96409</td>
<td>CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG</td>
<td>No Auth Needed</td>
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<tr>
<td>96410</td>
<td>CHEMOTHERAPY ADMINISTRATION,</td>
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<tr>
<td>96411</td>
<td>CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTANCE/DRUG (LIST SEPARATELY)</td>
<td>No Auth Needed</td>
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<tr>
<td>96412</td>
<td>CHEMOTHERAPY ADMINISTRATION,</td>
<td>Auth Required</td>
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<tr>
<td>96413</td>
<td>CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG</td>
<td>No Auth Needed</td>
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<tr>
<td>96414</td>
<td>CHEMOTHERAPY ADMINISTRATION,</td>
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<td>96415</td>
<td>CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR (LIST SEPARATELY)</td>
<td>No Auth Needed</td>
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<td>96416</td>
<td>CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION</td>
<td>No Auth Needed</td>
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<td>96417</td>
<td>CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION (DIFFERENT)</td>
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<td>Code</td>
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<td>Authorization Required</td>
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<td>96420</td>
<td>CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE</td>
<td>No Auth Needed</td>
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<td>96422</td>
<td>CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR</td>
<td>No Auth Needed</td>
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<td>96423</td>
<td>CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, EACH ADDITIONAL HOUR (LIST SEPARATELY IN)</td>
<td>No Auth Needed</td>
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<td>96425</td>
<td>CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8 HOURS),</td>
<td>No Auth Needed</td>
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<tr>
<td>96440</td>
<td>CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACENTESIS</td>
<td>No Auth Needed</td>
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<tr>
<td>96446</td>
<td>CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR CATHETER</td>
<td>No Auth Needed</td>
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<tr>
<td>96450</td>
<td>CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHecal), REQUIRING AND INCLUDING SPINAL PUNCTURE</td>
<td>No Auth Needed</td>
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<tr>
<td>96520</td>
<td>REFILLING AND MAINTENANCE OF</td>
<td>Auth Required</td>
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<tr>
<td>96521</td>
<td>REFILLING AND MAINTENANCE OF PORTABLE PUMP</td>
<td>No Auth Needed</td>
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<tr>
<td>96522</td>
<td>REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SYSTEMIC (EG, INTRAVENOUS, INTRA-ARTERIAL)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>96523</td>
<td>IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS</td>
<td>No Auth Needed</td>
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<td>96530</td>
<td>REFILLING AND MAINTENANCE OF</td>
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<td>96542</td>
<td>CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS RESERVOIR, SINGLE OR MULTIPLE AGENTS</td>
<td>No Auth Needed</td>
<td></td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>96549</td>
<td>UNLISTED CHEMOTHERAPY PROCEDURE</td>
<td>Auth Required</td>
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<tr>
<td>96567</td>
<td>PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT LESIONS OF THE SKIN AND</td>
<td>No Auth Needed</td>
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<tr>
<td>96570</td>
<td>PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSUE VIA ACTIVATION OF PHOTOSENSITIVE</td>
<td>No Auth Needed</td>
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<tr>
<td>96571</td>
<td>PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSUE VIA ACTIVATION OF PHOTOSENSITIVE</td>
<td>No Auth Needed</td>
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<tr>
<td>96573</td>
<td>PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT LESIONS OF THE SKIN AND</td>
<td>Auth Required</td>
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<tr>
<td>96574</td>
<td>DEBRIDEMENT OF PREMALIGNANT HYPERKERATOTIC LESION(S) (IE, TARGETED CURETTAGE, ABRASION) FOLLOWED WITH</td>
<td>Auth Required</td>
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<tr>
<td>96900</td>
<td>ACTINOTHERAPY (ULTRAVIOLET LIGHT)</td>
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<tr>
<td>96902</td>
<td>MICROSCOPIC EXAMINATION OF HAIRS PLUCKED OR CLIPPED BY THE EXAMINER (EXCLUDING HAIR COLLECTED BY THE PATIENT) TO DETERMINE</td>
<td>Auth Required</td>
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<tr>
<td>96904</td>
<td>WHOLE BODY INTEGUMENTARY PHOTOGRAPHY, FOR MONITORING OF HIGH RISK PATIENTS WITH DYSPLASTIC NEVUS SYNDROME OR A HISTORY OF</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>96910</td>
<td>PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND ULTRAVIOLET</td>
<td>Auth Required</td>
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<tr>
<td>96912</td>
<td>PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)</td>
<td>Auth Required</td>
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<tr>
<td>96913</td>
<td>PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE DERMATOSES REQUIRING AT LEAST FOUR TO</td>
<td>Auth Required</td>
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<tr>
<td>96920</td>
<td>LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN 250 SQ CM</td>
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<td>Code</td>
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<tr>
<td>96921</td>
<td>LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ CM</td>
<td>Auth Required</td>
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<tr>
<td>96922</td>
<td>LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM</td>
<td>Auth Required</td>
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<tr>
<td>96931</td>
<td>REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN; IMAGE ACQUISITION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>96932</td>
<td>REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN; IMAGE ACQUISITION ONLY, FIRST LESION</td>
<td>No Auth Needed</td>
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<tr>
<td>96933</td>
<td>REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN; INTERPRETATION AND REPORT ONLY, FIRST</td>
<td>No Auth Needed</td>
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<tr>
<td>96934</td>
<td>REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN; IMAGE ACQUISITION AND INTERPRETATION</td>
<td>No Auth Needed</td>
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<tr>
<td>96935</td>
<td>REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN; IMAGE ACQUISITION ONLY, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>96936</td>
<td>REFLECTANCE CONFOCAL MICROSCOPY (RCM) FOR CELLULAR AND SUB-CELLULAR IMAGING OF SKIN; INTERPRETATION AND REPORT ONLY, EACH</td>
<td>No Auth Needed</td>
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<tr>
<td>96999</td>
<td>UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE</td>
<td>Auth Required</td>
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<tr>
<td>97010</td>
<td>APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS</td>
<td>Auth Required</td>
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<tr>
<td>97012</td>
<td>APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL</td>
<td>No Auth Needed</td>
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<tr>
<td>97014</td>
<td>APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)</td>
<td>No Auth Needed</td>
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<tr>
<td>97016</td>
<td>APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<td>Auth Required</td>
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<tr>
<td>97018</td>
<td>APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH</td>
<td>No Auth Needed</td>
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<tr>
<td>97020</td>
<td>PHYSICAL MEDICINE TREATMENT</td>
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<td>97022</td>
<td>APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL</td>
<td>No Auth Needed</td>
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<td>97024</td>
<td>APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY (EG, MICROWAVE)</td>
<td>No Auth Needed</td>
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<td>97026</td>
<td>APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED</td>
<td>No Auth Needed</td>
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<tr>
<td>97028</td>
<td>APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET</td>
<td>No Auth Needed</td>
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<td>97032</td>
<td>APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES</td>
<td>No Auth Needed</td>
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<td>97033</td>
<td>APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES</td>
<td>No Auth Needed</td>
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<td>97034</td>
<td>APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES</td>
<td>No Auth Needed</td>
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<td>97035</td>
<td>APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES</td>
<td>No Auth Needed</td>
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<td>97036</td>
<td>APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES</td>
<td>No Auth Needed</td>
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<tr>
<td>97039</td>
<td>UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)</td>
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<tr>
<td>97110</td>
<td>THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<td>Auth Required</td>
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<tr>
<td>97112</td>
<td>THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE,</td>
<td>No Auth Needed</td>
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<td>97113</td>
<td>THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES</td>
<td>No Auth Needed</td>
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<td>97116</td>
<td>THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)</td>
<td>No Auth Needed</td>
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<tr>
<td>97124</td>
<td>THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT</td>
<td>No Auth Needed</td>
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<tr>
<td>97127</td>
<td>THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM)</td>
<td>Auth Required</td>
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<tr>
<td>97129</td>
<td>THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION</td>
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<tr>
<td>97130</td>
<td>THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION</td>
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<td>97139</td>
<td>UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)</td>
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<tr>
<td>97140</td>
<td>MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), ONE</td>
<td>No Auth Needed</td>
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<tr>
<td>97150</td>
<td>THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)</td>
<td>No Auth Needed</td>
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<tr>
<td>97151</td>
<td>BEHAVIOR IDENTIFICATION ASSESSMENT, ADMINISTERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15</td>
<td>Auth Required</td>
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<tr>
<td>97152</td>
<td>BEHAVIOR IDENTIFICATION-SUPPORTING ASSESSMENT, ADMINISTERED BY ONE TECHNICIAN UNDER THE DIRECTION OF A</td>
<td>Auth Required</td>
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<tr>
<td>97153</td>
<td>ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER QUALIFIED</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>97154</td>
<td>GROUP ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER THE DIRECTION OF A PHYSICIAN OR OTHER</td>
<td>Auth Required</td>
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<tr>
<td>97155</td>
<td>ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE</td>
<td>Auth Required</td>
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<tr>
<td>97156</td>
<td>FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL</td>
<td>Auth Required</td>
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<tr>
<td>97157</td>
<td>MULTIPLE-FAMILY GROUP ADAPTIVE BEHAVIOR TREATMENT GUIDANCE, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE</td>
<td>Auth Required</td>
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<td>97158</td>
<td>GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, ADMINISTERED BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE</td>
<td>Auth Required</td>
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<tr>
<td>97161</td>
<td>PHYSICAL THERAPY EVALUATION: LOW COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY WITH NO PERSONAL FACTORS AND/OR</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>97162</td>
<td>PHYSICAL THERAPY EVALUATION: MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 1-2</td>
<td>No Auth Needed</td>
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<tr>
<td>97163</td>
<td>PHYSICAL THERAPY EVALUATION: HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY OF PRESENT PROBLEM WITH 3 OR MORE</td>
<td>No Auth Needed</td>
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<tr>
<td>97164</td>
<td>RE-EVALUATION OF PHYSICAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMPONENTS: AN EXAMINATION INCLUDING A</td>
<td>No Auth Needed</td>
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<tr>
<td>97165</td>
<td>OCCUPATIONAL THERAPY EVALUATION, LOW COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>97166</td>
<td>OCCUPATIONAL THERAPY EVALUATION, MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND</td>
<td>No Auth Needed</td>
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<tr>
<td>97167</td>
<td>OCCUPATIONAL THERAPY EVALUATION, HIGH COMPLEXITY, REQUIRING THESE COMPONENTS: AN OCCUPATIONAL PROFILE AND MEDICAL AND</td>
<td>No Auth Needed</td>
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<tr>
<td>97168</td>
<td>RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE, REQUIRING THESE COMPONENTS: AN ASSESSMENT OF CHANGES IN</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>97169</td>
<td>ATHLETIC TRAINING EVALUATION, LOW COMPLEXITY, REQUIRING THESE COMPONENTS: A HISTORY AND PHYSICAL ACTIVITY PROFILE WITH</td>
<td>Auth Required</td>
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<tr>
<td>97170</td>
<td>ATHLETIC TRAINING EVALUATION, MODERATE COMPLEXITY, REQUIRING THESE COMPONENTS: A MEDICAL HISTORY AND PHYSICAL ACTIVITY</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>97171</td>
<td>RE-EVALUATION OF ATHLETIC TRAINING ESTABLISHED PLAN OF CARE REQUIRING THESE COMPONENTS: AN ASSESSMENT OF PATIENT’S</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>97172</td>
<td>RE-EVALUATION OF ATHLETIC TRAINING ESTABLISHED PLAN OF CARE REQUIRING THESE COMPONENTS: AN ASSESSMENT OF PATIENT’S</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>97504</td>
<td>ORTHOTIC(S) FITTING AND TRAINING</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>97520</td>
<td>PROSTHETIC TRAINING, UPPER AN</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>97530</td>
<td>THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>97532</td>
<td>DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING (INCLUDES COMPENSATORY TRAINING), DIRECT</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>97533</td>
<td>SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS,</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>97535</td>
<td>SELF-CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>97537</td>
<td>COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAGEMENT, AVOCATIONAL ACTIVITIES</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>97542</td>
<td>WHEELCHAIR MANAGEMENT (EG, ASSESSMENT, FITTING, TRAINING), EACH 15 MINUTES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>97545</td>
<td>WORK HARDENING/CONDITIONING; INITIAL 2 HOURS</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>97546</td>
<td>WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>97597</td>
<td>REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, HIGH PRESSURE WATERJET)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>97598</td>
<td>REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, HIGH PRESSURE WATERJET)</td>
<td>No Auth Needed</td>
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<tr>
<td>97601</td>
<td>REMOVAL OF DEVITALIZED TISSUE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>97602</td>
<td>REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, WET-TO-MOIST)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>97605</td>
<td>NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DURABLE MEDICAL EQUIPMENT (DME),</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>97606</td>
<td>NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DURABLE MEDICAL EQUIPMENT (DME),</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>97607</td>
<td>NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DISPOSABLE, NON-DURABLE MEDICAL</td>
<td>No Auth Needed</td>
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<tr>
<td>97608</td>
<td>NEGATIVE PRESSURE WOUND THERAPY, (EG, VACUUM ASSISTED DRAINAGE COLLECTION), UTILIZING DISPOSABLE, NON-DURABLE MEDICAL</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>97610</td>
<td>LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND, INCLUDING TOPICAL APPLICATION(S), WHEN PERFORMED, WOUND</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>97703</td>
<td>CHECKOUT FOR ORTHOTIC/PROSTHETIC DEVICE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>97750</td>
<td>PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH WRITTEN REPORT, EACH 15 MINUTES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>97755</td>
<td>ASSISTIVE TECHNOLOGY ASSESSMENT (EG, TO RESTORE, AUGMENT OR COMPENSATE FOR EXISTING FUNCTION, OPTIMIZE FUNCTIONAL)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>97760</td>
<td>ORTHOTIC(S) MANAGEMENT AND TRAINING (INCLUDING ASSESSMENT AND FITTING WHEN NOT OTHERWISE REPORTED), UPPER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>97761</td>
<td>PROSTHETIC(S) TRAINING, UPPER AND/OR LOWER EXTREMITY(IES), INITIAL PROSTHETIC(S) ENCOUNTER, EACH 15 MINUTES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>97762</td>
<td>CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>97763</td>
<td>ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT AND/OR TRAINING, UPPER EXTREMITY(IES), LOWER EXTREMITY(IES), AND/OR TRUNK,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>97799</td>
<td>UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>97802</td>
<td>MEDICAL NUTRITION THERAPY; INITIAL ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE WITH THE PATIENT, EACH 15</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>97803</td>
<td>MEDICAL NUTRITION THERAPY; RE-ASSESSMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE WITH THE PATIENT, EACH 15 MINUTES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>97804</td>
<td>MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIDUAL(S)), EACH 30 MINUTES</td>
<td>No Auth Needed</td>
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<tr>
<td>97810</td>
<td>ACUPUNCTURE, 1 OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>97811</td>
<td>ACUPUNCTURE, 1 OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT</td>
<td>Auth Required</td>
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<tr>
<td>97813</td>
<td>ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PA</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>97814</td>
<td>ACUPUNCTURE, 1 OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>98925</td>
<td>OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>98926</td>
<td>OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); THREE TO FOUR BODY REGIONS INVOLVED</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>98927</td>
<td>OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); FIVE TO SIX BODY REGIONS INVOLVED</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>98928</td>
<td>OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); SEVEN TO EIGHT BODY REGIONS INVOLVED</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>98929</td>
<td>OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); NINE TO TEN BODY REGIONS INVOLVED</td>
<td>No Auth Needed</td>
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<tr>
<td>98940</td>
<td>CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>98941</td>
<td>CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>98942</td>
<td>CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>98943</td>
<td>CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE REGIONS</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>98960</td>
<td>EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A QUALIFIED, NONPHYSICIAN HEALTH CARE PROFESSIONAL USING A STANDARDIZED APPROACH</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>98961</td>
<td>EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A QUALIFIED, NONPHYSICIAN HEALTH CARE PROFESSIONAL USING A STANDARDIZED APPROACH</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>98962</td>
<td>EDUCATION AND TRAINING FOR PATIENT SELF-MANAGEMENT BY A QUALIFIED, NONPHYSICIAN HEALTH CARE PROFESSIONAL USING A STANDARDIZED APPROACH</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>98966</td>
<td>TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>98967</td>
<td>TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<td>98968</td>
<td>TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>98969</td>
<td>ONLINE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL TO</td>
<td>Auth Required</td>
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<tr>
<td>98970</td>
<td>QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL ONLINE DIGI</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>98971</td>
<td>QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL ONLINE DIGI</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>98972</td>
<td>QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL ONLINE DIGI</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99000</td>
<td>HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE TO A LABORATORY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99001</td>
<td>HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER THAN A PHYSICIAN'S OFFICE TO A LABORATORY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99002</td>
<td>HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTATION OF AN ORDER INVOLVING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99024</td>
<td>POSTOPERATIVE FOLLOW-UP VISIT, NORMALLY INCLUDED IN THE SURGICAL PACKAGE, TO INDICATE THAT AN EVALUATION AND</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>99025</td>
<td>INIT (NEW PATIENT) VISIT</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>99026</td>
<td>HOSPITAL MANDATED ON CALL SERVICE; IN-HOSPITAL, EACH HOUR</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>99027</td>
<td>HOSPITAL MANDATED ON CALL SERVICE; OUT-OF-HOSPITAL, EACH HOUR</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>99050</td>
<td>SERVICES PROVIDED IN THE OFFICE AT TIMES OTHER THAN REGULARLY SCHEDULED OFFICE HOURS, OR DAYS WHEN THE OFFICE IS NORMALLY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>99051</td>
<td>SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND, OR HOLIDAY OFFICE HOURS, IN ADDITION TO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99052</td>
<td>SERVICES REQUESTED BETWEEN 1</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>99053</td>
<td>SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24-HOUR FACILITY, IN ADDITION TO BASIC SERVICE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99054</td>
<td>SERVICES REQUESTED ON SUNDAY</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>99056</td>
<td>SERVICE(S) TYPICALLY PROVIDED IN THE OFFICE, PROVIDED OUT OF THE OFFICE AT REQUEST OF PATIENT, IN ADDITION TO BASIC SERVICE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>99058</td>
<td>SERVICE(S) PROVIDED ON AN EMERGENCY BASIS IN THE OFFICE, WHICH DISRUPTS OTHER SCHEDULED OFFICE SERVICES, IN ADDITION TO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99060</td>
<td>SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS OTHER SCHEDULED OFFICE SERVICES, IN ADDITION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99070</td>
<td>SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WITH THE OFFICE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>99071</td>
<td>EDUCATIONAL SUPPLIES, SUCH AS BOOKS, TAPES, AND PAMPHLETS, PROVIDED BY THE PHYSICIST FOR THE PATIENT'S EDUCATION AT COST</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>99075</td>
<td>MEDICAL TESTIMONY</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>99078</td>
<td>PHYSICIAN EDUCATIONAL SERVICES RENDERED TO PATIENTS IN A GROUP SETTING (EG, PRENATAL, OBESITY, OR DIABETIC INSTRUCTIONS)</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>99080</td>
<td>SPECIAL REPORTS SUCH AS INSURANCE FORMS, MORE THAN THE INFORMATION CONVEYED IN THE USUAL MEDICAL COMMUNICATIONS OR</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>99082</td>
<td>UNUSUAL TRAVEL (EG, TRANSPORTATION AND ESCORT OF PATIENT)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>99091</td>
<td>COLLECTION AND INTERPRETATION OF PHYSIOLOGIC DATA (EG, ECG, BLOOD PRESSURE, GLUCOSE MONITORING) DIGITALLY STORED</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>99100</td>
<td>ANESTHESIA FOR PATIENT OF EXTREME AGE, YOUNGER THAN 1 YEAR AND OLDER THAN 70 (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY ANESTHESIA)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>99116</td>
<td>ANESTHESIA COMPLICATED BY UTILIZATION OF TOTAL BODY HYPOTHERMIA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY ANESTHESIA)</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>99135</td>
<td>ANESTHESIA COMPLICATED BY UTILIZATION OF CONTROLLED HYPOTENSION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY ANESTHESIA)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>99140</td>
<td>ANESTHESIA COMPLICATED BY EMERGENCY CONDITIONS (SPECIFY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY ANESTHESIA)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>99141</td>
<td>SEDATION WITH OR WITHOUT ANALGESIA</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>99142</td>
<td>SEDATION WITH OR WITHOUT ANALGESIA; ORAL/REC</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>99151</td>
<td>MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PERFORMING THE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99152</td>
<td>MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PERFORMING THE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99153</td>
<td>MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PERFORMING THE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99155</td>
<td>MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OTHER THAN THE PHYSICIAN OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99156</td>
<td>MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OTHER THAN THE PHYSICIAN OR</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>99157</td>
<td>MODERATE SEDATION SERVICES PROVIDED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OTHER THAN THE PHYSICIAN OR</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Needed</td>
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<tr>
<td>99170</td>
<td>ANOGENITAL EXAMINATION WITH COLPOSCOPIc MAGNIFICATION IN CHILDHOOD FOR SUSPECTED TRAUMA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99172</td>
<td>VISUAL FUNCTION SCREENING, AUTOMATED OR SEMI-AUTOMATED BILATERAL QUANTITATIVE DETERMINATION OF VISUAL ACUITY, OCULAR</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>99173</td>
<td>SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99174</td>
<td>INSTRUMENT-BASED OCULAR SCREENING (EG, PHOTOSCREENING, AUTOMATED-REFRACTION), BILATERAL; WITH REMOTE ANALYSIS AND REPORT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99175</td>
<td>IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED OBSERVATION UNTIL STOMACH ADEQUATELY</td>
<td>No Auth Needed</td>
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<tr>
<td>99177</td>
<td>INSTRUMENT-BASED OCULAR SCREENING (EG, PHOTOSCREENING, AUTOMATED-REFRACTION), BILATERAL; WITH ON-SITE ANALYSIS</td>
<td>No Auth Needed</td>
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<td>99183</td>
<td>PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION</td>
<td>Auth Required</td>
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<tr>
<td>99184</td>
<td>INITIATION OF SELECTIVE HEAD OR TOTAL BODY HYPOTHERMIA IN THE CRITICALLY ILL NEONATE, INCLUDES APPROPRIATE PATIENT SELECTION BY REVIEW OF CLINICAL, IMAGING AND LABORATORY</td>
<td>No Auth Needed</td>
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<tr>
<td>99188</td>
<td>APPLICATION OF TOPICAL FLUORIDE VARNISH BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL</td>
<td>No Auth Needed</td>
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<tr>
<td>99190</td>
<td>ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR WITHOUT ECG AND/OR PRESSURE MONITORING);</td>
<td>No Auth Needed</td>
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<tr>
<td>99191</td>
<td>ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR WITHOUT ECG AND/OR PRESSURE MONITORING);</td>
<td>No Auth Needed</td>
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<tr>
<td>99192</td>
<td>ASSEMBLY AND OPERATION OF PUMP WITH OXYGENATOR OR HEAT EXCHANGER (WITH OR WITHOUT ECG AND/OR PRESSURE MONITORING);</td>
<td>No Auth Needed</td>
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<td>99195</td>
<td>PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>99199</td>
<td>UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT</td>
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<td>99201</td>
<td>OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY</td>
<td>No Auth Needed</td>
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<td>OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY</td>
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<td>OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY</td>
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<td>No Auth Needed</td>
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<tr>
<td>99211</td>
<td>OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQUIRE</td>
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<tr>
<td>99212</td>
<td>OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST</td>
<td>No Auth Needed</td>
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<tr>
<td>99213</td>
<td>OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST</td>
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<td>99214</td>
<td>OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST</td>
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<td>No Auth Needed</td>
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<tr>
<td>99217</td>
<td>OBSERVATION CARE DISCHARGE DAY MANAGEMENT (THIS CODE IS TO BE UTILIZED TO REPORT ALL SERVICES PROVIDED TO A PATIENT</td>
<td>No Auth Needed</td>
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<td>99218</td>
<td>INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE 3 KEY COMPONENTS: A</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
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<td>INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A Patient, WHICH REQUIRES THESE 3 KEY COMPONENTS: A</td>
<td>No Auth Needed</td>
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<td>INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A Patient, WHICH REQUIRES THESE 3 KEY COMPONENTS: A</td>
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<td>No Auth Needed</td>
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<td>99224</td>
<td>SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A Patient, WHICH REQUIRES AT LEAST 2 OF THESE 3</td>
<td>No Auth Needed</td>
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<td>99225</td>
<td>SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A Patient, WHICH REQUIRES AT LEAST 2 OF THESE 3</td>
<td>No Auth Needed</td>
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<td>99226</td>
<td>SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A Patient, WHICH REQUIRES AT LEAST 2 OF THESE 3</td>
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<td>99231</td>
<td>SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A Patient, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY</td>
<td>No Auth Needed</td>
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<td>SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A Patient, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY</td>
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<td>99233</td>
<td>SUBSEQUENT HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A Patient, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY</td>
<td>No Auth Needed</td>
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<tr>
<td>99234</td>
<td>OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A Patient INCLUDING ADMISSION AND DISCHARGE</td>
<td>No Auth Needed</td>
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<td>99235</td>
<td>OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A Patient INCLUDING ADMISSION AND DISCHARGE</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<td>99236</td>
<td>OBSERVATION OR INPATIENT HOSPITAL CARE, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT INCLUDING ADMISSION AND DISCHARGE</td>
<td>No Auth Needed</td>
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<td>99238</td>
<td>HOSPITAL DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS</td>
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<tr>
<td>99239</td>
<td>HOSPITAL DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES</td>
<td>No Auth Needed</td>
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<tr>
<td>99241</td>
<td>OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM FOCUSED</td>
<td>No Auth Needed</td>
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<tr>
<td>99242</td>
<td>OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN EXPANDED PROBLEM</td>
<td>No Auth Needed</td>
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<tr>
<td>99243</td>
<td>OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED HISTORY; A</td>
<td>No Auth Needed</td>
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<tr>
<td>99244</td>
<td>OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY;</td>
<td>No Auth Needed</td>
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<td>99245</td>
<td>OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A COMPREHENSIVE HISTORY;</td>
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<td>No Auth Needed</td>
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<td>FOLLOW-UP INPATIENT CONSULTATION</td>
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<td>99281</td>
<td>EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A</td>
<td>No Auth Needed</td>
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<td>99282</td>
<td>EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN</td>
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<td>EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN</td>
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<td>No Auth Needed</td>
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<td>99288</td>
<td>PHYSICIAN DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EMS) EMERGENCY CARE, ADVANCED LIFE SUPPORT</td>
<td>No Auth Needed</td>
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<tr>
<td>99291</td>
<td>CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT; FIRST 30-74 MINUTES</td>
<td>No Auth Needed</td>
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<td>99292</td>
<td>CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT; EACH ADDITIONAL 30 MINUTES</td>
<td>No Auth Needed</td>
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<td>99293</td>
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<td>99296</td>
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<td>99297</td>
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<tr>
<td>99298</td>
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<td>INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY</td>
<td>No Auth Needed</td>
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<td>INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE 3 KEY</td>
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<td>99307</td>
<td>SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THE</td>
<td>No Auth Needed</td>
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<td>99308</td>
<td>SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THE</td>
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<td>SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT LEAST 2 OF THE</td>
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<td>99310</td>
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<td>99311</td>
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<td>99313</td>
<td>SUBSEQUENT NURSING FACILITY</td>
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<tr>
<td>99315</td>
<td>NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS</td>
<td>No Auth Needed</td>
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<td>99316</td>
<td>NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES</td>
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<td>99318</td>
<td>EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY ASSESSMENT, WHICH REQUIRES THESE 3 KEY</td>
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<td>Code</td>
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<tr>
<td>99321</td>
<td>DOMICILIARY OR REST HOME VIS</td>
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<td>DOMICILIARY OR REST HOME VIS</td>
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<td>No Auth Needed</td>
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<tr>
<td>99335</td>
<td>DOMICILIARY OR REST HOME VIS FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST</td>
<td>No Auth Needed</td>
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<tr>
<td>99336</td>
<td>DOMICILIARY OR REST HOME VIS FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Needed</td>
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<tr>
<td>99337</td>
<td>DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY COMPONENTS: A PROBLEM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99339</td>
<td>INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT (PATIENT NOT PRESENT) IN HOME, DOMICILIARY OR REST HOME (EG, ASSISTED LIVING)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99340</td>
<td>INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT (PATIENT NOT PRESENT) IN HOME, DOMICILIARY OR REST HOME (EG, ASSISTED)</td>
<td>No Auth Needed</td>
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<tr>
<td>99341</td>
<td>HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A PROBLEM</td>
<td>No Auth Needed</td>
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<tr>
<td>99342</td>
<td>HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: AN</td>
<td>No Auth Needed</td>
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<tr>
<td>99343</td>
<td>HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A DETAILED</td>
<td>No Auth Needed</td>
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<td>99344</td>
<td>HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A</td>
<td>No Auth Needed</td>
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<td>99345</td>
<td>HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE 3 KEY COMPONENTS: A</td>
<td>No Auth Needed</td>
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<td>99347</td>
<td>HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY</td>
<td>No Auth Needed</td>
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<td>99348</td>
<td>HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY</td>
<td>No Auth Needed</td>
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<td>No Auth Needed</td>
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<td>99350</td>
<td>HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES AT LEAST 2 OF THESE 3 KEY</td>
<td>No Auth Needed</td>
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<tr>
<td>99354</td>
<td>PROLONGED EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<td>99355</td>
<td>PROLONGED EVALUATION AND MANAGEMENT OR PSYCHOTHERAPY SERVICE(S) (BEYOND THE TYPICAL SERVICE TIME OF THE PRIMARY)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>99356</td>
<td>PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FACE-TO-FACE) PATIENT CONTACT BEYOND THE USUAL</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>99357</td>
<td>PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECT (FACE-TO-FACE) PATIENT CONTACT BEYOND THE USUAL</td>
<td>No Auth Needed</td>
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<tr>
<td>99358</td>
<td>PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AFTER DIRECT (FACE-TO-FACE) PATIENT CARE (EG, REVIEW OF EXTENSIVE)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>99359</td>
<td>PROLONGED EVALUATION AND MANAGEMENT SERVICE BEFORE AND/OR AFTER DIRECT (FACE-TO-FACE) PATIENT CARE (EG, REVIEW OF EXTENSIVE)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>99360</td>
<td>PHYSICIAN STANDBY SERVICE, REQUIRING PROLONGED PHYSICIAN ATTENDANCE, EACH 30 MINUTES (EG, OPERATIVE STANDBY, STANDBY)</td>
<td>No Auth Needed</td>
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<tr>
<td>99366</td>
<td>MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, FACE-TO-FACE WITH PATIENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99367</td>
<td>MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, PATIENT AND/OR FAMILY NOT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>99368</td>
<td>MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, PATIENT AND/OR FAMILY NOT</td>
<td>No Auth Needed</td>
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<tr>
<td>99374</td>
<td>PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT PRESENT) IN HOME, DOMICILIARY OR</td>
<td>No Auth Needed</td>
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<td>99375</td>
<td>PHYSICIAN SUPERVISION OF A PATIENT UNDER CARE OF HOME HEALTH AGENCY (PATIENT NOT PRESENT) IN HOME, DOMICILIARY OR</td>
<td>No Auth Needed</td>
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<td>99377</td>
<td>PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES</td>
<td>No Auth Needed</td>
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<td>PHYSICIAN SUPERVISION OF A HOSPICE PATIENT (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE MODALITIES</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<td>99379</td>
<td>PHYSICIAN SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE</td>
<td>No Auth Needed</td>
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<td>99380</td>
<td>PHYSICIAN SUPERVISION OF A NURSING FACILITY PATIENT (PATIENT NOT PRESENT) REQUIRING COMPLEX AND MULTIDISCIPLINARY CARE</td>
<td>No Auth Needed</td>
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<td>99381</td>
<td>INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER</td>
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<td>INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER</td>
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<td>INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER</td>
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<td>PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER</td>
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<td>PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER</td>
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<td>99397</td>
<td>PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN INDIVIDUAL INCLUDING AN AGE AND GENDER</td>
<td>No Auth Needed</td>
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<td>99401</td>
<td>PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE)</td>
<td>No Auth Needed</td>
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<td>99402</td>
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<td>No Auth Needed</td>
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<td>PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE)</td>
<td>No Auth Needed</td>
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<td>99404</td>
<td>PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO AN INDIVIDUAL (SEPARATE)</td>
<td>No Auth Needed</td>
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<tr>
<td>99406</td>
<td>SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES UP TO 10 MINUTES</td>
<td>No Auth Needed</td>
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<td>99407</td>
<td>SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 MINUTES</td>
<td>No Auth Needed</td>
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<tr>
<td>99408</td>
<td>ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AUDIT, DAST), AND BRIEF INTERVENTION (SBI)</td>
<td>Auth Required</td>
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<td>99409</td>
<td>ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING (EG, AUDIT, DAST), AND BRIEF INTERVENTION (SBI)</td>
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<td>99411</td>
<td>PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO INDIVIDUALS IN A GROUP SETTING</td>
<td>No Auth Needed</td>
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<td>99412</td>
<td>PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO INDIVIDUALS IN A GROUP SETTING</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
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<td>99415</td>
<td>PROLONGED CLINICAL STAFF SERVICE (THE SERVICE BEYOND THE TYPICAL SERVICE TIME) DURING AN EVALUATION AND MANAGEMENT</td>
<td>No Auth Needed</td>
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<td>99416</td>
<td>PROLONGED CLINICAL STAFF SERVICE (THE SERVICE BEYOND THE TYPICAL SERVICE TIME) DURING AN EVALUATION AND MANAGEMENT</td>
<td>No Auth Needed</td>
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<tr>
<td>99421</td>
<td>ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN ES</td>
<td>No Auth Needed</td>
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<tr>
<td>99422</td>
<td>ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN ES</td>
<td>No Auth Needed</td>
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<td>99423</td>
<td>ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN ES</td>
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<td>99429</td>
<td>UNLISTED PREVENTIVE MEDICINE SERVICE</td>
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<td>99431</td>
<td>HISTORY AND EXAMINATION OF THE</td>
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<td>99432</td>
<td>NORMAL NEWBORN CARE IN OTHER</td>
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<td>99433</td>
<td>SUBSEQUENT HOSPITAL CARE,</td>
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<td>99435</td>
<td>HISTORY AND EXAMINATION OF</td>
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<td>99436</td>
<td>ATTENDANCE AT DELIVERY (WHEN</td>
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<tr>
<td>99440</td>
<td>NEWBORN RESUSCITATION:</td>
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<td>99441</td>
<td>TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<td>99442</td>
<td>TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN</td>
<td>No Auth Needed</td>
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<td>99443</td>
<td>TELEMEDICINE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT, OR GUARDIAN</td>
<td>No Auth Needed</td>
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<td>99444</td>
<td>ONLINE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, GUARDIAN, OR HEALTH CARE PROVIDER</td>
<td>Auth Required</td>
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<td>99446</td>
<td>INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT</td>
<td>Auth Required</td>
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<td>99447</td>
<td>INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT</td>
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<td>99449</td>
<td>INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT</td>
<td>Auth Required</td>
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<tr>
<td>99450</td>
<td>BASIC LIFE AND/OR DISABILITY EXAMINATION THAT INCLUDES: MEASUREMENT OF HEIGHT, WEIGHT, AND BLOOD PRESSURE; COMPLETION OF</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>99451</td>
<td>INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD ASSESSMENT AND MANAGEMENT</td>
<td>Auth Required</td>
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<tr>
<td>99452</td>
<td>INTERPROFESSIONAL TELEPHONE/INTERNET/ELECTRONIC HEALTH RECORD REFERRAL SERVICE(S) PROVIDED BY A PHYSICIAN</td>
<td>Auth Required</td>
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<tr>
<td>99453</td>
<td>REMOTE MONITORING OF PHYSIOLOGIC PARAMETER(S) (EG, WEIGHT, BLOOD PRESSURE, PULSE OXIMETRY, RESPIRATORY FLOW RATE), INITIAL; SET-UP AND PATIENT EDUCATION ON USE</td>
<td>Auth Required</td>
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<td>99454</td>
<td>REMOTE MONITORING OF PHYSIOLOGIC PARAMETER(S) (EG, WEIGHT, BLOOD PRESSURE, PULSE OXIMETRY, RESPIRATORY FLOW RATE),</td>
<td>Auth Required</td>
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<tr>
<td>99455</td>
<td>WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY THE TREATING PHYSICIAN THAT INCLUDES: COMPLETION OF A MEDICAL HISTORY</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
<td>Notes</td>
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<td>99456</td>
<td>WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY OTHER THAN THE TREATING PHYSICIAN THAT INCLUDES: COMPLETION OF A</td>
<td>Auth Required</td>
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<tr>
<td>99457</td>
<td>REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT SERVICES, 20 MINUTES OR MORE OF CLINICAL STAFF/PHYSICIAN/OTHER QUALIFIED</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>99458</td>
<td>REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT SERVICES</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
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<tr>
<td>99460</td>
<td>1ST HOSP/BIRTHING CENTER CARE PER DAY NML NB INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99461</td>
<td>1ST CARE PR DAY NML NB XCPT HOSP/BIRTHING CENTER/INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>99462</td>
<td>SUBQ HOSPITAL CARE PER DAY E/M NORMAL NEWBORN SUBSEQUENT HOSPITAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>99463</td>
<td>1ST HOSP/BIRTHING CENTER NB ADMIT&amp;DSCHG SM DATE INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>99464</td>
<td>ATTN AT DELIVERY&amp; 1ST STABILIZATION OF NEWBORN ATTENDANCE AT DELIVERY (WHEN REQUESTED BY THE DELIVERING PHYSICIAN) AND</td>
<td>No Auth Needed</td>
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<tr>
<td>99465</td>
<td>DELIVERY/BIRTHING ROOM RESUSCITATION DELIVERY/BIRTHING ROOM RESUSCITATION, PROVISION OF POSITIVE PRESSURE</td>
<td>No Auth Needed</td>
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<tr>
<td>99466</td>
<td>CRITICAL CARE INTERFACILITY TRANSPORT 30-74 MIN CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN</td>
<td>No Auth Needed</td>
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<tr>
<td>99467</td>
<td>CRITICAL CARE INTERFACILITY TRANSPORT EA 30 MIN CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99468</td>
<td>1ST INPATIENT CRITICAL CARE PR DAY AGE 28 DAYS/&lt;INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>99469</td>
<td>SUBQ I/P CRITICAL CARE PR DAY AGE 28 DAYS/&lt; SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>99471</td>
<td>INITIAL PED CRITICAL CARE 29 D THRU 24 MO</td>
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<td>INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT</td>
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<td>99472</td>
<td>SUBSEQUENT PED CRITICAL CARE 29 D THRU 24 MO</td>
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<td>SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION</td>
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<tr>
<td>99473</td>
<td>SELF-MEASURED BLOOD PRESSURE USING A DEVICE VALIDATED FOR C</td>
<td>No Auth Needed</td>
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<tr>
<td>99474</td>
<td>SELF-MEASURED BLOOD PRESSURE USING A DEVICE VALIDATED FOR C</td>
<td>No Auth Needed</td>
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<tr>
<td>99475</td>
<td>INITIAL PED CRITICAL CARE 2 THRU 5 YEARS</td>
<td>No Auth Needed</td>
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<td>INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT</td>
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<td>99476</td>
<td>PEDIATRIC CRITICAL CARE AGE 2-5, SUBSEQUENT</td>
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<tr>
<td>99477</td>
<td>INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE NEONATE, 28 DAYS OF AGE OR LESS, WHO</td>
<td>No Auth Needed</td>
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<tr>
<td>99478</td>
<td>SUBSEQUENT INTENSIVE CARE INFANT &lt; 1500 GRAMS</td>
<td>No Auth Needed</td>
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<tr>
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<td>SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE</td>
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<tr>
<td>99479</td>
<td>SUBSEQUENT INTENSIVE CARE INFANT 1500-2500 GRAMS</td>
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<td>SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE</td>
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<tr>
<td>99480</td>
<td>SUBSEQUENT INTENSIVE CARE INFANT 2501-5000 GRAMS</td>
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<td>SUBSEQUENT INTENSIVE CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE</td>
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<tr>
<td>99483</td>
<td>ASSESSMENT OF AND CARE PLANNING FOR A PATIENT WITH COGNITIVE IMPAIRMENT, REQUIRING AN INDEPENDENT HISTORIAN, IN THE</td>
<td>No Auth Needed</td>
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<tr>
<td>99484</td>
<td>CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS, AT LEAST 20 MINUTES OF CLINICAL STAFF TIME, DIRECTED BY A PHYSICIAN</td>
<td>No Auth Needed</td>
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<tr>
<td>99485</td>
<td>SUPERVISION BY A CONTROL PHYSICIAN OF INTERFACILITY TRANSPORT CARE OF THE CRITICALLY ILL OR CRITICALLY INJURED PEDIATRIC</td>
<td>No Auth Needed</td>
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<td>Code</td>
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<td>99486</td>
<td>SUPERVISION BY A CONTROL PHYSICIAN OF INTERFACILITY TRANSPORT CARE OF THE CRITICALLY ILL OR CRITICALLY INJURED PEDIATRIC</td>
<td>No Auth Needed</td>
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<td>99487</td>
<td>COMPLEX CHRONIC CARE MANAGEMENT SERVICES, WITH THE FOLLOWING REQUIRED ELEMENTS: MULTIPLE (TWO OR MORE) CHRONIC</td>
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<td>99489</td>
<td>COMPLEX CHRONIC CARE MANAGEMENT SERVICES, WITH THE FOLLOWING REQUIRED ELEMENTS: MULTIPLE (TWO OR MORE) CHRONIC</td>
<td>Auth Required</td>
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<tr>
<td>99490</td>
<td>CHRONIC CARE MANAGEMENT SERVICES, AT LEAST 20 MINUTES OF CLINICAL STAFF TIME DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED</td>
<td>No Auth Needed</td>
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<tr>
<td>99491</td>
<td>CHRONIC CARE MANAGEMENT SERVICES, PROVIDED PERSONALLY BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,</td>
<td>No Auth Needed</td>
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<tr>
<td>99492</td>
<td>INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 70 MINUTES IN THE FIRST CALENDAR MONTH OF BEHAVIORAL HEALTH CARE</td>
<td>No Auth Needed</td>
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<tr>
<td>99493</td>
<td>SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 60 MINUTES IN A SUBSEQUENT MONTH OF BEHAVIORAL HEALTH</td>
<td>No Auth Needed</td>
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<tr>
<td>99494</td>
<td>INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, EACH ADDITIONAL 30 MINUTES IN A CALENDAR MONTH</td>
<td>No Auth Needed</td>
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<tr>
<td>99495</td>
<td>TRANSITIONAL CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEMENTS: COMMUNICATION (DIRECT CONTACT,</td>
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<td>99496</td>
<td>TRANSITIONAL CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEMENTS: COMMUNICATION (DIRECT CONTACT,</td>
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<tr>
<td>99497</td>
<td>ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION OF ADVANCE DIRECTIVES SUCH AS STANDARD FORMS (WITH</td>
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<tr>
<td>99498</td>
<td>ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION OF ADVANCE DIRECTIVES SUCH AS STANDARD FORMS (WITH</td>
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<tr>
<td>99499</td>
<td>UNLISTED EVALUATION AND MANAGEMENT SERVICE</td>
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<td>Code</td>
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<tr>
<td>99500</td>
<td>HOME VISIT FOR PRENATAL MONITORING AND ASSESSMENT TO INCLUDE FETAL HEART RATE, NON-STRESS TEST, UTERINE MONITORING, AND</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>99501</td>
<td>HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE</td>
<td>Auth Required</td>
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<tr>
<td>99502</td>
<td>HOME VISIT FOR NEWBORN CARE AND ASSESSMENT</td>
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<tr>
<td>99503</td>
<td>HOME VISIT FOR RESPIRATORY THERAPY CARE (EG, BRONCHODILATOR, OXYGEN THERAPY, RESPIRATORY ASSESSMENT, APNEA EVALUATION)</td>
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<tr>
<td>99504</td>
<td>HOME VISIT FOR MECHANICAL VENTILATION CARE</td>
<td>Auth Required</td>
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<tr>
<td>99505</td>
<td>HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOMY AND CYSTOSTOMY</td>
<td>Auth Required</td>
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<tr>
<td>99506</td>
<td>HOME VISIT FOR INTRAMUSCULAR INJECTIONS</td>
<td>Auth Required</td>
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<tr>
<td>99507</td>
<td>HOME VISIT FOR CARE AND MAINTENANCE OF CATHETER(S) (EG, URINARY, DRAINAGE, AND ENTERAL)</td>
<td>Auth Required</td>
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<tr>
<td>99509</td>
<td>HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL CARE</td>
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<tr>
<td>99510</td>
<td>HOME VISIT FOR INDIVIDUAL, FAMILY, OR MARRIAGE COUNSELING</td>
<td>Auth Required</td>
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<tr>
<td>99511</td>
<td>HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMINISTRATION</td>
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<tr>
<td>99512</td>
<td>HOME VISIT FOR HEMODIALYSIS</td>
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<tr>
<td>99600</td>
<td>UNLISTED HOME VISIT SERVICE OR PROCEDURE</td>
<td>Auth Required</td>
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<td>Code</td>
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<tr>
<td>99601</td>
<td>HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS);</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>99602</td>
<td>HOME INFUSION/SPECIALTY DRUG ADMINISTRATION, PER VISIT (UP TO 2 HOURS); EACH ADDITIONAL HOUR (LIST SEPARATELY IN</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>99605</td>
<td>MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT</td>
<td>Auth Required</td>
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<tr>
<td>99606</td>
<td>MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT</td>
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<td>99607</td>
<td>MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE-TO-FACE WITH PATIENT, WITH ASSESSMENT</td>
<td>Auth Required</td>
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<td>0001F</td>
<td>HEART FAILURE ASSESSED (INCLUDES ASSESSMENT OF ALL THE FOLLOWING COMPONENTS)(CAD, HF): BLOOD PRESSURE MEASURED (2000F)</td>
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<tr>
<td>0001T</td>
<td>ENDOVASCULAR REPAIR OF INFRA</td>
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<tr>
<td>0001U</td>
<td>RBC DNA HEA 35 AG 11 BLD GRP W</td>
<td>Auth Required</td>
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<tr>
<td>0002M</td>
<td>LIVER DIS 10 ASSAYS W/ASH</td>
<td>No Auth Needed</td>
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<tr>
<td>0002T</td>
<td>ENDOVASCULAR REPAIR OF INFRA</td>
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<td>0002U</td>
<td>ONC CLRCT QUAN 3 UR METABOLITE</td>
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<tr>
<td>0003M</td>
<td>LIVER DIS 10 ASSAYS W/NASH</td>
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<tr>
<td>0003T</td>
<td>CERVICOGRAPHY</td>
<td>Auth Required</td>
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<td>Code</td>
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<tr>
<td>0003U</td>
<td>ONC OVARIAN ASSAY 5 PROTEINS S</td>
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<tr>
<td>0004M</td>
<td>SCOLIOSIS, DNA ANALYSIS OF 53 SINGLE NUCLEOTIDE POLYMORPHISMS (SNPS), USING SALIVA, PROGNOSTIC ALGORITHM REPORTED AS</td>
<td>Auth Required</td>
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<tr>
<td>0005F</td>
<td>OSTEOARTHRITIS ASSESSED (OA)1 INCLUDES ASSESSMENT OF ALL THE FOLLOWING COMPONENTS: OSTEOARTHRITIS SYMPTOMS AND</td>
<td>No Auth Needed</td>
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<tr>
<td>0005T</td>
<td>TRANSCATHETER PLACEMENT OF E</td>
<td>Auth Required</td>
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<td>0005U</td>
<td>ONCO PRST8 GENE XPRS PRFL 3 GE</td>
<td>Auth Required</td>
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<tr>
<td>0006M</td>
<td>ONCOLOGY (HEPATIC), MRNA EXPRESSION LEVELS OF 161 GENES, UTILIZING FRESH HEPATOCellular CARCINOMA TUMOR TISSUE, WITH ALPHA-</td>
<td>Auth Required</td>
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<tr>
<td>0006T</td>
<td>TRANSCATHETER PLACEMENT OF E</td>
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<tr>
<td>0006U</td>
<td>RX MONITORING 120+ DRUGS AND S</td>
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<tr>
<td>0007M</td>
<td>ONCOLOGY (GASTROINTESTINAL NEUROENDOCRINE TUMORS), REAL-TIME PCR EXPRESSION ANALYSIS OF 51 GENES, UTILIZING</td>
<td>Auth Required</td>
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<tr>
<td>0007T</td>
<td>TRANSCATHETER PLACEMENT OF E</td>
<td>Auth Required</td>
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<tr>
<td>0007U</td>
<td>RX TEST PRESUMPTIVE URINE W/DE</td>
<td>Auth Required</td>
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<tr>
<td>0008T</td>
<td>UPPER GASTROINTESTINAL ENDO</td>
<td>Auth Required</td>
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<tr>
<td>0008U</td>
<td>HPYLOLI DETECTION &amp; ANTIBIOTIC</td>
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<tr>
<td>0009M</td>
<td>FETAL ANEUPLOIDY (TRISOMY 21, AND 18) DNA SEQUENCE ANALYSIS OF SELECTED REGIONS USING MATERNAL PLASMA, ALGORITHM</td>
<td>Auth Required</td>
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<td>0009T</td>
<td>ENDOemetrial CRYOABLATION WIT</td>
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<td>0009U</td>
<td>ONC BRST CA ERBB2 COPY NUMBER</td>
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<tr>
<td>0010M</td>
<td>0010M ONCOLOGY (HIGH-GRADE PROSTATE CANCER), BIOCHEMICAL ASSAY OF FOUR PROTEINS (TOTAL PSA, FREE PSA, INTACT PSA</td>
<td>Auth Required</td>
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<tr>
<td>0010T</td>
<td>TUBERCULOSIS TEST, CELL MEDI</td>
<td>Auth Required</td>
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<tr>
<td>0010U</td>
<td>NFCT DS STRN TYP WHL GENOME SE</td>
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<tr>
<td>0011M</td>
<td>ONC PRST8 CA MRNA 12 GENES BLD</td>
<td>Auth Required</td>
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<tr>
<td>0011U</td>
<td>RX MNTR DRUGS PRESENT LC-MS/MS</td>
<td>Auth Required</td>
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<tr>
<td>0012F</td>
<td>COMMUNITY-ACQUIRED BACTERIAL PNEUMONIA ASSESSMENT (INCLUDES ALL OF THE FOLLOWING COMPONENTS) (CAP)1: CO-MORBID CONDITIONS</td>
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<tr>
<td>0012M</td>
<td>ONCOLOGY (UROTHELIAL), MRNA,</td>
<td>Auth Required</td>
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<tr>
<td>0012T</td>
<td>ARTHROSCOPY, KNEE, SURGICAL,</td>
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<td>GERMLN DO GENE REARGMT DETCJ D</td>
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<td>0013M</td>
<td>ONCOLOGY (UROTHELIAL), MRNA,</td>
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<td>0013T</td>
<td>ARTHROSCOPY, KNEE, SURGICAL,</td>
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<tr>
<td>0014F</td>
<td>COMPREHENSIVE PREOPERATIVE ASSESSMENT PERFORMED FOR CATARACT SURGERY WITH</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>INTRAOCULAR LENS (IOL) PLACEMENT (INCLUDES</td>
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<tr>
<td>0014T</td>
<td>MENISCAL TRANSPLANTATION, ME</td>
<td>Auth Required</td>
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<tr>
<td>0014U</td>
<td>HEM HMTLMF NEO GENE REARGMT DN</td>
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<td>0015F</td>
<td>MELANOMA FOLLOW UP COMPLETED (INCLUDES ASSESSMENT OF ALL OF THE FOLLOWING</td>
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<td></td>
<td>COMPONENTS) (ML)5: HISTORY OBTAINED</td>
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<tr>
<td>0016U</td>
<td>ONC HMTLMF NEO RNA BCR/ABL1 BL</td>
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<tr>
<td>0017U</td>
<td>ONC HMTLMF NEO JAK2 MUTATION D</td>
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<tr>
<td>0018T</td>
<td>DELIVERY OF HIGH POWER, FOCA</td>
<td>Auth Required</td>
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<tr>
<td>0018U</td>
<td>ONC THYR 10 MICRORNA SEQ +/- R</td>
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<td>0019U</td>
<td>ONC RNA WHL TRANSCRIPTOME SEQ T</td>
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<tr>
<td>0020T</td>
<td>EXTRACORPOREAL SHOCK WAVE TH</td>
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<td>0021T</td>
<td>INSERTION OF TRANSCERVICAL O</td>
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<td>0022U</td>
<td>TRGT GEN SEQ ALYS NONSM LNG NE</td>
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<td>0023U</td>
<td>ONC AML DNA GNTYP INT TANDEM D</td>
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<td>0024U</td>
<td>GLYCA NUC MR SPECTROSCOPY QUAN</td>
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<td>0025U</td>
<td>TENOFOVIR LIQ CHROM TANDEM MAS</td>
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<td>CEREBRAL PERFUSION ANALYSIS USING COMPUTED TOMOGRAPHY WITH CONTRAST ADMINISTRATION, INCLUDING POST-PROCESSING</td>
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<td>FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL LEIOMYOMATA VOLUME LESS THAN 200 CC OF TI</td>
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<td>ONCOLOGY (UVEAL MELANOMA), MRNA, GENE-EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 15 GENES (12 CONTENT AND 3 HOUSEKEEPING)</td>
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<td>PLACEMENT OF A SUBCONJUNCTIVAL RETINAL PROSTHESIS RECEIVER AND PULSE GENERATOR, AND IMPLANTATION OF INTRA-OCULAR RETINAL E</td>
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<td>EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED, HIGH ENERGY</td>
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<td>EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL, INVOLVING</td>
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<td>HERED BRST CA RLTD DO GEN SEQ ALYS PNL 17 GENES</td>
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<td>HERED OVARIAN CANCER GEN SEQ ALYS PANEL 24 GENES</td>
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<td>LONG-CHAIN (C20-22) OMEGA-3 FATTY ACIDS IN RED BLOOD CELL (RBC) MEMBRANES</td>
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<tr>
<td>0126T</td>
<td>COMMON CAROTID INTIMA-MEDIA THICKNESS (IMT) STUDY FOR EVALUATION OF ATHEROSCLEROTIC BURDEN OR CORONARY HEART</td>
<td>Auth Required</td>
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<tr>
<td>0139U</td>
<td>NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), QUANTITATIVE ME</td>
<td>Auth Required</td>
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<tr>
<td>0140U</td>
<td>INFECTIOUS DISEASE (FUNGI), FUNGAL PATHOGEN IDENTIFICATION,</td>
<td>Auth Required</td>
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<tr>
<td>0141U</td>
<td>INFECTIOUS DISEASE (BACTERIA AND FUNGI), GRAM-POSITIVE ORGA</td>
<td>Auth Required</td>
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<tr>
<td>0142U</td>
<td>INFECTIOUS DISEASE (BACTERIA AND FUNGI), GRAM-NEGATIVE BACT</td>
<td>Auth Required</td>
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<tr>
<td>0143U</td>
<td>DRUG ASSAY, DEFINITIVE, 120 OR MORE DRUGS OR METABOLITES, U</td>
<td>Auth Required</td>
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<tr>
<td>0144U</td>
<td>DRUG ASSAY, DEFINITIVE, 160 OR MORE DRUGS OR METABOLITES, U</td>
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<tr>
<td>0145U</td>
<td>DRUG ASSAY, DEFINITIVE, 65 OR MORE DRUGS OR METABOLITES, UR</td>
<td>Auth Required</td>
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<td>0146U</td>
<td>DRUG ASSAY, DEFINITIVE, 80 OR MORE DRUGS OR METABOLITES, UR</td>
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<tr>
<td>0147U</td>
<td>DRUG ASSAY, DEFINITIVE, 85 OR MORE DRUGS OR METABOLITES, UR</td>
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<td>0148U</td>
<td>DRUG ASSAY, DEFINITIVE, 100 OR MORE DRUGS OR METABOLITES, U</td>
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<td>Code</td>
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<td>Auth Required</td>
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<td>0149U</td>
<td>DRUG ASSAY, DEFINITIVE, 60 OR MORE DRUGS OR METABOLITES, UR</td>
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<td>0150U</td>
<td>DRUG ASSAY, DEFINITIVE, 120 OR MORE DRUGS OR METABOLITES, U</td>
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<tr>
<td>0151U</td>
<td>INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT IN)</td>
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<tr>
<td>0152T</td>
<td>COMPUTER AIDED DETECTION (CO)</td>
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<tr>
<td>0152U</td>
<td>INFECTIOUS DISEASE (BACTERIA, FUNGI, PARASITES, AND DNA VIR)</td>
<td></td>
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<tr>
<td>0153U</td>
<td>ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY NEXT-</td>
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<tr>
<td>0154U</td>
<td>FGFR3 (FIBROBLAST GROWTH FACTOR RECEPTOR 3) GENE ANALYSIS (</td>
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<tr>
<td>0155U</td>
<td>PIK3CA (PHOSPHATIDYLINOSITOL-4,5-BISPHOSPHATE 3-KINASE, CAT</td>
<td></td>
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<tr>
<td>0156U</td>
<td>COPY NUMBER (EG, INTELLECTUAL DISABILITY, DYSMORPHOLOGY), S</td>
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<tr>
<td>0157U</td>
<td>APC (APC REGULATOR OF WNT SIGNALING PATHWAY) (EG, FAMILIAL</td>
<td></td>
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<tr>
<td>0158U</td>
<td>MLH1 (MUTL HOMOLOG 1) (EG, HEREDITARY NON-POLYPOSIS COLOREC</td>
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</tr>
<tr>
<td>0159T</td>
<td>COMPUTER-AIDED DETECTION, INCLUDING COMPUTER ALGORITHM ANALYSIS OF MRI IMAGE DATA FOR LESION DETECTION/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0159U</td>
<td>MSH2 (MUTS HOMOLOG 2) (EG, HEREDITARY COLON CANCER, LYNCH S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Status</td>
<td></td>
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<tr>
<td>0160U</td>
<td>MSH6 (MUTS HOMOLOG 6) (EG, HEREDITARY COLON CANCER, LYNCH S)</td>
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<tr>
<td>0161U</td>
<td>PMS2 (PMS1 HOMOLOG 2, MISMATCH REPAIR SYSTEM COMPONENT) (EG)</td>
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<tr>
<td>0162U</td>
<td>HEREDITARY COLON CANCER (LYNCH SYNDROME), TARGETED MRNA SEQ</td>
<td>Auth Required</td>
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<tr>
<td>0163T</td>
<td>TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE (OTHER THAN FOR)</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>0164T</td>
<td>REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, EACH ADDITIONAL INTERSPACE</td>
<td>Auth Required</td>
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<tr>
<td>0165T</td>
<td>REVISION OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, EACH ADDITIONAL INTERSPACE</td>
<td>Auth Required</td>
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<tr>
<td>0174T</td>
<td>COMPUTER-AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR LESION DETECTION) WITH FURTHER</td>
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<tr>
<td>0175T</td>
<td>COMPUTER-AIDED DETECTION (CAD) (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR LESION DETECTION) WITH FURTHER</td>
<td>Auth Required</td>
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<tr>
<td>0182T</td>
<td>HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, PER FRACTION</td>
<td>Auth Required</td>
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<tr>
<td>0184T</td>
<td>EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH (IE, TEMS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>0191T</td>
<td>INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>0198T</td>
<td>MEASUREMENT OF OCULAR BLOOD FLOW BY REPETITIVE INTRAOCULAR PRESSURE SAMPLING, WITH INTERPRETATION AND REPORT</td>
<td>Auth Required</td>
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<tr>
<td>0200T</td>
<td>PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), UNILATERAL INJECTION(S), INCLUDING THE USE OF A BALLOON OR</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>0201T</td>
<td>PERCUTANEOUS SACRAL AUGMENTATION (SACROPLASTY), BILATERAL INJECTIONS, INCLUDING THE USE OF A BALLOON OR</td>
<td></td>
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</tr>
<tr>
<td>0202T</td>
<td>POSTERIOR VERTEBRAL JOINT(S) ARTHROPLASTY (E.G., FACET JOINT(S) REPLACEMENT) INCLUDING FACETECTOMY, LAMINECTOMY, FORAMINOTOMY</td>
<td></td>
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</tr>
<tr>
<td>0205T</td>
<td>INTRAVASCULAR CATHETER-BASED CORONARY VESSEL OR GRAFT SPECTROSCOPY (EG, INFRARED) DURING DIAGNOSTIC EVALUATION AND/OR</td>
<td></td>
<td></td>
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<tr>
<td>0206T</td>
<td>ALGORITHMIC ANALYSIS, REMOTE, OF ELECTROCARDIOGRAPHIC-DERIVED DATA WITH COMPUTER PROBABILITY ASSESSMENT,</td>
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<tr>
<td>0207T</td>
<td>EVACUATION OF MEIBOMIAN GLANDS, AUTOMATED, USING HEAT AND INTERMITTENT PRESSURE, UNILATERAL</td>
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<tr>
<td>0208T</td>
<td>PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED (INCLUDES USE OF COMPUTER-ASSISTED DEVICE); AIR ONLY</td>
<td></td>
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</tr>
<tr>
<td>0209T</td>
<td>PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED (INCLUDES USE OF COMPUTER-ASSISTED DEVICE); AIR AND BONE</td>
<td></td>
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</tr>
<tr>
<td>0210T</td>
<td>SPEECH AUDIOMETRY THRESHOLD, AUTOMATED (INCLUDES USE OF COMPUTER-ASSISTED DEVICE);</td>
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<tr>
<td>0211T</td>
<td>SPEECH AUDIOMETRY THRESHOLD, AUTOMATED (INCLUDES USE OF COMPUTER-ASSISTED DEVICE); WITH SPEECH RECOGNITION</td>
<td></td>
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<tr>
<td>0212T</td>
<td>COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (0209T, 0211T COMBINED), AUTOMATED (INCLUDES USE</td>
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<tr>
<td>0213T</td>
<td>INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTICAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES</td>
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<tr>
<td>0214T</td>
<td>INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTICAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES</td>
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<td>0215T</td>
<td>INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTICAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES</td>
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<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Authorization Required</td>
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<td>0216T</td>
<td>INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES)</td>
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<td>0217T</td>
<td>INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES)</td>
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<td>0218T</td>
<td>INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES)</td>
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<tr>
<td>0219T</td>
<td>PLACEMENT OF POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE</td>
<td>Auth Required</td>
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<tr>
<td>0220T</td>
<td>PLACEMENT OF POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE</td>
<td>Auth Required</td>
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<td>0221T</td>
<td>PLACEMENT OF POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE</td>
<td>Auth Required</td>
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<tr>
<td>0222T</td>
<td>PLACEMENT OF POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT OF BONE</td>
<td>Auth Required</td>
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<tr>
<td>0228T</td>
<td>INJECTION(S), ANESTHETIC AGENT AND OR STEROID, TRANSFORMAMINAL EPIDURAL WITH U/S GUIDENCE, CERVICAL OR THORACIC; EACH</td>
<td>Auth Required</td>
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<tr>
<td>0229T</td>
<td>INJECTIONS(S) ANESTHETIC AGENT AND OR STEROID, TRANSFORMINAL EPIDURAL WITH U/S GUIDANCE CERVICAL OR THORACIC; EACH</td>
<td>Auth Required</td>
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<tr>
<td>0230T</td>
<td>INJECTION(S), ANESTHETIC AGENT AND OR STEROID TRANSFORMANINAL EPIDURAL WITH U/S GUIDANCE, LUMBAR OR SACRAL SINGLE LEVEL</td>
<td>Auth Required</td>
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<tr>
<td>0231T</td>
<td>INJECTIONS(S) ANTESTHETIC ANGENT AND OR STEROID TRANSFORAMINAL EPIDURAL WITH ULTRASOUND GUIDANCE, LUMGAR OR</td>
<td>Auth Required</td>
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<tr>
<td>0232T</td>
<td>INJECTION(S), PLATELET RICH PLASMA, ANY TISSUE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION WHEN</td>
<td>Auth Required</td>
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<tr>
<td>0234T</td>
<td>TRANSLUMINAL PERIPHERALATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Procedure Description</td>
<td>Authorization Required</td>
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<tr>
<td>0235T</td>
<td>TRANSLUMINAL PERIPHERAL AHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND</td>
<td>No Auth Needed</td>
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<tr>
<td>0236T</td>
<td>TRANSLUMINAL PERIPHERAL AHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND</td>
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<tr>
<td>0237T</td>
<td>TRANSLUMINAL PERIPHERAL AHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND</td>
<td>No Auth Needed</td>
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<tr>
<td>0238T</td>
<td>TRANSLUMINAL PERIPHERAL AHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND</td>
<td>No Auth Needed</td>
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<td>0249T</td>
<td>LIGATION, HEMORRHOIDAL VASCULAR BUNDLE(S), INCLUDING ULTRASOUND GUIDANCE</td>
<td>No Auth Needed</td>
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<tr>
<td>0253T</td>
<td>INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE</td>
<td>No Auth Needed</td>
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<tr>
<td>0254T</td>
<td>ENDOVASCULAR REPAIR OF ILIAC ARTERY bifurcation (Eg, Aneurysm, Pseudoaneurysm, Arteriovenous</td>
<td>Auth Required</td>
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<tr>
<td>0263T</td>
<td>INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, ONE</td>
<td>Auth Required</td>
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<tr>
<td>0264T</td>
<td>INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, ONE</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>0265T</td>
<td>INTRAMUSCULAR AUTOLOGOUS BONE MARROW CELL THERAPY, WITH PREPARATION OF HARVESTED CELLS, MULTIPLE INJECTIONS, ONE</td>
<td>Auth Required</td>
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<tr>
<td>0266T</td>
<td>IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL SYSTEM (INCLUDES GENERATOR PLACEMENT,</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>0267T</td>
<td>IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD ONLY, UNILATERAL (INCLUDES INTRA-OPERATIVE</td>
<td>Auth Required</td>
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<tr>
<td>0268T</td>
<td>IMPLANTATION OR REPLACEMENT OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; PULSE GENERATOR ONLY (INCLUDES INTRA-OPERATIVE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>0269T</td>
<td>REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; TOTAL SYSTEM (INCLUDES GENERATOR PLACEMENT, UNILATERAL)</td>
<td>Auth Required</td>
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<tr>
<td>0270T</td>
<td>REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; LEAD ONLY, UNILATERAL (INCLUDES INTRA-OPERATIVE)</td>
<td>Auth Required</td>
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<tr>
<td>0271T</td>
<td>REVISION OR REMOVAL OF CAROTID SINUS BAROREFLEX ACTIVATION DEVICE; PULSE GENERATOR ONLY (INCLUDES INTRA-OPERATIVE)</td>
<td>Auth Required</td>
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<tr>
<td>0272T</td>
<td>INTERROGATION DEVICE EVALUATION (IN PERSON), CAROTID SINUS BAROREFLEX ACTIVATION SYSTEM, INCLUDING TELEMETRIC</td>
<td>Auth Required</td>
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<tr>
<td>0273T</td>
<td>INTERROGATION DEVICE EVALUATION (IN PERSON), CAROTID SINUS BAROREFLEX ACTIVATION SYSTEM, INCLUDING TELEMETRIC</td>
<td>Auth Required</td>
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<tr>
<td>0274T</td>
<td>PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTRALAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH)</td>
<td>Auth Required</td>
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<tr>
<td>0275T</td>
<td>PERCUTANEOUS LAMINOTOMY/LAMINECTOMY (INTRALAMINAR APPROACH) FOR DECOMPRESSION OF NEURAL ELEMENTS, (WITH)</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>0278T</td>
<td>TRANSCUTANEOUS ELECTRICAL MODULATION PAIN REPROCESSING (EG, SCRAMBLER THERAPY), EACH TREATMENT SESSION (INCLUDES)</td>
<td>Auth Required</td>
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<tr>
<td>0290T</td>
<td>CORNEAL INCISIONS IN THE RECIPIENT CORNEA CREATED USING A LASER, IN PREPARATION FOR PENETRATING OR LAMELLAR KERATOPLASTY (LIST)</td>
<td>Auth Required</td>
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<tr>
<td>0295T</td>
<td>EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RHYTHM RECORDING AND</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>0296T</td>
<td>EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RHYTHM RECORDING AND</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>0297T</td>
<td>EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RHYTHM RECORDING AND</td>
<td>Auth Required</td>
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<tr>
<td>0298T</td>
<td>EXTERNAL ELECTROCARDIOGRAPHIC RECORDING FOR MORE THAN 48 HOURS UP TO 21 DAYS BY CONTINUOUS RHYTHM RECORDING AND</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>0301T</td>
<td>DESTRUCTION/REDUCTION OF MALIGNANT BREAST TUMOR WITH EXTERNALLY APPLIED FOCUSED MICROWAVE, INCLUDING INTERSTITIAL</td>
<td></td>
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</tr>
<tr>
<td>0308T</td>
<td>INSERTION OF OCULAR TELESCOPE PROSTHESIS INCLUDING REMOVAL OF CRystalline LENS OR INTRAOCULAR LENS PROSTHESIS</td>
<td></td>
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</tr>
<tr>
<td>0312T</td>
<td>VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY,</td>
<td></td>
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</tr>
<tr>
<td>0313T</td>
<td>VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC REVISION OR REPLACEMENT OF VAGAL TRUNK</td>
<td></td>
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<td>0314T</td>
<td>VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); LAPAROSCOPIC REMOVAL OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE ARRAY</td>
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<td>VAGUS NERVE BLOCKING THERAPY (MORBID OBESITY); REMOVAL OF PULSE GENERATOR</td>
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<td>TEAR FILM IMAGING, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT</td>
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<td>0331T</td>
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<td>INSERTION OF DRUG ELUTING</td>
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<td>CRYOPRESERVATION OOCYTE(S)</td>
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<td>0360T</td>
<td>ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION, EACH 15 MINUTES OF TECHNICIANS' TIME FACE-TO-FACE WITH A PATIENT</td>
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<td>TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION (INCLUDES</td>
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<td>VISUAL FIELD ASSESSMENT, WITH CONCURRENT REAL TIME DATA ANALYSIS AND ACCESSIBLE DATA STORAGE WITH PATIENT INITIATED DATA</td>
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<td>EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING UP TO 14 DAYS TO ASSESS CHANGES IN HEART RATE AND TO</td>
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<td>EXTERNAL HEART RATE AND 3-AXIS ACCELEROMETER DATA RECORDING FROM 15 TO 30 DAYS TO ASSESS CHANGES IN HEART RATE TO</td>
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<td>HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, SKIN SURFACE APPLICATION, PER FRACTION, INCLUDES BASIC DOSIMETRY, WHEN PERFORMED</td>
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<td>HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, INTERSTITIAL OR INTRACAVITARY TREATMENT, PER FRACTION, INCLUDES BASIC DOSIMETRY,</td>
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<td>0396T</td>
<td>INTRA-OPERATIVE USE OF KINETIC BALANCE SENSOR FOR IMPLANT STABILITY DURING KNEE REPLACEMENT ARTHROPLASTY (LIST SEPARATELY)</td>
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<td>MAGNETIC RESONANCE IMAGE GUIDED HIGH INTENSITY FOCUSED ULTRASOUND (MRGFUS), STEREOTACTIC ABLATION LESION, INTRACRANIAL</td>
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<td>0399T</td>
<td>MYOCARDIAL STRAIN IMAGING (QUANTITATIVE ASSESSMENT OF MYOCARDIAL MECHANICS USING IMAGE-BASED ANALYSIS OF LOCAL MYOCARDIAL)</td>
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<td>MULTI-SPECTRAL DIGITAL SKIN LESION ANALYSIS OF CLINICALLY ATYPICAL CUTANEOUS PIGMENTED LESIONS FOR DETECTION OF MELANOMAS AND</td>
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<td>COLLAGEN CROSS-LINKING OF CORNEA (INCLUDING REMOVAL OF THE CORNEAL EPITHELIUM AND INTRAOPERATIVE PACHYMETRY</td>
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<td>TRANSCERVICAL UTERINE FIBROID(S) ABLATION WITH ULTRASOUND GUIDANCE, RADIOFREQUENCY</td>
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<td>INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION WHEN</td>
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<td>REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; TRANSVENOUS ELECTRODE (ATRIAL OR</td>
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<td>RELOCATION OF SKIN POCKET FOR IMPLANTED CARDIAC CONTRACTILITY MODULATION PULSE GENERATOR</td>
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<td>0417T</td>
<td>PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF</td>
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<td>INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND</td>
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<td>0419T</td>
<td>DESTRUCTION NEUROFIBROMATA, EXTENSIVE, (CUTANEOUS, DERMAL EXTENDING INTO SUBCUTANEOUS); FACE, HEAD AND NECK,</td>
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<td>DESTRUCTION NEUROFIBROMATA, EXTENSIVE, (CUTANEOUS, DERMAL EXTENDING INTO SUBCUTANEOUS); TRUNK AND EXTREMITIES,</td>
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<td>0422T</td>
<td>TACTILE BREAST IMAGING BY COMPUTER-AIDED TACTILE SENSORS, UNILATERAL OR BILATERAL</td>
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<td>INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; COMPLETE SYSTEM</td>
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<td>REMOVAL AND REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA, PULSE GENERATOR ONLY</td>
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<td>REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY</td>
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<td>REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD ONLY</td>
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<td>0437T</td>
<td>IMPLANTATION OF NON-BIOLOGIC OR SYNTHETIC IMPLANT (EG, POLYPROPYLENE) FOR FASCIAL REINFORCEMENT OF THE ABDOMINAL WALL (LIST</td>
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<td>0439T</td>
<td>MYOCARDIAL CONTRAST PERFUSION ECHOCARDIOGRAPHY; AT REST OR WITH STRESS, FOR ASSESSMENT OF MYOCARDIAL ISCHEMIA OR</td>
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<td>ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; UPPER EXTREMITY DISTAL/PERIPHERAL NERVE</td>
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<td>ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; LOWER EXTREMITY DISTAL/PERIPHERAL NERVE</td>
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<td>ABLATION, PERCUTANEOUS, CRYOABLATION, INCLUDES IMAGING GUIDANCE; NERVE PLEXUS OR OTHER TRUNCAL NERVE (EG, BRACHIAL PLEXUS,</td>
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<td>REAL TIME SPECTRAL ANALYSIS OF PROSTATE TISSUE BY FLUORESCENCE SPECTROSCOPY</td>
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<td>INITIAL PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, INCLUDING FITTING, TRAINING, AND INSERTION, UNILATERAL</td>
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<td>SUBSEQUENT PLACEMENT OF A DRUG-ELUTING OCULAR INSERT UNDER ONE OR MORE EYELIDS, INCLUDING RE-TRAINING, AND REMOVAL OF</td>
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<td>0446T</td>
<td>CREATION OF SUBCUTANEOUS POCKET WITH INSERTION OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR, INCLUDING SYSTEM</td>
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<td>0447T</td>
<td>REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR FROM SUBCUTANEOUS POCKET VIA INCISION</td>
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<td>REMOVAL OF IMPLANTABLE INTERSTITIAL GLUCOSE SENSOR WITH CREATION OF SUBCUTANEOUS POCKET AT DIFFERENT</td>
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<td>0449T</td>
<td>INSERTION OF AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR, INTERNAL APPROACH, INTO THE SUBCONJUNCTIVAL SPACE;</td>
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<td>INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR</td>
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<td>INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR</td>
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<td>0453T</td>
<td>INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR</td>
<td>Auth Required</td>
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<td>0454T</td>
<td>INSERTION OR REPLACEMENT OF A PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSION VENTRICULAR ASSIST SYSTEM, ENDOVASCULAR</td>
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<td>0455T</td>
<td>REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSION VENTRICULAR ASSIST SYSTEM; COMPLETE SYSTEM (AORTIC</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<td>0456T</td>
<td>REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; AORTIC COUNTERPULSATION</td>
<td>Auth Required</td>
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<tr>
<td>0457T</td>
<td>REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; MECHANO-ELECTRICAL SKIN</td>
<td>Auth Required</td>
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<tr>
<td>0458T</td>
<td>REMOVAL OF PERMANENTLY IMPLANTABLE AORTIC COUNTERPULSATION VENTRICULAR ASSIST SYSTEM; SUBCUTANEOUS ELECTRODE</td>
<td>Auth Required</td>
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<tr>
<td>0459T</td>
<td>RELOCATION OF SKIN POCKET WITH REPLACEMENT OF IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST</td>
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<td>0460T</td>
<td>REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE; SUBCUTANEOUS ELECTRODE</td>
<td>Auth Required</td>
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<td>0461T</td>
<td>REPOSITIONING OF PREVIOUSLY IMPLANTED AORTIC COUNTERPULSATION VENTRICULAR ASSIST DEVICE; AORTIC COUNTERPULSATION</td>
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<td>0462T</td>
<td>PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE MECHANO-ELECTRICAL SKIN I</td>
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<td>0463T</td>
<td>INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND</td>
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<td>0464T</td>
<td>VISUAL EP TESTING FOR GLAUCOMA</td>
<td>Auth Required</td>
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<td>0465T</td>
<td>SUPCHRDL NJX OF RX AGT W/O SUP</td>
<td>No Auth Needed</td>
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<tr>
<td>0466T</td>
<td>INSRT CH WALL RESPIR ELTRD &amp; C</td>
<td>Auth Required</td>
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<tr>
<td>0467T</td>
<td>REVI/RPLMNT CH WAL RESPIR ELTR</td>
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<td>0468T</td>
<td>REMOVAL CHEST WALL RESPIRATORY</td>
<td>Auth Required</td>
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<tr>
<td>0469T</td>
<td>RTA POLARIZE SCAN OC SCR W/ONS</td>
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<td>0470T</td>
<td>OCT SKN IMG ACQUISJ I&amp;R 1ST LE</td>
<td>Auth Required</td>
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<tr>
<td>0471T</td>
<td>OCT SKN IMG ACQUISJ I&amp;R EA ADD</td>
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<td>0472T</td>
<td>DEV INTERR PRGRMG IO RTA ELTRD</td>
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<td>0473T</td>
<td>DEV INTERR REPRGRMG IO RTA ELT</td>
<td>Auth Required</td>
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<td>0474T</td>
<td>INSJ ANT SEG AQUEOUS DRG DEV W</td>
<td>No Auth Needed</td>
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<td>0475T</td>
<td>REC FTL CAR SGL 3 CH PT REC &amp;</td>
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<tr>
<td>0476T</td>
<td>REC FTL CAR SGL PT REC SCAN W/</td>
<td>Auth Required</td>
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<td>0477T</td>
<td>REC FTL CAR SGL 3 CH SGL XTRJ</td>
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<td>0478T</td>
<td>REC FTL CAR SGL 3 CH REVIEW I&amp;</td>
<td>No Auth Needed</td>
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<td>0479T</td>
<td>FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONAL IMPROVEMENT; FIRST 100 CM2 OR PART THEREOF,</td>
<td>Auth Required</td>
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<tr>
<td>0480T</td>
<td>FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONAL IMPROVEMENT; EACH ADDITIONAL 100 CM2, OR</td>
<td>Auth Required</td>
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<tr>
<td>0481T</td>
<td>INJECTION(S), AUTOLOGOUS WHITE BLOOD CELL CONCENTRATE (AUTOLOGOUS PROTEIN SOLUTION), ANY SITE, INCLUDING IMAGE</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>0482T</td>
<td>ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW, POSITRON EMISSION TOMOGRAPHY (PET), REST AND STRESS (LIST)</td>
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<tr>
<td>0483T</td>
<td>TRANSCATHETER MITRAL VALVE IMPLANTATION/REPLACEMENT (TMVI) WITH PROSTHETIC VALVE; PERCUTANEOUS APPROACH,</td>
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<tr>
<td>0484T</td>
<td>TRANSCATHETER MITRAL VALVE IMPLANTATION/REPLACEMENT (TMVI) WITH PROSTHETIC VALVE; TRANSTHORACIC EXPOSURE</td>
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<td>0485T</td>
<td>OPTICAL COHERENCE TOMOGRAPHY (OCT) OF MIDDLE EAR, WITH INTERPRETATION AND REPORT; UNILATERAL</td>
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<tr>
<td>0486T</td>
<td>OPTICAL COHERENCE TOMOGRAPHY (OCT) OF MIDDLE EAR, WITH INTERPRETATION AND REPORT; BILATERAL</td>
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<tr>
<td>0487T</td>
<td>BIOMECHANICAL MAPPING, TRANSVAGINAL, WITH REPORT</td>
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<tr>
<td>0488T</td>
<td>PREVENTIVE BEHAVIOR CHANGE, ONLINE/ELECTRONIC STRUCTURED INTENSIVE PROGRAM FOR PREVENTION OF DIABETES USING</td>
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<tr>
<td>0489T</td>
<td>AUTOLOGOUS ADIPOSE-DERIVED REGENERATIVE CELL THERAPY FOR SCLERODERMA IN THE HANDS; ADIPOSE TISSUE HARVESTING, ISOLATION AND</td>
<td></td>
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</tr>
<tr>
<td>0490T</td>
<td>AUTOLOGOUS ADIPOSE-DERIVED REGENERATIVE CELL THERAPY FOR SCLERODERMA IN THE HANDS; MULTIPLE INJECTIONS IN ONE OR BOTH HANDS</td>
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<tr>
<td>0491T</td>
<td>ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN WOUND, PER DAY, TOTAL TREATMENT SURFACE</td>
<td></td>
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<tr>
<td>0492T</td>
<td>ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN WOUND, PER DAY, TOTAL TREATMENT SURFACE</td>
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<tr>
<td>0493T</td>
<td>NEAR-INFRARED SPECTROSCOPY STUDIES OF LOWER EXTREMITY WOUNDS (EG, FOR OXYHEMOGLOBIN MEASUREMENT)</td>
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<tr>
<td>0494T</td>
<td>SURGICAL PREPARATION AND CANNULATION OF MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) TO EX VIVO ORGAN PERFUSION SYSTEM,</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>0495T</td>
<td>INITIATION AND MONITORING MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) ORGAN PERFUSION SYSTEM BY PHYSICIAN OR QUALIFIED</td>
<td>Auth Required</td>
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<tr>
<td>0496T</td>
<td>INITIATION AND MONITORING MARGINAL (EXTENDED) CADAVER DONOR LUNG(S) ORGAN PERFUSION SYSTEM BY PHYSICIAN OR QUALIFIED</td>
<td>Auth Required</td>
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<tr>
<td>0497T</td>
<td>EXTERNAL PATIENT-ACTIVATED, PHYSICIAN- OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL-PRESCRIBED, ELECTROCARDIOGRAPHIC RHYTHM</td>
<td>Auth Required</td>
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<tr>
<td>0498T</td>
<td>EXTERNAL PATIENT-ACTIVATED, PHYSICIAN- OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL-PRESCRIBED, ELECTROCARDIOGRAPHIC RHYTHM</td>
<td>Auth Required</td>
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<tr>
<td>0499T</td>
<td>CYSTOUTEROSCOPY, WITH MECHANICAL DILATION AND URETHRAL THERAPEUTIC DRUG DELIVERY FOR URETHRAL STRICTURE OR STENOSIS,</td>
<td>Auth Required</td>
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<tr>
<td>0500F</td>
<td>INITIAL PRENATAL CARE VISIT (REPORT AT FIRST PRENATAL ENCOUNTER WITH HEALTH CARE PROFESSIONAL PROVIDING OBSTETRICAL CARE.</td>
<td>No Auth Needed</td>
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<tr>
<td>0500T</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), HUMAN PAPILLOMAVIRUS (HPV) FOR FIVE OR MORE SEPARATELY REPORTED HIGH-</td>
<td>Auth Required</td>
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<tr>
<td>0501F</td>
<td>PRENATAL FLOW SHEET DOCUMENTED IN MEDICAL RECORD BY FIRST PRENATAL VISIT (DOCUMENTATION INCLUDES AT MINIMUM</td>
<td>No Auth Needed</td>
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<tr>
<td>0501T</td>
<td>NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY</td>
<td>Auth Required</td>
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<tr>
<td>0502F</td>
<td>SUBSEQUENT PRENATAL CARE VISIT (PRENATAL) [EXCLUDES: PATIENTS WHO ARE SEEN FOR A CONDITION UNRELATED TO PREGNANCY OR PREN</td>
<td>No Auth Needed</td>
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<tr>
<td>0502T</td>
<td>NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY</td>
<td>Auth Required</td>
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<tr>
<td>0503F</td>
<td>POSTPARTUM CARE VISIT (PRENATAL)</td>
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<td>0503T</td>
<td>NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY</td>
<td>Auth Required</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<td>0504T</td>
<td>NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY</td>
<td>Auth Required</td>
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<tr>
<td>0505F</td>
<td>HEMODIALYSIS PLAN OF CARE DOCUMENTED (ESRD)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>0505T</td>
<td>EV FEMPOP ARTL REVSC TCAT PLMT</td>
<td>No Auth Needed</td>
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<tr>
<td>0506T</td>
<td>MAC PGMT OPTICAL DNS MEAS HFP</td>
<td>Auth Required</td>
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<tr>
<td>0507F</td>
<td>PERITONEAL DIALYSIS PLAN OF CARE DOCUMENTED (ESRD)1</td>
<td>No Auth Needed</td>
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<tr>
<td>0507T</td>
<td>NEAR INFRARED DUAL IMG MEIBOMI</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>0508T</td>
<td>PLS ECHO US B1 DNS MEAS INDIC</td>
<td>Auth Required</td>
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<tr>
<td>0509F</td>
<td>URINARY INCONTINENCE PLAN OF CARE DOCUMENTED (GER)5</td>
<td>No Auth Needed</td>
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<tr>
<td>0509T</td>
<td>ELECTRORETINOGRAPHY (ERG) WITH INTERPRETATION AND REPORT, PATTERN (PERG)</td>
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<td>0510T</td>
<td>REMOVAL OF SINUS TARSI IMPLANT</td>
<td>Auth Required</td>
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<td>0511T</td>
<td>REMOVAL AND REINSERTION OF SINUS TARSI IMPLANT</td>
<td>Auth Required</td>
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<tr>
<td>0512T</td>
<td>EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND HEALING, HIGH ENERGY, INCLUDING TOPICAL APPLICATION AND</td>
<td>Auth Required</td>
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<tr>
<td>0513F</td>
<td>ELEVATED BLOOD PRESSURE PLAN OF CARE DOCUMENTED (CKD)1</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Requirement</td>
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<tr>
<td>0513T</td>
<td>EXTRACORPOREAL SHOCK WAVE FOR INTEGUMENTARY WOUND HEALING, HIGH ENERGY, INCLUDING TOPICAL APPLICATION AND</td>
<td>Auth Required</td>
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<tr>
<td>0514F</td>
<td>PLAN OF CARE FOR ELEVATED HEMOGLOBIN LEVEL DOCUMENTED FOR PATIENT RECEIVING ERYTHROPOIESIS-STIMULATING AGENT (ESA)</td>
<td>No Auth Needed</td>
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<tr>
<td>0514T</td>
<td>INTRAOPERATIVE VISUAL AXIS IDENTIFICATION USING PATIENT FIXATION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
<td>Auth Required</td>
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<td>0515T</td>
<td>INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING DEVICE INTERROGATION AND PROGRAMMING,</td>
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<td>0516F</td>
<td>ANEMIA PLAN OF CARE DOCUMENTED (ESRD)</td>
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<td>0516T</td>
<td>INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING DEVICE INTERROGATION AND PROGRAMMING,</td>
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<td>0517F</td>
<td>GLAUCOMA PLAN OF CARE DOCUMENTED (EC)</td>
<td>No Auth Needed</td>
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<td>0517T</td>
<td>INSERTION OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING, INCLUDING DEVICE INTERROGATION AND PROGRAMMING,</td>
<td>Auth Required</td>
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<tr>
<td>0518F</td>
<td>FALLS PLAN OF CARE DOCUMENTED (GER)</td>
<td>No Auth Needed</td>
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<tr>
<td>0518T</td>
<td>REMOVAL OF ONLY PULSE GENERATOR COMPONENT(S) (BATTERY AND/OR TRANSMITTER) OF WIRELESS CARDIAC</td>
<td>Auth Required</td>
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<tr>
<td>0519F</td>
<td>PLANNED CHEMOTHERAPY REGIMEN, INCLUDING AT A MINIMUM: DRUG(S) PRESCRIBED, DOSE, AND DURATION, DOCUMENTED PRIOR TO</td>
<td>No Auth Needed</td>
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<tr>
<td>0519T</td>
<td>REMOVAL AND REPLACEMENT OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING; PULSE GENERATOR COMPONENT(S)</td>
<td>Auth Required</td>
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<tr>
<td>0520F</td>
<td>NORMAL TISSUE DOSE CONSTRAINTS ESTABLISHED WITHIN FIVE TREATMENT DAYS FROM THE INITIATION OF A COURSE OF 3D</td>
<td>No Auth Needed</td>
<td></td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>0520T</td>
<td>REMOVAL AND REPLACEMENT OF WIRELESS CARDIAC STIMULATOR FOR LEFT VENTRICULAR PACING; PULSE GENERATOR COMPONENT(S)</td>
<td>Auth Required</td>
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<tr>
<td>0521F</td>
<td>PLAN OF CARE TO ADDRESS PAIN DOCUMENTED (ONC)1</td>
<td>No Auth Needed</td>
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<tr>
<td>0521T</td>
<td>INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING, AND</td>
<td>Auth Required</td>
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<tr>
<td>0522T</td>
<td>PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>0523T</td>
<td>INTRAPROCEDURAL CORONARY FRACTIONAL FLOW RESERVE (FFR) WITH 3D FUNCTIONAL MAPPING OF COLOR-CODED FFR VALUES FOR THE</td>
<td>Auth Required</td>
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<tr>
<td>0524T</td>
<td>ENDOVENOUS CATHETER DIRECTED CHEMICAL ABLATION WITH BALLOON ISOLATION OF INCOMPETENT EXTREMITY VEIN, OPEN OR</td>
<td>Auth Required</td>
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<tr>
<td>0525F</td>
<td>INITIAL VISIT FOR EPISODE (BKP)2</td>
<td>No Auth Needed</td>
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<tr>
<td>0525T</td>
<td>INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING TESTING OF THE LEAD AND MONITOR, INITIAL</td>
<td>Auth Required</td>
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<tr>
<td>0526F</td>
<td>SUBSEQUENT VISIT FOR EPISODE (BKP)2</td>
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<tr>
<td>0526T</td>
<td>INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING TESTING OF THE LEAD AND MONITOR, INITIAL</td>
<td>Auth Required</td>
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<tr>
<td>0527T</td>
<td>INSERTION OR REPLACEMENT OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING TESTING OF THE LEAD AND MONITOR, INITIAL</td>
<td>Auth Required</td>
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<tr>
<td>0528F</td>
<td>RECOMMENDED FOLLOW-UP INTERVAL FOR REPEAT COLONOSCOPY OF AT LEAST 10 YEARS DOCUMENTED IN COLONOSCOPY REPORT</td>
<td>No Auth Needed</td>
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<tr>
<td>0528T</td>
<td>PROGRAMMING DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM WITH ITERATIVE</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization</td>
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</tr>
<tr>
<td>0529F</td>
<td>INTERVAL OF 3 OR MORE YEARS SINCE PATIENT'S LAST COLONOSCOPY, DOCUMENTED (END/POLYP)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>0529T</td>
<td>INTERROGATION DEVICE EVALUATION (IN PERSON) OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM WITH ANALYSIS, REVIEW,</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>0530T</td>
<td>REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING ALL IMAGING SUPERVISION AND INTERPRETATION; COMPLETE</td>
<td>Auth Required</td>
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<td>0531T</td>
<td>REMOVAL OF INTRACARDIAC ISCHEMIA MONITORING SYSTEM, INCLUDING ALL IMAGING SUPERVISION AND INTERPRETATION; ELECTRODE</td>
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<td>0533T</td>
<td>CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS, INCLUDING BRADYKINESIA, DYSKINESIA, AND TREMOR FOR 6</td>
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<td>0534T</td>
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<tr>
<td>0535F</td>
<td>DYSPNEA MANAGEMENT PLAN OF CARE, DOCUMENTED (PALL CR)</td>
<td>No Auth Needed</td>
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<td>0535T</td>
<td>CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS, INCLUDING BRADYKINESIA, DYSKINESIA, AND TREMOR FOR 6</td>
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<td>0537T</td>
<td>CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; HARVESTING OF BLOOD-DERIVED T LYMPHOCYTES FOR DEVELOPMENT OF</td>
<td>Auth Required</td>
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<tr>
<td>0538T</td>
<td>CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; PREPARATION OF BLOOD-DERIVED T LYMPHOCYTES FOR TRANSPORTATION (EG,</td>
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<td>0539T</td>
<td>CHIMERIC ANTIGEN RECEPTOR T-CELL (CAR-T) THERAPY; RECEIPT AND PREPARATION OF CAR-T CELLS FOR ADMINISTRATION</td>
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<td>Code</td>
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<td>0551F</td>
<td>CYTOPATHOLOGY REPORT ON NONGYNECOLOGIC SPECIMEN WITH DOCUMENTATION THAT THE SPECIMEN WAS NONROUTINE (PATH)</td>
<td>No Auth Needed</td>
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<tr>
<td>0551T</td>
<td>TPRNL BALO CNTNC DEV ADJUSTMENT BALO FLU VOLUME</td>
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<td>LOW-LVL LASER THER DYN PHOTONIC &amp; THERMOKIN NRG</td>
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<td>0553T</td>
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<td>CT SCAN FOR PURPOSE BIOMECHANICAL CT ANALYSIS</td>
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<td>0575F</td>
<td>HIV RNA CONTROL PLAN OF CARE, DOCUMENTED (HIV)</td>
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<td>TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), USI</td>
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<td>HEALTH AND WELL-BEING COACHING FACE-TO-FACE; INDIVIDUAL, IN</td>
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<td>Code</td>
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<td>HEALTH AND WELL-BEING COACHING FACE-TO-FACE; GROUP (2 OR MO)</td>
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<td>1000F</td>
<td>TOBACCO USE ASSESSED (CAD, CAP, COPD, PV) (DM)</td>
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<tr>
<td>1001F</td>
<td>TOBACCO USE NONSMOKING ASSESSED</td>
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<td>1002F</td>
<td>ANGINAL SYMPTOMS AND LEVEL OF ACTIVITY ASSESSED (CAD)</td>
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<td>1003F</td>
<td>LEVEL OF ACTIVITY ASSESSED (HF)</td>
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<td>CLINICAL SYMPTOMS OF VOLUME OVERLOAD (EXCESS) ASSESSED (HF)</td>
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<td>USE OF ANTI-INFLAMMATORY OR ANALGESIC OVER-THE-COUNTER (OTC) MEDICATIONS FOR SYMPTOM RELIEF ASSESSED (OA)</td>
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<td>ANGINA ABSENT (CAD)</td>
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<td>COPD SYMPTOMS ASSESS</td>
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<td>ASSESS DYSPNEA NOT PRESENT</td>
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<td>ASSESS DYSPNEA PRESENT</td>
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<td>PNEUMO IMM STATUS ASSESS</td>
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<td>CO-MORBID CONDITION ASSESS</td>
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<td>SMOKELESS TOBACCO USER</td>
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<td>TOBACCO NON-USER</td>
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<td>1038F</td>
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<td>HISTORY OBTAINED REGARDING NEW OR CHANGING MOLES (ML)5</td>
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<td>TYPE, ANATOMIC LOCATION, AND ACTIVITY ALL ASSESSED (IBD)</td>
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<td>1055F</td>
<td>VISUAL FUNCTIONAL STATUS ASSESSED (EC)</td>
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<td>1060F</td>
<td>DOCUMENTATION OF PERMANENT OR PERSISTENT OR PAROXYSMAL ATRIAL FIBRILLATION (STR)</td>
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<td>DOCUMENTATION OF ABSENCE OF PERMANENT AND PERSISTENT AND PAROXYSMAL ATRIAL FIBRILLATION (STR)</td>
<td>No Auth Needed</td>
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<td>ISCHEMIC STROKE SYMPTOM ONSET OF LESS THAN 3 HOURS PRIOR TO ARRIVAL (STR)</td>
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<td>1066F</td>
<td>ISCHEMIC STROKE SYMPTOM ONSET GREATER THAN OR EQUAL TO 3 HOURS PRIOR TO ARRIVAL (STR)</td>
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<td>1070F</td>
<td>ALARM SYMPTOMS (INVOLUNTARY WEIGHT LOSS, DYSPHAGIA, OR GASTROINTESTINAL BLEEDING) ASSESSED; NONE PRESENT (GERD)</td>
<td>No Auth Needed</td>
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<tr>
<td>1071F</td>
<td>ALARM SYMPTOMS (INVOLUNTARY WEIGHT LOSS, DYSPHAGIA, OR GASTROINTESTINAL BLEEDING) ASSESSED; ONE OR MORE PRESENT (GERD)</td>
<td>No Auth Needed</td>
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<td>PRESENCE OR ABSENCE OF URINARY INCONTINENCE ASSESSED (GER)</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<td>URINARY INCONTINENCE CHARACTERIZED (EG FREQUENCY, VOLUME, TIMING, TYPE OF SYMPTOMS, HOW BOTHERSOME) (GER)</td>
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<td>1100F</td>
<td>PATIENT SCREENED FOR FUTURE FALL RISK; DOCUMENTATION OF TWO OR MORE FALLS IN THE PAST YEAR OR ANY FALL WITH INJURY IN THE</td>
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<td>1101F</td>
<td>PATIENT SCREENED FOR FUTURE FALL RISK; DOCUMENTATION OF NO FALLS IN THE PAST YEAR OR ONLY ONE FALL WITHOUT INJURY IN THE</td>
<td>No Auth Needed</td>
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<td>1110F</td>
<td>PATIENT DISCHARGED FROM AN INPATIENT FACILITY (EG HOSPITAL, SKILLED NURSING FACILITY, OR REHABILITATION FACILITY) WITHIN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>1111F</td>
<td>DISCHARGE MEDICATIONS RECONCILED WITH THE CURRENT MEDICATION LIST IN OUTPATIENT MEDICAL RECORD (GER)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>1116F</td>
<td>AURICULAR OR PERIAURICULAR PAIN ASSESSED (AOE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>1118F</td>
<td>GERD SYMPTOMS ASSESSED AFTER 12 MONTHS OF THERAPY (GERD)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>1119F</td>
<td>INITIAL EVALUATION FOR CONDITION (HEP C)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>1121F</td>
<td>SUBSEQUENT EVALUATION FOR CONDITION (HEP C)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>1123F</td>
<td>ADVANCE CARE PLANNING DISCUSSED AND DOCUMENTED; ADVANCE CARE PLAN OR SURROGATE DECISION MAKER DOCUMENTED IN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>1124F</td>
<td>ADVANCE CARE PLANNING DISCUSSED AND DOCUMENTED IN THE MEDICAL RECORD; PATIENT DID NOT WISH OR WAS NOT ABLE TO NAME A</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>1125F</td>
<td>PAIN SEVERITY QUANTIFIED; PAIN PRESENT (ONC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>1126F</td>
<td>PAIN SEVERITY QUANTIFIED; NO PAIN PRESENT (ONC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
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<td>Page</td>
<td>Condition</td>
<td>Auth Needed</td>
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<tr>
<td>1127F</td>
<td>NEW EPISODE FOR CONDITION (ML5)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>1128F</td>
<td>SUBSEQUENT EPISODE FOR CONDITION (ML5)</td>
<td>No Auth Needed</td>
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<tr>
<td>1130F</td>
<td>BACK PAIN AND FUNCTION ASSESSED, INCLUDING ALL OF THE FOLLOWING: PAIN ASSESSMENT AND FUNCTIONAL STATUS AND PATIENT HISTORY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>1134F</td>
<td>EPISODE OF BACK PAIN LASTING SIX WEEKS OR LESS (BKP)2</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>1135F</td>
<td>EPISODE OF BACK PAIN LASTING LONGER THAN SIX WEEKS (BKP)2</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>1136F</td>
<td>EPISODE OF BACK PAIN LASTING 12 WEEKS OR LESS (BKP)2</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>1137F</td>
<td>EPISODE OF BACK PAIN LASTING LONGER THAN 12 WEEKS (BKP)2</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>1150F</td>
<td>DOCUMENTATION THAT A PATIENT HAS A SUBSTANTIAL RISK OF DEATH WITHIN ONE YEAR (PALL CR)</td>
<td>No Auth Needed</td>
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<tr>
<td>1151F</td>
<td>DOCUMENTATION THAT A PATIENT DOES NOT HAVE A SUBSTANTIAL RISK OF DEATH WITHIN ONE YEAR (PALL CR)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>1152F</td>
<td>DOCUMENTATION OF ADVANCED DISEASE DIAGNOSIS, GOALS OF CARE PRIORITIZE COMFORT (PALL CR)</td>
<td>No Auth Needed</td>
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<tr>
<td>1153F</td>
<td>DOCUMENTATION OF ADVANCED DISEASE DIAGNOSIS, GOALS OF CARE DO NOT PRIORITIZE COMFORT (PALL CR)</td>
<td>No Auth Needed</td>
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<tr>
<td>1157F</td>
<td>ADVANCE CARE PLAN OR SIMILAR LEGAL DOCUMENT PRESENT IN THE MEDICAL RECORD (COA)</td>
<td>No Auth Needed</td>
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<tr>
<td>1158F</td>
<td>ADVANCE CARE PLANNING DISCUSSION DOCUMENTED IN THE MEDICAL RECORD (COA)</td>
<td>No Auth Needed</td>
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<td>1159F</td>
<td>MEDICATION LIST DOCUMENTED IN MEDICAL RECORD (COA)</td>
<td>No Auth Needed</td>
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<tr>
<td>1160F</td>
<td>REVIEW OF ALL MEDICATIONS BY A PRESCRIBING PRACTITIONER OR CLINICAL</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>PHARMACIST (SUCH AS, PRESCRIPTIONS, OTCS, HERBAL THERAPIES)</td>
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<tr>
<td>1170F</td>
<td>FUNCTIONAL STATUS ASSESSED (COA) (RA)</td>
<td>No Auth Needed</td>
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<tr>
<td>1175F</td>
<td>FUNCTIONAL STATUS FOR DEMENTIA ASSESSED AND RESULTS REVIEWED (DEM)</td>
<td>No Auth Needed</td>
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<tr>
<td>1180F</td>
<td>ALL SPECIFIED THROMBOEMBOLIC RISK FACTORS ASSESSED (AFIB)1</td>
<td>No Auth Needed</td>
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<tr>
<td>1181F</td>
<td>NEUROPSYCHIATRIC SYMPTOMS ASSESSED AND RESULTS REVIEWED (DEM)</td>
<td>No Auth Needed</td>
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<tr>
<td>1182F</td>
<td>NEUROPSYCHIATRIC SYMPTOMS, 1 OR MORE PRESENT (DEM)</td>
<td>No Auth Needed</td>
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<tr>
<td>1183F</td>
<td>NEUROPSYCHIATRIC SYMPTOMS, ABSENT (DEM)</td>
<td>No Auth Needed</td>
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<tr>
<td>1200F</td>
<td>SEIZURE TYPE(S) AND CURRENT SEIZURE FREQUENCY(IES) DOCUMENTED (EPI)</td>
<td>No Auth Needed</td>
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<tr>
<td>1205F</td>
<td>ETIOLOGY OF EPILEPSY OR EPILEPSY SYNDROME(S) REVIEWED AND DOCUMENTED (EPI)</td>
<td>No Auth Needed</td>
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<tr>
<td>1220F</td>
<td>PATIENT SCREENED FOR DEPRESSION (SUD)5</td>
<td>No Auth Needed</td>
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<tr>
<td>1400F</td>
<td>PARKINSON'S DISEASE DIAGNOSIS REVIEWED (PRKNS)</td>
<td>No Auth Needed</td>
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<tr>
<td>1450F</td>
<td>SYMPTOMS IMPROVED OR REMAINED CONSISTENT WITH TREATMENT GOALS SINCE</td>
<td>No Auth Needed</td>
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<tr>
<td></td>
<td>LAST ASSESSMENT (HF)</td>
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<td>Code</td>
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<tr>
<td>1451F</td>
<td>SYMPTOMS DEMONSTRATED CLINICALLY IMPORTANT DETERIORATION SINCE LAST ASSESSMENT (HF)</td>
<td>No Auth Needed</td>
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<tr>
<td>1460F</td>
<td>QUALIFYING CARDIAC EVENT/DIAGNOSIS IN PREVIOUS 12 MONTHS (CAD)</td>
<td>No Auth Needed</td>
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<tr>
<td>1461F</td>
<td>NO QUALIFYING CARDIAC EVENT/DIAGNOSIS IN PREVIOUS 12 MONTHS (CAD)</td>
<td>No Auth Needed</td>
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<tr>
<td>1490F</td>
<td>DEMENTIA SEVERITY CLASSIFIED, MILD (DEM)</td>
<td>No Auth Needed</td>
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<tr>
<td>1491F</td>
<td>DEMENTIA SEVERITY CLASSIFIED, MODERATE (DEM)</td>
<td>No Auth Needed</td>
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<tr>
<td>1493F</td>
<td>DEMENTIA SEVERITY CLASSIFIED, SEVERE (DEM)</td>
<td>No Auth Needed</td>
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<tr>
<td>1494F</td>
<td>COGNITION ASSESSED AND REVIEWED (DEM)</td>
<td>No Auth Needed</td>
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<tr>
<td>1500F</td>
<td>SYMPTOM&amp;SIGN SYMM POLYNEURO</td>
<td>No Auth Needed</td>
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<tr>
<td>1501F</td>
<td>NOT INITIAL EVAL FOR COND</td>
<td>No Auth Needed</td>
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<tr>
<td>1502F</td>
<td>PT QUERIED PAIN FXN W/ INSTR</td>
<td>No Auth Needed</td>
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<td>1503F</td>
<td>PT QUERIED SYMP RESP INSUFF</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>1504F</td>
<td>PT HAS RESP INSUFFICIENCY</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>1505F</td>
<td>PT HAS NO RESP INSUFFICIENCY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Date</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>2000F</td>
<td>BLOOD PRESSURE MEASURED (CAD, CKD, HF, HTN) 1 (DM) 2,4</td>
<td>No Auth Needed</td>
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<tr>
<td>2001F</td>
<td>WEIGHT RECORDED (HF, PAG)1</td>
<td>No Auth Needed</td>
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<tr>
<td>2002F</td>
<td>CLINICAL SIGNS OF VOLUME OVERLOAD (EXCESS) ASSESSED (HF)1</td>
<td>No Auth Needed</td>
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<tr>
<td>2003F</td>
<td>AUSCULTATION OF THE HEART PE</td>
<td>Auth Required</td>
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<td>2004F</td>
<td>INITIAL EXAMINATION OF THE INVOLVED JOINT(S) (INCLUDES VISUAL INSPECTION, PALPATION, RANGE OF MOTION) (OA)1 [INSTRUCTIONS:</td>
<td>No Auth Needed</td>
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<tr>
<td>2010F</td>
<td>VITAL SIGNS RECORDED</td>
<td>No Auth Needed</td>
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<tr>
<td>2014F</td>
<td>MENTAL STATUS ASSESS</td>
<td>No Auth Needed</td>
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<tr>
<td>2015F</td>
<td>ASTHMA IMPAIRMENT ASSESSED (ASTHMA)</td>
<td>No Auth Needed</td>
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<tr>
<td>2016F</td>
<td>ASTHMA RISK ASSESSED (ASTHMA)</td>
<td>No Auth Needed</td>
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<tr>
<td>2018F</td>
<td>HYDRATION STATUS ASSESS</td>
<td>No Auth Needed</td>
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<tr>
<td>2019F</td>
<td>DILATED MACULAR EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE PRESENCE OR ABSENCE OF MACULAR THICKENING OR</td>
<td>No Auth Needed</td>
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<tr>
<td>2020F</td>
<td>DILATED FUNDUS EVALUATION PERFORMED WITHIN TWELVE MONTHS PRIOR TO CATARACT SURGERY (EC)5</td>
<td>No Auth Needed</td>
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<tr>
<td>2021F</td>
<td>DILATED MACULAR OR FUNDUS EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE PRESENCE OR ABSENCE OF MACULAR EDEMA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>2022F</td>
<td>DIL RETINA EXAM INTERP REV</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>2024F</td>
<td>7 FIELD PHOTO INTERP DOC REV</td>
<td>No Auth Needed</td>
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<tr>
<td>2026F</td>
<td>EYE IMAGE VALID TO DX REV</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>2027F</td>
<td>OPTIC NERVE HEAD EVALUATION PERFORMED (EC)</td>
<td>No Auth Needed</td>
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<tr>
<td>2028F</td>
<td>FOOT EXAM PERFORMED</td>
<td>No Auth Needed</td>
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<tr>
<td>2029F</td>
<td>COMPLETE PHYSICAL SKIN EXAM PERFORMED (ML)</td>
<td>No Auth Needed</td>
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<tr>
<td>2030F</td>
<td>HYDRATION STATUS DOCUMENTED, NORMALLY HYDRATED (PAG)</td>
<td>No Auth Needed</td>
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<tr>
<td>2031F</td>
<td>HYDRATION STATUS DOCUMENTED, DEHYDRATED (PAG)</td>
<td>No Auth Needed</td>
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<tr>
<td>2035F</td>
<td>TYMPANIC MEMBRANE MOBILITY ASSESSED WITH PNEUMATIC OTOSCOPY OR TYMPANOMETRY (OME)</td>
<td>No Auth Needed</td>
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<tr>
<td>2040F</td>
<td>PHYSICAL EXAMINATION ON THE DATE OF THE INITIAL VISIT FOR LOW BACK PAIN PERFORMED, IN ACCORDANCE WITH SPECIFICATIONS (BKP)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>2044F</td>
<td>DOCUMENTATION OF MENTAL HEALTH ASSESSMENT PRIOR TO INTERVENTION (BACK SURGERY OR EPIDURAL STEROID INJECTION) OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>2050F</td>
<td>WOUND CHARACTERISTICS INCLUDING SIZE AND NATURE OF WOUND BASE TISSUE AND AMOUNT OF DRAINAGE PRIOR TO DEBRIDEMENT,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>2060F</td>
<td>PATIENT INTERVIEWED DIRECTLY BY EVALUATING CLINICIAN ON OR BEFORE DATE OF DIAGNOSIS OF MAJOR DEPRESSIVE DISORDER (MDD ADOL)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
<td></td>
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</tr>
<tr>
<td>3000F</td>
<td>BLOOD PRESSURE ≥ 140/90 MM H</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>3002F</td>
<td>BLOOD PRESSURE &gt; 140/90 MM H</td>
<td>Auth Required</td>
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<tr>
<td>3006F</td>
<td>CXR DOC REV</td>
<td>No Auth Needed</td>
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<tr>
<td>3008F</td>
<td>BODY MASS INDEX (BMI), DOCUMENTED (PV)</td>
<td>No Auth Needed</td>
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<tr>
<td>3011F</td>
<td>LIPID PANEL DOC REV</td>
<td>No Auth Needed</td>
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<tr>
<td>3014F</td>
<td>SCREEN MAMMO DOC REV</td>
<td>No Auth Needed</td>
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<tr>
<td>3015F</td>
<td>CERVICAL CANCER SCREENING RESULTS DOCUMENTED AND REVIEWED (PV)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>3016F</td>
<td>PATIENT SCREENED FOR UNHEALTHY ALCOHOL USE USING A SYSTEMATIC SCREENING METHOD (PV)</td>
<td>No Auth Needed</td>
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<tr>
<td>3017F</td>
<td>COLORECTAL CA SCREEN DOC REV</td>
<td>No Auth Needed</td>
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<tr>
<td>3018F</td>
<td>PRE-PROCEDURE RISK ASSESSMENT AND DEPTH OF INSERTION AND QUALITY OF THE BOWEL PREP AND COMPLETE DESCRIPTION OF POLYP(S)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>3019F</td>
<td>LEFT VENTRICULAR EJECTION FRACTION (LVEF) ASSESSMENT PLANNED POST DISCHARGE (HF)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3020F</td>
<td>LVF ASSESS</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>3021F</td>
<td>LVEF MOD/SEVER DEPRS SYST</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>3022F</td>
<td>LVEF &gt;=40% SYSTOLIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3023F</td>
<td>SPIROM DOC REV</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3025F</td>
<td>SPIROM FEV/FVC&lt;70% W COPD</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>3027F</td>
<td>SPIROM FEV/FVC&gt;=70%/W/O COPD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3028F</td>
<td>O2 SATURATION DOC REV</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3035F</td>
<td>O2 SATURATION&lt;=88% /PAO&lt;=55</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3037F</td>
<td>O2 SATURATION&gt; 88% /PAO&gt;55</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3038F</td>
<td>PULMONARY FUNCTION TEST PERFORMED WITHIN 12 MONTHS PRIOR TO SURGERY (LUNG/ESOP CX)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3040F</td>
<td>FEV&lt;40% PREDICTED VALUE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3042F</td>
<td>FEV&gt;= 40% PREDICTED VALUE</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>3044F</td>
<td>MOST RECENT HEMOGLOBIN A1C LEVEL (HBA1C) LEVEL &lt; 7.0% (DM)2,4</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3045F</td>
<td>MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL 7.0 - 9.0 % (DM)2,4</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3045F</td>
<td>MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL 7.0 - 9.0 % (DM)2,4</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>3046F</td>
<td>HEMOGLOBIN A1C LEVEL &gt; 9.0%</td>
<td>No Auth Needed</td>
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<tr>
<td>3047F</td>
<td>HEMOGLOBIN A1C LEVEL = 9.0%</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>3048F</td>
<td>LDL-C &lt;100 MG/DL</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>3049F</td>
<td>LDL-C 100-129 MG/DL</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>3050F</td>
<td>LDL-C &gt;= 130 MG/DL</td>
<td>No Auth Needed</td>
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<tr>
<td>3055F</td>
<td>LEFT VENTRICULAR EJECTION FRACTION (LVEF) LESS THAN OR EQUAL TO 35% (HF)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>3056F</td>
<td>LEFT VENTRICULAR EJECTION FRACTION (LVEF) GREATER THAN 35% OR NO LVEF RESULT AVAILABLE (HF)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3060F</td>
<td>POS MICROALBUMINURIA REV</td>
<td>No Auth Needed</td>
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<td>3061F</td>
<td>NEG MICROALBUMINURIA REV</td>
<td>No Auth Needed</td>
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<td>3062F</td>
<td>POS MACROALBUMINURIA REV</td>
<td>No Auth Needed</td>
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<td>3066F</td>
<td>NEPHROPATHY DOC TX</td>
<td>No Auth Needed</td>
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<tr>
<td>3072F</td>
<td>LOW RISK FOR RETINOPATHY</td>
<td>No Auth Needed</td>
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<tr>
<td>3073F</td>
<td>PRE-SURGICAL (CATARACT) AXIAL LENGTH, CORNEAL POWER MEASUREMENT AND METHOD OF INTRAOCULAR LENS POWER CALCULATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3074F</td>
<td>MOST RECENT SYSTOLIC BLOOD PRESSURE &lt; 130 MM HG (DM)2,4, (HTN, CKD)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3075F</td>
<td>MOST RECENT SYSTOLIC BLOOD PRESSURE 130 TO 139 MM HG (DM)2,4, (HTN, CKD)1</td>
<td>No Auth Needed</td>
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<tr>
<td>3076F</td>
<td>MOST RECENT SYSTOLIC BLOOD PRESSURE 140 MM HG6 IT</td>
<td>Auth Required</td>
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<tr>
<td>3077F</td>
<td>SYST BP &gt;= 140 MM HG6 IT</td>
<td>No Auth Needed</td>
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<tr>
<td>3078F</td>
<td>DIAST BP &lt; 80 MM HG</td>
<td>No Auth Needed</td>
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<tr>
<td>3079F</td>
<td>DIAST BP 80-89 MM HG</td>
<td>No Auth Needed</td>
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<tr>
<td>3080F</td>
<td>DIAST BP &gt;= 90 MM HG</td>
<td>No Auth Needed</td>
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<tr>
<td>3082F</td>
<td>KT/V &lt;1.2 (CLEARANCE OF UREA (KT)/VOLUME (V)) (ESRD)1</td>
<td>No Auth Needed</td>
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<tr>
<td>3083F</td>
<td>KT/V EQUAL TO OR GREATER THAN 1.2 AND LESS THAN 1.7 (CLEARANCE OF UREA (KT)/VOLUME (V)) (ESRD)1</td>
<td>No Auth Needed</td>
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<tr>
<td>3084F</td>
<td>KT/V &gt;= 1.7 (CLEARANCE OF UREA KT)/VOLUME (V)) (ESRD)1</td>
<td>No Auth Needed</td>
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<tr>
<td>3085F</td>
<td>SUICIDE RISK ASSESSED (MDD)1</td>
<td>No Auth Needed</td>
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<tr>
<td>3088F</td>
<td>MAJOR DEPRESSIVE DISORDER, MILD (MDD)1</td>
<td>No Auth Needed</td>
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<tr>
<td>3089F</td>
<td>MAJOR DEPRESSIVE DISORDER, MODERATE (MDD)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>3090F</td>
<td>MAJOR DEPRESSIVE DISORDER, SEVERE WITHOUT PSYCHOTIC FEATURES (MDD)1</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>3091F</td>
<td>MAJOR DEPRESSIVE DISORDER, SEVERE WITH PSYCHOTIC FEATURES (MDD)1</td>
<td>No Auth Needed</td>
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<tr>
<td>3092F</td>
<td>MAJOR DEPRESSIVE DISORDER, IN REMISSION (MDD)1</td>
<td>No Auth Needed</td>
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<tr>
<td>3093F</td>
<td>DOCUMENTATION OF NEW DIAGNOSIS OF INITIAL OR RECURRENT EPISODE OF MAJOR DEPRESSIVE DISORDER (MDD)1</td>
<td>No Auth Needed</td>
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<tr>
<td>3095F</td>
<td>CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) RESULTS DOCUMENTED (OP)5</td>
<td>No Auth Needed</td>
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<tr>
<td>3096F</td>
<td>CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) ORDERED (OP)5</td>
<td>No Auth Needed</td>
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<tr>
<td>3100F</td>
<td>CAROTID IMAGING STUDY REPORT INCLUDES DIRECT OR INDIRECT REFERENCE TO MEASUREMENTS OF DISTAL INTERNAL CAROTID</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>3110F</td>
<td>PRESENCE OR ABSENCE OF HEMORRHAGE AND MASS LESION AND ACUTE INFARCTION DOCUMENTED IN FINAL CT OR MRI REPORT (STR)5</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3111F</td>
<td>CT OR MRI OF THE BRAIN PERFORMED WITHIN 24 HOURS OF ARRIVAL TO THE HOSPITAL (STR)5</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3112F</td>
<td>CT OR MRI OF THE BRAIN PERFORMED GREATER THAN 24 HOURS AFTER ARRIVAL TO THE HOSPITAL (STR)5</td>
<td>No Auth Needed</td>
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<tr>
<td>3115F</td>
<td>QUANTITATIVE RESULTS OF AN EVALUATION OF CURRENT LEVEL OF ACTIVITY AND CLINICAL SYMPTOMS (HF)</td>
<td>No Auth Needed</td>
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<tr>
<td>3117F</td>
<td>HEART FAILURE DISEASE SPECIFIC STRUCTURED ASSESSMENT TOOL COMPLETED (HF)</td>
<td>No Auth Needed</td>
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<tr>
<td>3118F</td>
<td>NEW YORK HEART ASSOCIATION (NYHA) CLASS DOCUMENTED (HF)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Patient</td>
<td>Event Description</td>
<td>Auth Required</td>
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<tr>
<td>3119F</td>
<td>NO EVALUATION OF LEVEL OF ACTIVITY OR CLINICAL SYMPTOMS (HF)</td>
<td>No Auth Needed</td>
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<tr>
<td>3120F</td>
<td>12-LEAD ECG PERFORMED (EM)</td>
<td>No Auth Needed</td>
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<tr>
<td>3126F</td>
<td>ESOPH BX RPRT W/DYSPL INFO</td>
<td>No Auth Needed</td>
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<tr>
<td>3130F</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY PERFORMED (GERD)</td>
<td>No Auth Needed</td>
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<tr>
<td>3132F</td>
<td>DOCUMENTATION OF REFERRAL FOR UPPER GASTROINTESTINAL ENDOSCOPY (GERD)</td>
<td>No Auth Needed</td>
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<tr>
<td>3140F</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY REPORT INDICATES SUSPICION OF BARRETT'S ESOPHAGUS (GERD)</td>
<td>No Auth Needed</td>
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<tr>
<td>3141F</td>
<td>UPPER GASTROINTESTINAL ENDOSCOPY REPORT INDICATES NO SUSPICION OF BARRETT'S ESOPHAGUS (GERD)</td>
<td>No Auth Needed</td>
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<tr>
<td>3142F</td>
<td>BARIUM SWALLOW TEST ORDERED (GERD)</td>
<td>No Auth Needed</td>
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<tr>
<td>3150F</td>
<td>FORCEPS ESOPHAGEAL BIOPSY PERFORMED (GERD)</td>
<td>No Auth Needed</td>
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<tr>
<td>3155F</td>
<td>CYTOGENETIC TESTING PERFORMED ON BONE MARROW AT TIME OF DIAGNOSIS OR PRIOR TO INITIATING TREATMENT (HEM)</td>
<td>No Auth Needed</td>
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<tr>
<td>3160F</td>
<td>DOCUMENTATION OF IRON STORES PRIOR TO INITIATING ERYTHROPOIETIN THERAPY (HEM)</td>
<td>No Auth Needed</td>
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<tr>
<td>3170F</td>
<td>FLOW CYTOMETRY STUDIES PERFORMED AT TIME OF DIAGNOSIS OR PRIOR TO INITIATING TREATMENT (HEM)</td>
<td>No Auth Needed</td>
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<tr>
<td>3200F</td>
<td>BARIUM SWALLOW TEST NOT ORDERED (GERD)</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>3210F</td>
<td>GROUP A STREP TEST PERFORMED (PHAR)2</td>
<td>No Auth Needed</td>
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<tr>
<td>3215F</td>
<td>PATIENT HAS DOCUMENTED IMMUNITY TO HEPATITIS A (HEP-C)1</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>3216F</td>
<td>PATIENT HAS DOCUMENTED IMMUNITY TO HEPATITIS B (HEP-C)1</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>3218F</td>
<td>RNA TESTING FOR HEPATITIS C DOCUMENTED AS PERFORMED WITHIN SIX MONTHS PRIOR TO INITIATION OF ANTIVIRAL TREATMENT FOR</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>3220F</td>
<td>HEPATITIS C QUANTITATIVE RNA TESTING DOCUMENTED AS PERFORMED AT 12 WEEKS FROM INITIATION OF ANTIVIRAL TREATMENT</td>
<td>No Auth Needed</td>
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<tr>
<td>3230F</td>
<td>DOCUMENTATION THAT HEARING TEST WAS PERFORMED WITHIN 6 MONTHS PRIOR TO TYMPANOSTOMY TUBE INSERTION (OME)1</td>
<td>No Auth Needed</td>
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<tr>
<td>3250F</td>
<td>SPECIMEN BIOPSY SITE OTHER THAN ANATOMIC LOCATION OF PRIMARY TUMOR (EG, LIVER BIOPSY, LYMPH NODE BIOPSY) (PATH)1</td>
<td>No Auth Needed</td>
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<tr>
<td>3260F</td>
<td>PT CATEGORY (PRIMARY TUMOR), PN CATEGORY (REGIONAL LYMPH NODES), AND HISTOLOGIC GRADE DOCUMENTED IN PATHOLOGY REPORT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>3265F</td>
<td>RIBONUCLEIC ACID (RNA) TESTING FOR HEPATITIS C VIREMIA ORDERED OR RESULTS DOCUMENTED (HEP C)1</td>
<td>No Auth Needed</td>
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<tr>
<td>3266F</td>
<td>HEPATITIS C GENOTYPE TESTING DOCUMENTED AS PERFORMED PRIOR TO INITIATION OF ANTIVIRAL TREATMENT FOR HEPATITIS C (HEP C)1</td>
<td>No Auth Needed</td>
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<tr>
<td>3267F</td>
<td>PATHOLOGY REPORT INCLUDES PT CATEGORY, PN CATEGORY, GLEASON SCORE AND STATEMENT ABOUT MARGIN STATUS (PATH)</td>
<td>No Auth Needed</td>
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<tr>
<td>3268F</td>
<td>PROSTATE-SPECIFIC ANTIGEN (PSA), AND PRIMARY TUMOR (T) STAGE, AND GLEASON SCORE DOCUMENTED PRIOR TO INITIATION OF</td>
<td>No Auth Needed</td>
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<tr>
<td>3269F</td>
<td>BONE SCAN PERFORMED PRIOR TO INITIATION OF TREATMENT OR AT ANY TIME SINCE DIAGNOSIS OF PROSTATE CANCER (PRCA)1</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>3270F</td>
<td>BONE SCAN NOT PERFORMED PRIOR TO INITIATION OF TREATMENT NOR AT ANY TIME SINCE DIAGNOSIS OF PROSTATE CANCER (PRCA)</td>
<td>No Auth Needed</td>
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<tr>
<td>3271F</td>
<td>LOW RISK OF RECURRENCE, PROSTATE CANCER (PRCA)</td>
<td>No Auth Needed</td>
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<tr>
<td>3272F</td>
<td>INTERMEDIATE RISK OF RECURRENCE, PROSTATE CANCER (PRCA)</td>
<td>No Auth Needed</td>
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<tr>
<td>3273F</td>
<td>HIGH RISK OF RECURRENCE, PROSTATE CANCER (PRCA)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>3274F</td>
<td>PROSTATE CANCER RISK OF RECURRENCE NOT DETERMINED OR NEITHER LOW, INTERMEDIATE NOR HIGH (PRCA)</td>
<td>No Auth Needed</td>
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<tr>
<td>3278F</td>
<td>SERUM LEVELS OF CALCIUM, PHOSPHORUS, INTACT PARATHYROID HORMONE (PTH) AND LIPID PROFILE ORDERED (CKD)</td>
<td>No Auth Needed</td>
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<tr>
<td>3279F</td>
<td>HEMOGLOBIN LEVEL GREATER THAN OR EQUAL TO 13 G/DL (CKD, ESRD)</td>
<td>No Auth Needed</td>
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<tr>
<td>3280F</td>
<td>HEMOGLOBIN LEVEL 11 G/DL TO 12.9 G/DL (CKD, ESRD)</td>
<td>No Auth Needed</td>
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<tr>
<td>3281F</td>
<td>HEMOGLOBIN LEVEL LESS THAN 11 G/DL (CKD, ESRD)</td>
<td>No Auth Needed</td>
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<tr>
<td>3284F</td>
<td>INTRAOCULAR PRESSURE (IOP) REDUCED BY A VALUE OF GREATER THAN OR EQUAL TO 15% FROM THE PRE-INTERVENTION LEVEL (EC)</td>
<td>No Auth Needed</td>
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<tr>
<td>3285F</td>
<td>INTRAOCULAR PRESSURE (IOP) REDUCED BY A VALUE LESS THAN 15% FROM THE PRE-INTERVENTION LEVEL (EC)</td>
<td>No Auth Needed</td>
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<tr>
<td>3288F</td>
<td>FALLS RISK ASSESSMENT DOCUMENTED (GER)</td>
<td>No Auth Needed</td>
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<tr>
<td>3290F</td>
<td>PATIENT IS D (RH) NEGATIVE AND UNSENSITIZED (PRENATAL)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>3291F</td>
<td>PATIENT IS D (RH) POSITIVE OR SENSITIZED (PRENATAL)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>3292F</td>
<td>HIV TESTING ORDERED OR DOCUMENTED AND REVIEWED DURING THE FIRST OR SECOND PRENATAL VISIT (PRENATAL)</td>
<td>No Auth Needed</td>
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<tr>
<td>3293F</td>
<td>ABO AND RH BLOOD TYPING DOCUMENTED AS PERFORMED (PRE-CR)</td>
<td>No Auth Needed</td>
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<tr>
<td>3294F</td>
<td>GROUP B STREPTOCOCCUS (GBS) SCREENING DOCUMENTED AS PERFORMED DURING WEEK 35-37 GESTATION (PRE-CR)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>3300F</td>
<td>AMERICAN JOINT COMMITTEE ON CANCER (AJCC) STAGE DOCUMENTED AND REVIEWED (ONC)</td>
<td>No Auth Needed</td>
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<tr>
<td>3301F</td>
<td>CANCER STAGE DOCUMENTED IN MEDICAL RECORD AS METASTATIC AND REVIEWED (ONC)</td>
<td>No Auth Needed</td>
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<tr>
<td>3315F</td>
<td>ESTROGEN RECEPTOR (ER) OR PROGESTERONE RECEPTOR (PR) POSITIVE BREAST CANCER (ONC)</td>
<td>No Auth Needed</td>
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<tr>
<td>3316F</td>
<td>ESTROGEN RECEPTOR (ER) AND PROGESTERONE RECEPTOR (PR) NEGATIVE BREAST CANCER (ONC)</td>
<td>No Auth Needed</td>
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<tr>
<td>3317F</td>
<td>PATHOLOGY REPORT CONFIRMING MALIGNANCY DOCUMENTED IN THE MEDICAL RECORD AND REVIEWED PRIOR TO THE INITIATION OF</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>3318F</td>
<td>PATHOLOGY REPORT CONFIRMING MALIGNANCY DOCUMENTED IN THE MEDICAL RECORD AND REVIEWED PRIOR TO THE INITIATION OF</td>
<td>No Auth Needed</td>
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<tr>
<td>3319F</td>
<td>ONE OF THE FOLLOWING DIAGNOSTIC IMAGING STUDIES ORDERED: (CHEST X-RAY, CT, ULTRASOUND, MRI, PET, OR NUCLEAR MEDICINE)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>3320F</td>
<td>NONE OF THE FOLLOWING DIAGNOSTIC IMAGING STUDIES ORDERED: (CHEST X-RAY, CT, ULTRASOUND, MRI, PET, OR NUCLEAR MEDICINE)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>3321F</td>
<td>AJCC CANCER STAGE 0 OR 1A MELANOMA, DOCUMENTED (ML)</td>
<td>No Auth Needed</td>
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<tr>
<td>3322F</td>
<td>MELANOMA GREATER THAN AJCC STAGE 0 OR IA (ML)5</td>
<td>No Auth Needed</td>
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<tr>
<td>3323F</td>
<td>CLINICAL TUMOR, NODE AND METASTASES (TNM) STAGING DOCUMENTED AND REVIEWED PRIOR TO SURGERY (LUNG/ESOP CX)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>3324F</td>
<td>MRI OR CT SCAN ORDERED, REVIEWED OR REQUESTED (EPI)</td>
<td>No Auth Needed</td>
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<tr>
<td>3325F</td>
<td>PREOPERATIVE ASSESSMENT OF FUNCTIONAL OR MEDICAL INDICATION(S) FOR SURGERY PRIOR TO THE CATARACT SURGERY WITH INTRAOCULAR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3328F</td>
<td>PERFORMANCE STATUS DOCUMENTED AND REVIEWED WITHIN 2 WEEKS PRIOR TO SURGERY(LUNG/ESOP CX)</td>
<td>No Auth Needed</td>
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<tr>
<td>3330F</td>
<td>IMAGING STUDY ORDERED (BKP)2</td>
<td>No Auth Needed</td>
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<tr>
<td>3331F</td>
<td>IMAGING STUDY NOT ORDERED (BKP)2</td>
<td>No Auth Needed</td>
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<tr>
<td>3340F</td>
<td>MAMMOGRAM ASSESSMENT CATEGORY OF INCOMPLETE: NEED ADDITIONAL IMAGING EVALUATION, DOCUMENTED (RAD)5</td>
<td>No Auth Needed</td>
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<tr>
<td>3341F</td>
<td>MAMMOGRAM ASSESSMENT CATEGORY OF NEGATIVE, DOCUMENTED (RAD)5</td>
<td>No Auth Needed</td>
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<tr>
<td>3342F</td>
<td>MAMMOGRAM ASSESSMENT CATEGORY OF BENIGN, DOCUMENTED (RAD)5</td>
<td>No Auth Needed</td>
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<tr>
<td>3343F</td>
<td>MAMMOGRAM ASSESSMENT CATEGORY OF PROBABLY BENIGN, DOCUMENTED (RAD)5</td>
<td>No Auth Needed</td>
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<tr>
<td>3344F</td>
<td>MAMMOGRAM ASSESSMENT CATEGORY OF SUSPICIOUS, DOCUMENTED (RAD)5</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>3345F</td>
<td>MAMMOGRAM ASSESSMENT CATEGORY OF HIGHLY SUGGESTIVE OF MALIGNANCY, DOCUMENTED (RAD)5</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>3350F</td>
<td>MAMMOGRAM ASSESSMENT CATEGORY OF KNOWN BIOPSY PROVEN MALIGNANCY, DOCUMENTED (RAD)</td>
<td>No Auth Needed</td>
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<tr>
<td>3351F</td>
<td>NEGATIVE SCREEN FOR DEPRESSIVE SYMPTOMS AS CATEGORIZED BY USING A STANDARDIZED DEPRESSION SCREENING/ASSESSMENT TOOL</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>3352F</td>
<td>NO SIGNIFICANT DEPRESSIVE SYMPTOMS AS CATEGORIZED BY USING A STANDARDIZED DEPRESSION ASSESSMENT TOOL (MDD)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3353F</td>
<td>MILD TO MODERATE DEPRESSIVE SYMPTOMS AS CATEGORIZED BY USING A STANDARDIZED DEPRESSION SCREENING/ASSESSMENT TOOL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3354F</td>
<td>CLINICALLY SIGNIFICANT DEPRESSIVE SYMPTOMS AS CATEGORIZED BY USING A STANDARDIZED DEPRESSION SCREENING/ASSESSMENT TOOL (MD)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3370F</td>
<td>AJCC BREAST CANCER STAGE 0, DOCUMENTED (ONC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3372F</td>
<td>AJCC BREAST CANCER STAGE I: T1MIC, T1A OR T1B (TUMOR SIZE &lt; 1 CM) DOCUMENTED (ONC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3374F</td>
<td>AJCC BREAST CANCER STAGE I: T1C (TUMOR SIZE &gt; 1 CM TO 2 CM), DOCUMENTED (ONC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3376F</td>
<td>AJCC BREAST CANCER STAGE II, DOCUMENTED (ONC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3378F</td>
<td>AJCC BREAST CANCER STAGE III, DOCUMENTED (ONC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3380F</td>
<td>AJCC BREAST CANCER STAGE IV, DOCUMENTED (ONC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3382F</td>
<td>AJCC COLON CANCER, STAGE 0, DOCUMENTED (ONC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3384F</td>
<td>AJCC COLON CANCER, STAGE I, DOCUMENTED (ONC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Action</td>
<td>Authority Required</td>
<td></td>
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<td>-----------------------------------------------------------------------</td>
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</tr>
<tr>
<td>3386F</td>
<td>AJCC COLON CANCER, STAGE II, DOCUMENTED (ONC)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3388F</td>
<td>AJCC COLON CANCER, STAGE III, DOCUMENTED (ONC)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3390F</td>
<td>AJCC COLON CANCER, STAGE IV, DOCUMENTED (ONC)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3394F</td>
<td>QUANTITATIVE HER2 IMMUNOHISTOCHEMISTRY (IHC) EVALUATION OF BREAST CANCER CONSISTENT WITH THE SCORING SYSTEM DEFINED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3395F</td>
<td>QUANTITATIVE NON-HER2 IMMUNOHISTOCHEMISTRY (IHC) EVALUATION OF BREAST CANCER (EG, TESTING FOR ESTROGEN OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3450F</td>
<td>DYSPNEA SCREENED, NO DYSPNEA OR MILD DYSPNEA (PALL CR)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3451F</td>
<td>DYSPNEA SCREENED, MODERATE OR SEVERE DYSPNEA (PALL CR)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3452F</td>
<td>DYSPNEA NOT SCREENED (PALL CR)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3455F</td>
<td>TB SCREENING PERFORMED AND RESULTS INTERPRETED WITHIN SIX MONTHS PRIOR TO INITIATION OF FIRST-TIME BIOLOGIC DISEASE MODIFYING ANTI</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3470F</td>
<td>RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY, LOW (RA)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3471F</td>
<td>RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY, MODERATE (RA)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3472F</td>
<td>RHEUMATOID ARTHRITIS (RA) DISEASE ACTIVITY, HIGH (RA)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3475F</td>
<td>DISEASE PROGNOSIS FOR RHEUMATOID ARTHRITIS ASSESSED, POOR PROGNOSIS DOCUMENTED (RA)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DISEASE PROGNOSIS FOR RHEUMATOID ARTHRITIS ASSESSED, GOOD PROGNOSIS DOCUMENTED (RA)</td>
<td>No Auth Needed</td>
<td></td>
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</tr>
<tr>
<td>3490F</td>
<td>HISTORY OF AIDS-DEFINING CONDITION (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3491F</td>
<td>HIV INDETERMINATE (INFANTS OF UNDETERMINED HIV STATUS BORN OF HIV-INFECTED MOTHERS) (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3492F</td>
<td>HISTORY OF NADIR CD4+ CELL COUNT &lt;350 CELLS/MM3 (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3493F</td>
<td>NO HISTORY OF NADIR CD4+ CELL COUNT &lt;350 CELLS/MM3 AND NO HISTORY OF AIDS-DEFINING CONDITION (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3494F</td>
<td>CD4+ CELL COUNT &lt;200 CELLS/MM3 (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3495F</td>
<td>CD4+ CELL COUNT 200 - 499 CELLS/MM3 (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3496F</td>
<td>CD4+ CELL COUNT &gt;=500 CELLS/MM3 (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3497F</td>
<td>CD4+ CELL PERCENTAGE &lt;15% (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3498F</td>
<td>CD4+ CELL PERCENTAGE &gt;=15% (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3500F</td>
<td>CD4+ CELL COUNT OR CD4+ CELL PERCENTAGE DOCUMENTED AS PERFORMED (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3502F</td>
<td>HIV RNA VIRAL LOAD BELOW LIMITS OF QUANTIFICATION (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3503F</td>
<td>HIV RNA VIRAL LOAD NOT BELOW LIMITS OF QUANTIFICATION (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Documentation</td>
<td>Authentication Needed</td>
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</tr>
<tr>
<td>3510F</td>
<td>Documentation that tuberculosis (TB) screening test performed and results interpreted (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3511F</td>
<td>Chlamydia and gonorrhea screenings documented as performed (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3512F</td>
<td>Syphilis screening documented as performed (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3513F</td>
<td>Hepatitis B screening documented as performed (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3514F</td>
<td>Hepatitis C screening documented as performed (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3515F</td>
<td>Patient has documented immunity to hepatitis C (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3517F</td>
<td>Hepatitis B virus (HBV) status assessed and results interpreted within 1 year prior to receiving first course of anti-TNF (tumor)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3520F</td>
<td>Clostridium difficile testing performed (IBD)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3550F</td>
<td>Low risk for thromboembolism (AFIB)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3551F</td>
<td>Intermediate risk for thromboembolism (AFIB)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3552F</td>
<td>High risk for thromboembolism (AFIB)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3555F</td>
<td>Patient had international normalized ratio (INR) measurement performed (AFIB)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3570F</td>
<td>Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, X-ray, MRI, CT)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>3572F</td>
<td>PATIENT CONSIDERED TO BE POTENTIALLY AT RISK FOR FRACTURE IN A WEIGHT-BEARING SITE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3573F</td>
<td>PATIENT NOT CONSIDERED TO BE POTENTIALLY AT RISK FOR FRACTURE IN A WEIGHT-BEARING SITE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3650F</td>
<td>ELECTROENCEPHALOGRAM (EEG) ORDERED, REVIEWED OR REQUESTED (EPI)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3700F</td>
<td>PSYCHIATRIC DISORDERS OR DISTURBANCES ASSESSED (PRKNS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3720F</td>
<td>COGNITIVE IMPAIRMENT OR DYSFUNCTION ASSESSED (PRKNS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3725F</td>
<td>SCREENING FOR DEPRESSION PERFORMED (DEM)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3750F</td>
<td>PATIENT NOT RECEIVING DOSE OF CORTICOSTEROIDS GREATER THAN OR EQUAL TO 10MG/DAY FOR 60 OR GREATER CONSECUTIVE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3751F</td>
<td>ELECTRODIAG POLYNEURO 6 MN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3752F</td>
<td>NO ELECTRODIAG POLYNEURO 6MN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3753F</td>
<td>PT HAS SYMP&amp;SIGNS NEUROPATHY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3754F</td>
<td>SCREENING TESTS DM DONE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3755F</td>
<td>COG&amp;BEHAV IMPRMT SCRNG DONE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3756F</td>
<td>PT W/PSEUDOBULB AFFECT/ALS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Patient ID</td>
<td>Diagnosis/Procedure</td>
<td>Authorization Required</td>
<td></td>
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</tr>
<tr>
<td>3757F</td>
<td>PT W/O PSEUDOBULBAFFECT/ALS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3758F</td>
<td>PT REF PULM FX TEST/PEAKFLOW</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3759F</td>
<td>PT SCRN DYSPHAG/WT LOSS/NUTR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3760F</td>
<td>PT W/DYSPHAG/WT LOSS/NUTR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3761F</td>
<td>PT WO/DYSPHAG/WT LOSS/IMPAIR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3762F</td>
<td>PATIENT IS DYSARTHRIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3763F</td>
<td>PATIENT IS NOT DYSARTHRIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3775F</td>
<td>ADENOMA(S) OR OTHER NEOPLASM D</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>3776F</td>
<td>ADENOMA(S) OR OTHER NEOPLASM N</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4000F</td>
<td>TOBACCO USE CESSATION INTERVENTION, COUNSELING (COPD, CAP, CAD)1 (PV)2</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4001F</td>
<td>TOBACCO USE CESSATION INTERVENTION, PHARMACOLOGIC THERAPY (COPD, CAD, CAP)1 (PV)2</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4003F</td>
<td>PATIENT EDUCATION, WRITTEN/ORAL, APPROPRIATE FOR PATIENTS WITH HEART FAILURE, PERFORMED (HF)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4004F</td>
<td>PATIENT SCREENED FOR TOBACCO USE AND RECEIVED TOBACCO CESSATION COUNSELING, IF IDENTIFIED AS A TOBACCO USER (PV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
<td></td>
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</tr>
<tr>
<td>4005F</td>
<td>PHARMACOLOGIC THERAPY (OTHER THAN MINERALS/VITAMINS) FOR OSTEOPOROSIS PRESCRIBED (OP)5</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4008F</td>
<td>BETA BLOCKER THERAPY PRESCRIBED OR CURRENTLY BEING TAKEN (CAD, HF)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4010F</td>
<td>ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PRESCRIBED OR CURRENTLY BEING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4011F</td>
<td>ORAL ANTIPLATELET THERAPY PRESCRIBED (EG, ASPIRIN, CLOPIDOGREL/PLAVIX, OR COMBINATION OF ASPIRIN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AND)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4012F</td>
<td>WARFARIN THERAPY PRESCRIBED (CHF)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4013F</td>
<td>STATIN THERAPY PRESCRIBED OR CURRENTLY BEING TAKEN (CAD)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4014F</td>
<td>WRITTEN DISCHARGE INSTRUCTIONS PROVIDED TO HEART FAILURE PATIENTS DISCHARGED HOME. (INSTRUCTIONS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>INCLUDE ALL OF THE FOLLOW</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4015F</td>
<td>PERSISTENT ASTHMA, PREFERRED LONG TERM CONTROL MEDICATION OR AN ACCEPTABLE ALTERNATIVE TREATMENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PRESCRIBED</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4016F</td>
<td>ANTI-INFLAMMATORY/ANALGESIC AGENT PRESCRIBED (OA)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4017F</td>
<td>GASTROINTESTINAL PROPHYLAXIS FOR NSAID USE PRESCRIBED (OA)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4018F</td>
<td>THERAPEUTIC EXERCISE FOR THE INVOLVED JOINT(S) INSTRUCTED OR PHYSICAL OR OCCUPATIONAL THERAPY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PRESCRIBED (OA)1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4019F</td>
<td>DOCUMENTATION OF RECEIPT OF COUNSELING ON EXERCISE AND EITHER BOTH CALCIUM AND VITAMIN D USE OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>COUNSELING REGARDING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4025F</td>
<td>INHALED BRONCHODILATOR RX</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Needed</td>
<td></td>
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<tr>
<td>4030F</td>
<td>OXYGEN THERAPY RX</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4033F</td>
<td>PULMONARY REHAB REC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4035F</td>
<td>INFLUENZA IMM REC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4037F</td>
<td>INFLUENZA IMM ORDER/ADMIN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4040F</td>
<td>PNEUMOC VAC/ADMIN/RCVD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4041F</td>
<td>DOCUMENTATION OF ORDER FOR CEFAZOLIN OR CEFUROXIME FOR ANTIMICROBIAL PROPHYLAXIS (PERI 2)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4042F</td>
<td>DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTICS WERE NEITHER GIVEN WITHIN 4 HOURS PRIOR TO SURGICAL INCISION NOR GIVEN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4043F</td>
<td>DOCUMENTATION THAT AN ORDER WAS GIVEN TO DISCONTINUE PROPHYLACTIC ANTIBIOTICS WITHIN 48 HOURS OF SURGICAL END TIME,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4044F</td>
<td>DOCUMENTATION THAT AN ORDER WAS GIVEN FOR VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS TO BE GIVEN WITHIN 24 HRS PRIOR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4045F</td>
<td>EMPIRIC ANTIBIOTIC RX</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4046F</td>
<td>DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTICS WERE GIVEN WITHIN 4 HOURS PRIOR TO SURGICAL INCISION OR GIVEN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4047F</td>
<td>DOCUMENTATION OF ORDER FOR PROPHYLACTIC ANTIBIOTICS TO BE GIVEN WITHIN ONE HOUR (IF FLUOROQUINOLONE OR VANCOMYCIN, TWO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4048F</td>
<td>DOCUMENTATION THAT PROPHYLACTIC ANTIBIOTIC WAS GIVEN WITHIN ONE HOUR (IF FLUOROQUINOLONE OR VANCOMYCIN, TWO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Documentation</td>
<td>Authorization Needed</td>
<td></td>
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</tr>
<tr>
<td>4049F</td>
<td>DOCUMENTATION THAT ORDER WAS GIVEN TO DISCONTINUE PROPHYLACTIC ANTIBIOTICS WITHIN 24 HOURS OF SURGICAL END TIME,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4050F</td>
<td>HT CARE PLAN DOC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4051F</td>
<td>REFERRED FOR AN ARTERIO-VENOUS (AV) FISTULA (ESRD, CKD)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4052F</td>
<td>HEMODIALYSIS VIA FUNCTIONING ARTERIO-VENOUS (AV) FISTULA (ESRD)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4053F</td>
<td>HEMODIALYSIS VIA FUNCTIONING ARTERIO-VENOUS (AV) GRAFT (ESRD)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4054F</td>
<td>HEMODIALYSIS VIA CATHETER (ESRD)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4055F</td>
<td>PATIENT RECEIVING PERITONEAL DIALYSIS (ESRD)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4056F</td>
<td>APPROPRIATE ORAL REHYDRATION SOLUTION RECOMMENDED (PAG)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4058F</td>
<td>PEDIATRIC GASTROENTERITIS EDUCATION PROVIDED TO CAREGIVER (PAG)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4060F</td>
<td>PSYCHOTHERAPY SERVICES PROVIDED (MDD)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4062F</td>
<td>PATIENT REFERRAL FOR PSYCHOTHERAPY DOCUMENTED (MDD)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4063F</td>
<td>ANTIDEPRESSANT PHARMACOTHERAPY CONSIDERED AND NOT PRESCRIBED (MDD ADOL)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>4064F</td>
<td>ANTIDEPRESSANT PHARMACOTHERAPY PRESCRIBED (MDD)1</td>
<td>No Auth Needed</td>
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<td></td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>4065F</td>
<td>ANTIPSYCHOTIC PHARMACOTHERAPY PRESCRIBED (MDD)1</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>4066F</td>
<td>ELECTROCONVULSIVE THERAPY (ECT) PROVIDED (MDD)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4067F</td>
<td>PATIENT REFERRAL FOR ELECTROCONVULSIVE THERAPY (ECT) DOCUMENTED (MDD)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4069F</td>
<td>VENOUS THROMBOEMBOLISM (VTE) PROPHYLAXIS RECEIVED (IBD)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4070F</td>
<td>DEEP VEIN THROMBOSIS (DVT) PROPHYLAXIS RECEIVED BY END OF HOSPITAL DAY 2 (STR)5</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4073F</td>
<td>ORAL ANTIPLATELET THERAPY PRESCRIBED AT DISCHARGE (STR)5</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4075F</td>
<td>ANTICOAGULANT THERAPY PRESCRIBED AT DISCHARGE (STR)5</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4077F</td>
<td>DOCUMENTATION THAT TISSUE PLASMINOGEN ACTIVATOR (T-PA) ADMINISTRATION WAS CONSIDERED (STR)5</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4079F</td>
<td>DOCUMENTATION THAT REHABILITATION SERVICES WERE CONSIDERED (STR)5</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4084F</td>
<td>ASPIRIN RECEIVED WITHIN 24 HOURS BEFORE EMERGENCY DEPARTMENT ARRIVAL OR DURING EMERGENCY DEPARTMENT STAY (EM)5</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4086F</td>
<td>ASPIRIN OR CLOPIDOGREL PRESCRIBED (CAD)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4090F</td>
<td>PATIENT RECEIVING ERYTHROPOIETIN THERAPY (HEM)1</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>4095F</td>
<td>PATIENT NOT RECEIVING ERYTHROPOIETIN THERAPY (HEM)1</td>
<td>No Auth Needed</td>
<td></td>
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<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>4100F</td>
<td>BISPHOSPHONATE THERAPY, INTRAVENOUS, ORDERED OR RECEIVED (HEM)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4110F</td>
<td>INTERNAL MAMMARY ARTERY GRAFT PERFORMED FOR PRIMARY, ISOLATED CORONARY ARTERY BYPASS GRAFT PROCEDURE (CABG)6</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4115F</td>
<td>BETA BLOCKER ADMINISTERED WITHIN 24 HOURS PRIOR TO SURGICAL INCISION (CABG)6</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4120F</td>
<td>ANTIBIOTIC PRESCRIBED OR DISPENSED (URI, PHAR, A-BRONCH)2</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4124F</td>
<td>ANTIBIOTIC NEITHER PRESCRIBED NOR DISPENSED (URI, PHAR, A-BRONCH)2</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4130F</td>
<td>TOPICAL PREPARATIONS (INCLUDING OTC) PRESCRIBED FOR ACUTE OTITIS EXTERNA (AOE)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4131F</td>
<td>SYSTEMIC ANTIMICROBIAL THERAPY PRESCRIBED (AOE)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4132F</td>
<td>SYSTEMIC ANTIMICROBIAL THERAPY NOT PRESCRIBED (AOE)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4133F</td>
<td>ANTIHISTAMINES OR DECONGESTANTS PRESCRIBED OR RECOMMENDED (OME)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4134F</td>
<td>ANTIHISTAMINES OR DECONGESTANTS NEITHER PRESCRIBED NOR RECOMMENDED (OME)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4135F</td>
<td>SYSTEMIC CORTICOSTEROIDS PRESCRIBED (OME)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4136F</td>
<td>SYSTEMIC CORTICOSTEROIDS NOT PRESCRIBED (OME)1</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>4140F</td>
<td>INHALED CORTICOSTEROIDS PRESCRIBED (ASTHMA)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>4142F</td>
<td>CORTICOSTEROID SPARING THERAPY PRESCRIBED (IBD)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4144F</td>
<td>ALTERNATIVE LONG-TERM CONTROL MEDICATION PRESCRIBED (ASTHMA)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4145F</td>
<td>TWO OR MORE ANTI-HYPERTENSIVE AGENTS PRESCRIBED OR CURRENTLY BEING TAKEN (CAD, HTN)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4148F</td>
<td>HEPATITIS A VACCINE INJECTION ADMINISTERED OR PREVIOUSLY RECEIVED (HEP-C)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4149F</td>
<td>HEPATITIS B VACCINE INJECTION ADMINISTERED OR PREVIOUSLY RECEIVED (HEP-C)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4150F</td>
<td>PATIENT RECEIVING ANTIVIRAL TREATMENT FOR HEPATITIS C (HEP-C)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4151F</td>
<td>PATIENT NOT RECEIVING ANTIVIRAL TREATMENT FOR HEPATITIS C (HEP-C)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4153F</td>
<td>COMBINATION PEGINTERFERON AND RIBAVIRIN THERAPY PRESCRIBED (HEP-C)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4155F</td>
<td>HEPATITIS A VACCINE SERIES PREVIOUSLY RECEIVED (HEP-C)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4157F</td>
<td>HEPATITIS B VACCINE SERIES PREVIOUSLY RECEIVED (HEP-C)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4158F</td>
<td>PATIENT EDUCATION REGARDING RISK OF ALCOHOL CONSUMPTION PERFORMED (HEP-C)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4159F</td>
<td>COUNSELING REGARDING CONTRACEPTION RECEIVED PRIOR TO INITIATION OF ANTIVIRAL TREATMENT (HEP-C)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4163F</td>
<td>PATIENT COUNSELING AT A MINIMUM ON ALL OF THE FOLLOWING TREATMENT OPTIONS FOR CLINICALLY LOCALIZED PROSTATE CANCER: ACTIVE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>4164F</td>
<td>ADJUVANT (IE, IN COMBINATION WITH EXTERNAL BEAM RADIOTHERAPY TO THE PROSTATE FOR PROSTATE CANCER) HORMONAL THERAPY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4165F</td>
<td>THREE-DIMENSIONAL CONFORMAL RADIOTHERAPY (3D-CRT) OR INTENSITY MODULATED RADIATION THERAPY (IMRT) RECEIVED (PRCA)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4167F</td>
<td>HEAD OF BED ELEVATION (30-45 DEGREES) ON FIRST VENTILATOR DAY ORDERED (CRIT)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4168F</td>
<td>PATIENT RECEIVING CARE IN THE INTENSIVE CARE UNIT (ICU) AND RECEIVING MECHANICAL VENTILATION, 24 HOURS OR LESS (CRIT)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4169F</td>
<td>PATIENT EITHER NOT RECEIVING CARE IN THE INTENSIVE CARE UNIT (ICU) OR NOT RECEIVING MECHANICAL VENTILATION OR RECEIVING ME</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4171F</td>
<td>PATIENT RECEIVING ERYTHROPOIESIS-STIMULATING AGENTS (ESA) THERAPY (CKD)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4172F</td>
<td>PATIENT NOT RECEIVING ERYTHROPOIESIS-STIMULATING AGENTS (ESA) THERAPY (CKD)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4174F</td>
<td>COUNSELING ABOUT THE POTENTIAL IMPACT OF GLAUCOMA ON VISUAL FUNCTIONING AND QUALITY OF LIFE, AND IMPORTANCE OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4175F</td>
<td>BEST-CORRECTED VISUAL ACUITY OF 20/40 OR BETTER (DISTANCE OR NEAR) ACHIEVED WITHIN THE 90 DAYS FOLLOWING CATARACT SURGERY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4176F</td>
<td>COUNSELING ABOUT VALUE OF PROTECTION FROM UV LIGHT AND LACK OF PROVEN EFFICACY OF NUTRITIONAL SUPPLEMENTS IN PREVENTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4177F</td>
<td>COUNSELING ABOUT THE BENEFITS AND/OR RISKS OF THE AGE-RELATED EYE DISEASE STUDY (AREDS) FORMULATION FOR PREVENTING PROGRES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4178F</td>
<td>ANTI-D IMMUNE GLOBULIN RECEIVED BETWEEN 26 AND 30 WEEKS GESTATION (PRENATAL)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4179F</td>
<td>TAMOXIFEN OR AROMATASE INHIBITOR (AI) PRESCRIBED (ONC)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>4180F</td>
<td>ADJUVANT CHEMOTHERAPY PRESCRIBED OR PREVIOUSLY RECEIVED FOR STAGE IIIA THROUGH STAGE IIIC COLON CANCER (ONC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4181F</td>
<td>CONFORMAL RADIATION THERAPY RECEIVED (ONC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4182F</td>
<td>CONFORMAL RADIATION THERAPY NOT RECEIVED (ONC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4185F</td>
<td>CONTINUOUS (12-MONTHS) THERAPY WITH PROTON PUMP INHIBITOR (PPI) OR HISTAMINE H2 RECEPTOR ANTAGONIST (H2RA) RECEIVED (GERD)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4186F</td>
<td>NO CONTINUOUS (12-MONTHS) THERAPY WITH EITHER PROTON PUMP INHIBITOR (PPI) OR HISTAMINE H2 RECEPTOR ANTAGONIST (H2RA)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4187F</td>
<td>DISEASE MODIFYING ANTI-RHEUMATIC DRUG THERAPY PRESCRIBED OR DISPENSED (RA)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4188F</td>
<td>APPROPRIATE ANGIOTENSIN CONVERTING ENZYME (ACE)/ANGIOTENSIN RECEPTOR BLOCKERS (ARB) THERAPEUTIC MONITORING TEST</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4189F</td>
<td>APPROPRIATE DIGOXIN THERAPEUTIC MONITORING TEST ORDERED OR PERFORMED (AM)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4190F</td>
<td>APPROPRIATE DIURETIC THERAPEUTIC MONITORING TEST ORDERED OR PERFORMED (AM)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4191F</td>
<td>APPROPRIATE ANTICONVULSANT THERAPEUTIC MONITORING TEST ORDERED OR PERFORMED (AM)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4192F</td>
<td>PATIENT NOT RECEIVING GLUCOCORTICOID THERAPY (RA)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4193F</td>
<td>PATIENT RECEIVING &lt;10 MG DAILY PREDNISONE (OR EQUIVALENT), OR RA ACTIVITY IS WORSENING, OR GLUCOCORTICOID USE IS FOR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4194F</td>
<td>PATIENT RECEIVING &gt;= 10 MG DAILY PREDNISONE (OR EQUIVALENT) FOR LONGER THAN 6 MONTHS, AND IMPROVEMENT OR NO CHANGE IN DISEASE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>4195F</td>
<td>PATIENT RECEIVING FIRST-TIME BIOLOGIC DISEASE MODIFYING ANTI-RHEUMATIC DRUG THERAPY FOR RHEUMATOID ARTHRITIS (RA)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4196F</td>
<td>PATIENT NOT RECEIVING FIRST-TIME BIOLOGIC DISEASE MODIFYING ANTI-RHEUMATIC DRUG THERAPY FOR RHEUMATOID ARTHRITIS (RA)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4200F</td>
<td>EXTERNAL BEAM RADIOTHERAPY TO PROSTATE ONLY (PRCA)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4201F</td>
<td>EXTERNAL BEAM RADIOTHERAPY FOR PROSTATE CANCER TO REGION(S) OTHER THAN PROSTATE ONLY (PRCA)1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4210F</td>
<td>ANGIOTENSIN CONVERTING ENZYME (ACE) OR ANGIOTENSIN RECEPTOR BLOCKERS (ARB) MEDICATION THERAPY FOR 6 MONTHS OR MORE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4220F</td>
<td>DIGOXIN MEDICATION THERAPY FOR 6 MONTHS OR MORE (MM)2</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4221F</td>
<td>DIURETIC MEDICATION THERAPY FOR 6 MONTHS OR MORE (MM)2</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>4230F</td>
<td>ANTICONVULSANT MEDICATION THERAPY FOR 6 MONTHS OR MORE (MM)2</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4240F</td>
<td>INSTRUCTION IN THERAPEUTIC EXERCISE WITH FOLLOW-UP BY THE PHYSICIAN PROVIDED TO PATIENTS DURING EPISODE OF BACK PAIN LASTING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4242F</td>
<td>COUNSELING FOR SUPERVISED EXERCISE PROGRAM PROVIDED TO PATIENTS DURING EPISODE OF BACK PAIN LASTING LONGER THAN 12 WEEKS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4245F</td>
<td>PATIENT COUNSELED DURING THE INITIAL VISIT TO MAINTAIN OR RESUME NORMAL ACTIVITIES (BKP)2</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4248F</td>
<td>PATIENT COUNSELED DURING THE INITIAL VISIT FOR AN EPISODE OF BACK PAIN AGAINST BED REST LASTING 4 DAYS OR LONGER (BKP)2</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4250F</td>
<td>ACTIVE WARMING USED INTRAOPERATIVELY FOR THE PURPOSE OF MAINTAINING NORMOTHERMIA, OR AT LEAST ONE BODY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorisation Required</td>
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<tr>
<td>4255F</td>
<td>DURATION OF GENERAL OR NEURAXIAL ANESTHESIA 60 MINUTES OR LONGER, AS DOCUMENTED IN THE ANESTHESIA RECORD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4256F</td>
<td>DURATION OF GENERAL OR NEURAXIAL ANESTHESIA LESS THAN 60 MINUTES, AS DOCUMENTED IN THE ANESTHESIA RECORD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4260F</td>
<td>WOUND SURFACE CULTURE TECHNIQUE USED (CWC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4261F</td>
<td>TECHNIQUE OTHER THAN SURFACE CULTURE OF THE WOUND EXUDATE USED (EG, LEVINE/DEEP SWAB TECHNIQUE, SEMI-QUANTITATIVE OR)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4265F</td>
<td>USE OF WET TO DRY DRESSINGS PRESCRIBED OR RECOMMENDED (CWC)</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>4266F</td>
<td>USE OF WET TO DRY DRESSINGS NEITHER PRESCRIBED NOR RECOMMENDED (CWC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4267F</td>
<td>COMPRESSION THERAPY PRESCRIBED (CWC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4268F</td>
<td>PATIENT EDUCATION REGARDING THE NEED FOR LONG TERM COMPRESSION THERAPY INCLUDING INTERVAL REPLACEMENT OF COMPRESSION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4269F</td>
<td>APPROPRIATE METHOD OF OFFLOADING (PRESSURE RELIEF) PRESCRIBED (CWC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4270F</td>
<td>PATIENT RECEIVING POTENT ANTIRETROVIRAL THERAPY FOR 6 MONTHS OR LONGER (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4271F</td>
<td>PATIENT RECEIVING POTENT ANTIRETROVIRAL THERAPY FOR LESS THAN 6 MONTHS OR NOT RECEIVING POTENT ANTIRETROVIRAL THERAPY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4274F</td>
<td>INFLUENZA IMMUNIZATION ADMINISTERED OR PREVIOUSLY RECEIVED (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4279F</td>
<td>PNEUMOCYSTIS JIROVECI PNEUMONIA PROPHYLAXIS PRESCRIBED (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Instance</td>
<td>Event Description</td>
<td>Auth Required</td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>4280F</td>
<td>Pneumocystis Jiroveci Pneumonia Prophylaxis prescribed within 3 months of low CD4+ cell count or percentage (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4290F</td>
<td>Patient screened for injection drug use (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4293F</td>
<td>Patient screened for high-risk sexual behavior (HIV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4300F</td>
<td>Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4301F</td>
<td>Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (AFIB)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4305F</td>
<td>Patient education regarding appropriate foot care and daily inspection of the feet, received (CWC)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4306F</td>
<td>Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (SUD)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4320F</td>
<td>Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (SUD)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4322F</td>
<td>Caregiver provided with education and referred to additional resources for support (DEM)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4324F</td>
<td>Patient (or caregiver) queried about Parkinson's disease medication related motor complications (PRKNS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4325F</td>
<td>Medical and surgical treatment options reviewed with patient (or caregiver) (PRKNS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4326F</td>
<td>Patient (or caregiver) queried about symptoms of autonomic dysfunction (PRKNS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4328F</td>
<td>Patient (or caregiver) queried about sleep disturbances (PRKNS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
<td></td>
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</tr>
<tr>
<td>4330F</td>
<td>COUNSELING ABOUT EPILEPSY SPECIFIC SAFETY ISSUES PROVIDED TO PATIENT (OR CAREGIVER (S)) (EPI)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4340F</td>
<td>COUNSELING FOR WOMEN OF CHILDBEARING POTENTIAL WITH EPILEPSY (EPI)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4350F</td>
<td>COUNSELING PROVIDED ON SYMPTOM MANAGEMENT, END OF LIFE DECISION, AND PALLIATION (DEM)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4400F</td>
<td>REHABILITATIVE THERAPY OPTIONS DISCUSSED WITH PATIENT (OR CAREGIVER) (PRKNS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4450F</td>
<td>SELF-CARE EDUCATION PROVIDED TO PATIENT (HF)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4470F</td>
<td>IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR (ICD) COUNSELING PROVIDED (HF)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4480F</td>
<td>PATIENT RECEIVING ACE INHIBITOR/ARB THERAPY AND BETA-BLOCKER THERAPY FOR 3 MONTHS OR LONGER (HF)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4481F</td>
<td>PATIENT RECEIVING ACE INHIBITOR/ARB THERAPY AND BETA-BLOCKER THERAPY FOR LESS THAN 3 MONTHS (HF)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4500F</td>
<td>REFERRED TO AN OUTPATIENT CARDIAC REHABILITATION PROGRAM (CAD)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4510F</td>
<td>PREVIOUS CARDIAC REHABILITATION FOR QUALIFYING CARDIAC EVENT COMPLETED (CAD)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4525F</td>
<td>NEUROPSYCHIATRIC INTERVENTION ORDERED (DEM)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4526F</td>
<td>NEUROPSYCHIATRIC INTERVENTION RECEIVED (DEM)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4540F</td>
<td>DISEASE MODIF PHARMACOTHXPY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
<td>Authorization Required</td>
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<td></td>
</tr>
<tr>
<td>4541F</td>
<td>PT OFFERED TX FOR PSEUDOBULB</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4550F</td>
<td>NONINVAS RESP SUPPORT TALK</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4551F</td>
<td>NUTRITIONAL SUPPORT OFFERED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4552F</td>
<td>PT REF FOR SPEECH LANG PATH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4553F</td>
<td>PT ASST RE END LIFE ISSUES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4554F</td>
<td>PT RECVD INHAL ANESTHETIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4555F</td>
<td>PT RECVD NO INHAL ANESTHIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4556F</td>
<td>PT W/3+ POST-OP NAUSEA&amp;VOM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4557F</td>
<td>PT W/O 3+ POST-OPNAUSEA&amp;VOM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4558F</td>
<td>PT RECVD 2 RX ANTI-EMET AGT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4559F</td>
<td>1 BODYTEMP &gt;=35.5CW/IN 30MIN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4560F</td>
<td>ANESTH W/O GEN/NEURAX ANESTH</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4561F</td>
<td>PT W/ CORONARY ARTERY STENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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</tr>
<tr>
<td>4562F</td>
<td>PT W/O CORONARY ARTERY STENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>4563F</td>
<td>PT RECVD ASPIRIN W/IN 24 HRS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>5005F</td>
<td>PATIENT COUNSELED ON SELF-EXAMINATION FOR NEW OR CHANGING MOLES (ML)5</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>5010F</td>
<td>FINDINGS OF DILATED MACULAR OR FUNDUS EXAM COMMUNICATED TO THE PHYSICIAN MANAGING THE DIABETES CARE (EC)5</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>5015F</td>
<td>DOCUMENTATION OF COMMUNICATION THAT A FRACTURE OCCURRED AND THAT THE PATIENT WAS OR SHOULD BE TESTED OR TREATED FOR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>5020F</td>
<td>TREATMENT SUMMARY REPORT COMMUNICATED TO PHYSICIAN(S) MANAGING CONTINUING CARE WITHIN ONE MONTH OF COMPLETING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>5050F</td>
<td>TREATMENT PLAN COMMUNICATED TO PROVIDER(S) MANAGING CONTINUING CARE WITHIN ONE MONTH OF DIAGNOSIS (ML)5</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>5060F</td>
<td>FINDINGS FROM DIAGNOSTIC MAMMOGRAM COMMUNICATED TO PRACTICE MANAGING PATIENT'S ON-GOING CARE WITHIN 3 BUSINESS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>5062F</td>
<td>FINDINGS FROM DIAGNOSTIC MAMMOGRAM COMMUNICATED TO THE PATIENT WITHIN 5 DAYS OF EXAM INTERPRETATION (RAD)5</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>5100F</td>
<td>RSK FX REF W/N 24 HRS X-RAY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>5200F</td>
<td>CONSIDERATION OF REFERRAL FOR A NEUROLOGICAL EVALUATION OF APPROPRIATENESS FOR SURGICAL THERAPY FOR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>5250F</td>
<td>ASTHMA DISCHARGE PLAN PRESENT (ASTHMA)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>6005F</td>
<td>CARE LEVEL RATIONALE DOC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
<td></td>
</tr>
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<td></td>
</tr>
<tr>
<td>6010F</td>
<td>DYSPHAGIA SCREENING CONDUCTED PRIOR TO ORDER FOR OR RECEIPT OF ANY FOODS, FLUIDS OR MEDICATION BY MOUTH (STR)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>6015F</td>
<td>PATIENT RECEIVING OR ELIGIBLE TO RECEIVE FOODS, FLUIDS OR MEDICATION BY MOUTH (STR)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>6020F</td>
<td>NPO (NOTHING BY MOUTH) ORDERED (STR)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>6030F</td>
<td>ALL ELEMENTS OF MAXIMAL STERILE BARRIER TECHNIQUE, HAND HYGIENE, SKIN PREPARATION AND, IF ULTRASOUND IS USED, STERILE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>6040F</td>
<td>USE OF APPROPRIATE RADIATION DOSE REDUCTION DEVICES OR MANUAL TECHNIQUES FOR APPROPRIATE MODERATION OF EXPOSURE,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>6045F</td>
<td>RADIATION EXPOSURE OR EXPOSURE TIME IN FINAL REPORT FOR PROCEDURE USING FLUOROSCOPY, DOCUMENTED (RAD)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>6070F</td>
<td>PATIENT QUERIED AND COUNSELED ABOUT ANTI-EPILEPTIC DRUG (AED) SIDE-EFFECTS (EPI)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>6080F</td>
<td>PATIENT (OR CAREGIVER) QUERIED ABOUT FALLS (PRKNS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>6090F</td>
<td>PATIENT (OR CAREGIVER) COUNSELED ABOUT SAFETY ISSUES APPROPRIATE TO PATIENT'S STAGE OF DISEASE (PRKNS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>6100F</td>
<td>TIMEOUT TO VERIFY CORRECT PATIENT, CORRECT SITE, AND CORRECT PROCEDURE, DOCUMENTED (PATH)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>6101F</td>
<td>SAFETY COUNSELING FOR DEMENTIA PROVIDED (DEM)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>6102F</td>
<td>SAFETY COUNSELING FOR DEMENTIA ORDERED (DEM)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>6110F</td>
<td>COUNSELING PROVIDED REGARDING RISKS OF DRIVING AND THE ALTERNATIVES TO DRIVING (DEM)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
<td></td>
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</tr>
<tr>
<td>6150F</td>
<td>PATIENT NOT RECEIVING A FIRST COURSE OF ANTI-TNF (TUMOR NECROSIS FACTOR) THERAPY (IBD)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>7010F</td>
<td>PATIENT INFORMATION ENTERED INTO A RECALL SYSTEM WITH THE TARGET DATE FOR THE NEXT EXAM SPECIFIED (ML)5</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>7020F</td>
<td>MAMMOGRAM ASSESSMENT CATEGORY [EG, MAMMOGRAPHY QUALITY STANDARDS ACT (MQSA), BREAST IMAGING REPORTING AND DATA]</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>7025F</td>
<td>PATIENT INFORMATION ENTERED INTO A REMINDER SYSTEM WITH A TARGET DUE DATE FOR THE NEXT MAMMOGRAM (RAD)5</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>9001F</td>
<td>AORTIC ANEURYSM LESS THAN 5.0 CM MAXIMUM DIAMETER ON CENTERLINE FORMATTED CT OR MINOR DIAMETER ON AXIAL FORMATTED CT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>9002F</td>
<td>AORTIC ANEURYSM 5.0 - 5.4 CM MAXIMUM DIAMETER ON CENTERLINE FORMATTED CT OR MINOR DIAMETER ON AXIAL FORMATTED CT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>9003F</td>
<td>AORTIC ANEURYSM 5.5 - 5.9 CM MAXIMUM DIAMETER ON CENTERLINE FORMATTED CT OR MINOR DIAMETER ON AXIAL FORMATTED CT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>9004F</td>
<td>AORTIC ANEURYSM 6.0 CM OR GREATER MAXIMUM DIAMETER ON CENTERLINE FORMATTED CT OR MINOR DIAMETER ON AXIAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>9005F</td>
<td>ASYMPOTOMATIC CAROTID STENOSIS: NO HISTORY OF ANY TRANSIENT ISCHEMIC ATTACK OR STROKE IN ANY CAROTID OR VERTEBROBASILAR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>9006F</td>
<td>SYMPTOMATIC CAROTID STENOSIS: IPSILATERAL CAROTID TERRITORY TIA OR STROKE LESS THAN 120 DAYS PRIOR TO PROCEDURE (NMA-NO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>9007F</td>
<td>OTHER CAROTID STENOSIS: IPSILATERAL TIA OR STROKE 120 DAYS OR GREATER PRIOR TO PROCEDURE OR ANY PRIOR CONTRALATERAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>A0021</td>
<td>AMBULANCE SERVICE, OUTSIDE STATE PER MILE, TRANSPORT (MEDICAID ONLY)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>A0080</td>
<td>NON-EMERGENCY TRANSPORTATION, PER MILE - VEHICLE PROVIDED BY VOLUNTEER (INDIVIDUAL OR ORGANIZATION), WITH NO VESTED INTEREST</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
<td></td>
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</tr>
<tr>
<td>A0090</td>
<td>NON-EMERGENCY TRANSPORTATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>A0100</td>
<td>NON-EMERGENCY TRANSPORTATION; TAXI</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>A0110</td>
<td>NONEMERGENCY TRANSPORTATION AND BUS, INTRA- OR INTERSTATE CARRIER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>A0120</td>
<td>NONEMERGENCY TRANSPORTATION: MINI-BUS, MOUNTAIN AREA TRANSPORTS, OR OTHER TRANSPORTATION SYSTEMS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>A0130</td>
<td>NONEMERGENCY TRANSPORTATION: WHEELCHAIR VAN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>A0140</td>
<td>NONEMERGENCY TRANSPORTATION AND AIR TRAVEL (PRIVATE OR COMMERCIAL), INTRA- OR INTERSTATE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>A0160</td>
<td>NONEMERGENCY TRANSPORTATION: PER MILE - CASEWORKER OR SOCIAL WORKER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>A0170</td>
<td>TRNSPRT ANCILLRY: PARK FEE T</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>A0180</td>
<td>NONEMERGENCY TRANSPORTATION: ANCILLARY: LODGING - RECIPIENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>A0190</td>
<td>NONEMERGENCY TRANSPORTATION: ANCILLARY: MEALS - RECIPIENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>A0200</td>
<td>NONEMERGENCY TRANSPORTATION: ANCILLARY: LODGING - ESCORT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>A0210</td>
<td>NONEMERGENCY TRANSPORTATION: ANCILLARY: MEALS - ESCORT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>A0225</td>
<td>AMBULANCE SERVICE, NEONATAL TRANSPORT, BASE RATE, EMERGENCY TRANSPORT, ONE WAY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>A0302</td>
<td>NON-TRAUMATIC BRAIN INJURY WIT</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>A0304</td>
<td>NON-TRAUMATIC BRAIN INJURY WIT</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>A0360</td>
<td>AMBULANCE SVC, BLS, NON-EMERGE</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>A0364</td>
<td>AMBULANCE SVC, ALS, NON-EMERGE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>A0366</td>
<td>AMBULANCE SVC, ALS, NON-EMERGE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>A0380</td>
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<td>AMBULANCE WAITING TIME (ALS OR BLS), ONE-HALF (1/2) HOUR INCREMENTS</td>
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<td>AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION</td>
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<td>EXTRA AMBULANCE ATTENDANT, GROUND (ALS OR BLS) OR AIR (FIXED OR ROTARY WINGED); (REQUIRES MEDICAL REVIEW)</td>
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<td>A5052</td>
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<td>STOMA PLUG OR SEAL ANY TYPE</td>
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<td>CONTINENT DEVICE; CATHETER F</td>
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<td>SKIN BARRIER; WITH FLANGE (S)</td>
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<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<td>FOOT PRESSURE OFF LOAD/SUPP</td>
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<td>SPIROMETER NONELECTRONC INCL</td>
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<td>SUPPLY OF LOW OR ISO-OSMOLAR</td>
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<td>NITROGEN N-13 AMMONIA, DIAGNOSTIC, PER STUDY DOSE, UP TO 40 MILLICURIES</td>
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<td>FLUORODEOXYGLUCOSE F-18 FDG, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES</td>
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<td>CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIES</td>
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<td>RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES</td>
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<td>GALLIUM GA-67 CITRATE, DIAGNOSTIC, PER MILLICURIE</td>
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<td>XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES</td>
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<td>COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE</td>
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<td>TECHNETIUM TC-99M ARCITUMOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES</td>
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<td>A9575</td>
<td>INJECTION, GADOTERATE MEGLUMINE, 0.1 ML</td>
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<td>INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER ML</td>
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<td>INJECTION, GADOLINIUM BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHERWISE SPECIFIED, PER ML</td>
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<td>A9581</td>
<td>INJECTION, GADOXETATE DISODIUM, 1 ML</td>
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<td>A9582</td>
<td>IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES</td>
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<td>INJECTION, GADOFOSVESET TRISODIUM, 1 ML</td>
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<td>IODINE I-123 IOFLUPANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES</td>
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<td>A9585</td>
<td>INJECTION, GADOBUTROL, 0.1 ML</td>
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<td>FLORBETAPR F18 DX-STDY DS TO</td>
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<td>GALLIUM GA-68 DOTATATE DIAGNOSTIC 0.1 MILLICURIE</td>
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<td>FLUCICLOVINE F-18 DIAGNOSTIC 1</td>
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<td>INSTILLATION, HEXAMINOLEVULINATE HYDROCHLORIDE, 100 MG</td>
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<td>IODINE I-131, IOBENGUANE, 1 MCI</td>
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<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<td>POSITRON EMISSION TOMOGRAPHY R</td>
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<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<td>A9598</td>
<td>POSITRON EMISSION TOMO RP DX N</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<td>RADIOPHARMACEUTICAL, DIAGNOSTIC, FOR BETA-AMYLOID POSITRON EMISSION TOMOGRAPHY (PET) IMAGING, PER STUDY DOSE</td>
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<td>STRONTIUM SR-89 CHLORIDE, THERAPEUTIC, PER MILLCURIE</td>
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<td>SAMARIUM SM-153 LEXIDRONAM, THERAPEUTIC, PER TREATMENT DOSE, UP TO 150 MILLCURIES</td>
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<td>NONRADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY</td>
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<td>SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<td>A9900</td>
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<td>APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 SQ CM</td>
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<td>INJECTION DEXAMETHASONE 9% INT</td>
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<td>INJECTION, PLAZOMICIN, 5 MG</td>
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<td>C9041</td>
<td>INJECTION, COAGULATION FACTOR XA (RECOMBINANT), INACTIVATED</td>
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<td>INJECTION, RAVULIZUMAB-CWVZ, 10 MG</td>
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<td>INJECTION ALEMNUZUMAB PER 10 M</td>
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<td>C9601</td>
<td>PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG-ELUTING INTRACORONARY STENT(S), WITH CORONARY ANGIOPLASTY WHEN PERFORMED;</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>C9602</td>
<td>PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH DRUG ELUTING INTRACORONARY STENT, WITH CORONARY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>C9603</td>
<td>PERQ TL COR ATHERECT;EA ADD</td>
<td>Auth Required</td>
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<tr>
<td>C9604</td>
<td>PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT (INTERNAL)</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>C9605</td>
<td>PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT (INTERNAL)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>C9606</td>
<td>PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF ACUTE TOTAL/SUBTOTAL OCCLUSION DURING ACUTE MYOCARDIAL</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>C9607</td>
<td>PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY, CORONARY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>C9608</td>
<td>PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY, CORONARY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>C9701</td>
<td>ST RETTA SYSTEM</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>C9703</td>
<td>BARD ENDOSCOPIC SUTURING SYSTE</td>
<td>Auth Required</td>
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<tr>
<td>C9704</td>
<td>INJ/INSERT INERT SBSTNC UP G</td>
<td>Auth Required</td>
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<tr>
<td>C9708</td>
<td>PREVIEW TREATMENT PLANNING SOF</td>
<td>Auth Required</td>
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<tr>
<td>C9711</td>
<td>H.E.L.P. APHERESIS SYSTEM</td>
<td>Auth Required</td>
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<tr>
<td>C9712</td>
<td>INSERTION OF A PH CAPSULE FOR</td>
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<tr>
<td>C9713</td>
<td>NON-CONTACT LASER VAPORIZATI</td>
<td>Auth Required</td>
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<tr>
<td>C9714</td>
<td>PLACEMENT OF BALLOON CATHETER</td>
<td>Auth Required</td>
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<tr>
<td>C9715</td>
<td>PLACEMENT OF BALLOON CATHETER</td>
<td>Auth Required</td>
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<tr>
<td>C9718</td>
<td>KYPHOPLASTY FIRST VERTEBRA</td>
<td>Auth Required</td>
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<tr>
<td>C9719</td>
<td>KYPHOPLASTY EACH ADD</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>C9720</td>
<td>HE ESW TX TENNIS ELBOW</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>C9721</td>
<td>HE ESW TX PLANTAR FASCIITIS</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>C9722</td>
<td>KV IMAGING W/IR TRACKING</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>C9723</td>
<td>DYNAMIC INFRARED BLOOD PERFU</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>C9725</td>
<td>PLACEMENT OF ENDORECTAL INTRACAVITARY APPLICATOR FOR HIGH INTENSITY BRACHYTHERAPY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>C9726</td>
<td>PLACEMENT AND REMOVAL (IF PERFORMED) OF APPLICATOR INTO BREAST FOR RADIATION THERAPY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>C9727</td>
<td>INSRT IMPL SOFT PALATE; MIN</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>C9728</td>
<td>PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY/SURGERY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), OTHER THAN</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>C9733</td>
<td>NONOPHTHALMIC FLUORESCENT VASCULAR ANGIGRAPHY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>C9734</td>
<td>FOCUSED U/S ABL/TX INT OTH T</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>C9738</td>
<td>ADJUNCTIVE BLUE LIGHT CYSTOSCO</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>C9739</td>
<td>CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT; 1 TO 3 IMPLANTS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>C9740</td>
<td>CYSTOURETHROSCOPY, WITH INSERTION OF TRANSPROSTATIC IMPLANT; 4 OR MORE IMPLANTS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>C9745</td>
<td>NASAL ENDO SURG; BALLOON DILAT</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required/No Auth Needed</td>
<td>Notes</td>
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<tr>
<td>C9746</td>
<td>TRANSFERINL IMPL PERM ADJ BALL</td>
<td>Auth Required</td>
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<tr>
<td>C9747</td>
<td>ABLATION PROSTATE TRANSRECTAL</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>C9749</td>
<td>REPAIR OF NASAL VESTIBULAR LAT</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>C9751</td>
<td>BRONCHOSCOPY, RIGID OR FLEXIBLE, TRANSBRONCHIAL ABLATION OF LESION(S) BY MICROWAVE ENERGY, INCLUDING FLUOROSCOPIC</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>C9752</td>
<td>DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, FIRST TWO VERTEBRAL BODIES, INCLUDING IMAGING GUIDANCE (E.G.,</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>C9753</td>
<td>DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, EACH ADDITIONAL VERTEBRAL BODY, INCLUDING IMAGING GUIDANCE (E.G.,</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>C9754</td>
<td>CREATION OF ARTERIOVENOUS FISTULA, PERCUTANEOUS; DIRECT, ANY SITE, INCLUDING ALL IMAGING AND RADIOLOGIC SUPERVISION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>C9755</td>
<td>CREATION OF ARTERIOVENOUS FISTULA, PERCUTANEOUS USING MAGNETIC-GUIDED ARTERIAL AND VENOUS CATHETERS AND</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>C9756</td>
<td>INTRAOPERATIVE NEAR-INFRARED FLUORESCENCE LYMPHATIC MAPPING OF LYMPH NODE(S) (SENTINEL OR TUMOR DRAINING) WITH</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>C9757</td>
<td>LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE R</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>C9758</td>
<td>BLINDED PROCEDURE FOR NYHA CLASS III/IV HEART FAILURE; TRAN</td>
<td>Auth Required</td>
<td>New code; auth requirements under evaluation</td>
</tr>
<tr>
<td>C9898</td>
<td>RADIOLABELED PRODUCT PROVIDED DURING A HOSPITAL INPATIENT STAY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>C9899</td>
<td>IMPLANTED PROSTHETIC DEVICE, PAYABLE ONLY FOR INPATIENTS WHO DO NOT HAVE INPATIENT COVERAGE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
<td>Notes</td>
</tr>
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<td>-------</td>
<td>--------------------------------------------------</td>
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<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>E0100</td>
<td>CANE INCL CANES ALL MATERIAL</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0105</td>
<td>CANE QUAD/3-PRONG ALL MATL W</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0110</td>
<td>CRUTCHES, FOREARM, INCLUDES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>E0111</td>
<td>CRTRCH FORARM VARIOUS MATL EA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>E0112</td>
<td>CRTRCHS UNDARM WOOD PAIR ADJS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>E0113</td>
<td>CRTRCH UNDARM WOOD EA ADJUSTB</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>E0114</td>
<td>CRTRCHES UNDARM OTH THAN WOOD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>E0116</td>
<td>CRUTCH UNDERARM, OTHER THAN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>E0117</td>
<td>CRUTCH, UNDERARM, ARTICULATI</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>E0118</td>
<td>LOWER LEG PLATFORM CRTCH SUB</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0130</td>
<td>WALKER, RIGID (PICKUP), ADJU</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0135</td>
<td>WALKER, FOLDING (PICKUP), AD</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0140</td>
<td>WALKER W/TRUNK SUPPORT</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization</td>
<td>Note</td>
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<tr>
<td>E0141</td>
<td>RIGID WALKER, WHEELED, WITH</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0142</td>
<td>RIGID WALKER, WHEELED, WITH</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0143</td>
<td>FOLDING WALKER, WHEELED, WIT</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0144</td>
<td>WALKER ENCLOS 4 SIDE WHL POS</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0145</td>
<td>WALKER, WHEELED, WITH SEAT A</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0146</td>
<td>FOLDING WALKER, WHEELED, WIT</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0147</td>
<td>WALKER HEVY DUTY MX BRAKE VAR</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0148</td>
<td>WALK HEVY DUTY NO WHLS RIGD/</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>E0149</td>
<td>WALKER HEVY DUTY WHEELD ANY</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0153</td>
<td>PLATFORM ATTACHMENT, FOREAR</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>E0154</td>
<td>PLATFORM ATTACHMENT, WALKER,</td>
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<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0155</td>
<td>WHEEL ATTACHMENT, RIGID PICK</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0156</td>
<td>SEAT ATTACHMENT, WALKER</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<td>E0157</td>
<td>CRUTCH ATTACHMENT, WALKER, E</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0158</td>
<td>LEG EXTENSIONS WALKER PER SE</td>
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<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>E0159</td>
<td>BRAKE ATTACHMENT FOR WHEELED</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0160</td>
<td>SITZ TYPE BATH OR EQUIPMENT,</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>E0161</td>
<td>SITZ TYPE BATH OR EQUIPMENT</td>
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<tr>
<td>E0162</td>
<td>SITZ BATH CHAIR</td>
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<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0163</td>
<td>COMMODE CHAIR, STATIONARY, W</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>E0164</td>
<td>COMMODE CHAIR, MOBILE, WITH</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>E0165</td>
<td>COMMODE CHAIR, STATIONARY, W</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0166</td>
<td>COMMODE CHAIR, MOBILE, WITH</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>E0167</td>
<td>PAIL OR PAN FOR USE WITH COM</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0168</td>
<td>COMMODE CHAIR XTRA WIDE&amp;/HEV</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0169</td>
<td>COMMODE CHAIR WITH SEAT LIFT</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
<td>Notes</td>
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<tr>
<td>E0170</td>
<td>COMMODE CHAIR WITH INTEGRATE</td>
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<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0171</td>
<td>COMMODE CHAIR SEAT LIFT MCH</td>
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<tr>
<td>E0172</td>
<td>SEAT LIFT MECHANISM PLACED O</td>
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<tr>
<td>E0175</td>
<td>FOOT REST USE W/COMMODE CHAI</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>E0176</td>
<td>AIR PRESSURE PAD OR CUSHION,</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0177</td>
<td>WATER PRESSURE PAD OR CUSHION</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>E0178</td>
<td>GEL OR GEL-LIKE PRESSURE PAD</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0179</td>
<td>DRY PRESSURE PAD OR CUSHION,</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>E0180</td>
<td>PRESSURE PAD, ALTERNATING WI</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>E0181</td>
<td>PWR PRESS RED MATTRESS PAD W</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0182</td>
<td>PUMP FOR ALTERNATING PRESSUR</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<td>E0184</td>
<td>DRY PRESSURE MATTRESS</td>
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<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>E0185</td>
<td>GEL OR GEL-LIKE PRESSURE PAD</td>
<td>Auth Required</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<td>E0186</td>
<td>AIR PRESSURE MATTRESS</td>
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<td>WATER PRESSURE MATTRESS</td>
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<td>E0188</td>
<td>SYNTHETIC SHEEPSKIN PAD</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>E0189</td>
<td>LAMBSWOOL SHEEPSKIN PAD, AN</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>E0190</td>
<td>POSITIONING CUSHION/PILLOW</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
</tr>
<tr>
<td>E0191</td>
<td>HEEL OR ELBOW PROTECTOR, EAC</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>E0192</td>
<td>LOW PRESSURE AND POSITIONING</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>E0193</td>
<td>POWERED AIR FLOTATION BED (L)</td>
<td>Auth Required</td>
<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<td>AIR FLUIDIZED BED</td>
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<td>GEL PRESSURE MATTRESS</td>
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<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>E0197</td>
<td>AIR PRESSURE PAF FOR MATTRES</td>
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<td>E0200</td>
<td>HEAT LAMP, WITHOUT STAND (TA)</td>
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<td>E0202</td>
<td>PHOTOTHERAPY (BILIRUBIN) LI</td>
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<td>E0203</td>
<td>THERAPEUTIC LIGHTBOX MINI 100</td>
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<td>E0218</td>
<td>FLUID CIRCULATING COLD PAD WIT</td>
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<td>NON-CNTC WND WARM DEVC W/CAR</td>
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<td>E0232</td>
<td>WOUND WARMING WOUND COVER</td>
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<td>PARAFFIN BATH UNIT, PORTABLE</td>
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<td>BATH TUB RAIL, FLOOR BASE</td>
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<td>TUB STOOL OR BENCH</td>
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<td>BED BOARD</td>
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<td>BED PAN, STANDARD, METAL OR</td>
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<td>Code</td>
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<td>PRSSURE SUPP VENT W/VOL CNTR</td>
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<td>HOME VENTILATOR ANY TYPE USE</td>
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<td>HOME VENTILATOR ANY TYPE USE</td>
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<td>LIMITED CARE MANAGEMENT HOME V</td>
<td>No Auth Needed</td>
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<td>CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION</td>
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<td>PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION</td>
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<td>PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA)</td>
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<td>COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL AT HIGH RISK</td>
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<td>G0108</td>
<td>DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, INDIVIDUAL, PER 30 MINUTES</td>
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<td>G0109</td>
<td>DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION (2 OR MORE), PER 30 MINUTES</td>
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<td>GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR OPHTHALMOLOGIST</td>
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<td>Code</td>
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<td>COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK</td>
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<td>G0125</td>
<td>PET IMAGING REGIONAL OR WHOL</td>
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<td>G0127</td>
<td>TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER</td>
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<td>DIR SKLED SERV RN OP REHAB E</td>
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<td>G0129</td>
<td>OCCUPATIONAL THERAPY SERVICES REQUIRING THE SKILLS OF A QUALIFIED OCCUPATIONAL THERAPIST, FURNISHED AS A COMPONENT OF A</td>
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<tr>
<td>G0130</td>
<td>SINGLE ENERGY X-RAY ABSORPTIOMETRY (SEXA) BONE DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON (PERIPHERAL) (E.G.,</td>
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<td>G0131</td>
<td>COMPUTERIZED TOMOGRAPHY BONE</td>
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<td>G0132</td>
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<td>G0141</td>
<td>SCREENING CYTOPATHOLOGY SMEA</td>
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<td>SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES</td>
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<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<td>SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES</td>
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<td>SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES</td>
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<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>G0155</td>
<td>SERVICES OF CLINICAL SOCIAL WORKER IN HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES</td>
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<td>G0156</td>
<td>SERVICES OF HOME HEALTH / HOSPICE AIDE IN HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES</td>
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<td>G0157</td>
<td>SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15 MINUTES</td>
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<td>SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST ASSISTANT IN THE HOME HEALTH OR HOSPICE SETTING, EACH 15</td>
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<td>SERVICES PERFORMED BY A QUALIFIED PHYSICAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF A SAFE AND</td>
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<td>G0160</td>
<td>SERVICES PERFORMED BY A QUALIFIED OCCUPATIONAL THERAPIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<td>G0161</td>
<td>SERVICES PERFORMED BY A QUALIFIED SPEECH-LANGUAGE PATHOLOGIST, IN THE HOME HEALTH SETTING, IN THE ESTABLISHMENT OR DELIVERY OF</td>
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<td>G0162</td>
<td>SKILLED SERVICES BY A REGISTERED NURSE (RN) FOR MANAGEMENT AND EVALUATION OF THE PLAN OF CARE; EACH 15 MINUTE (THE PATIENT'S</td>
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<td>EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION</td>
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<td>HYPERBARIC OXYGEN TREATMENT</td>
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<td>G0168</td>
<td>WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY</td>
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<td>G0173</td>
<td>STEREOTACTIC, ONE TREATMENT</td>
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<td>G0175</td>
<td>SCHED INTRDISCIPLN TEAM CONF</td>
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<tr>
<td>G0176</td>
<td>ACTIVITY THERAPY, SUCH AS MUSIC, DANCE, ART OR PLAY THERAPIES NOT FOR RECREATION, RELATED TO THE CARE AND TREATMENT OF</td>
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<td>G0177</td>
<td>TRAINING AND EDUCATIONAL SERVICES RELATED TO THE CARE AND TREATMENT OF PATIENT'S DISABLING MENTAL HEALTH PROBLEMS PER</td>
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<td>G0179</td>
<td>PHYSICIAN RECERTIFICATION FOR MEDICARE-COVERED HOME HEALTH SERVICES UNDER A HOME HEALTH PLAN OF CARE PATIENT NOT</td>
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<td>G0180</td>
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<td>G0181</td>
<td>PHYSICIAN SUPERVISION OF A PATIENT RECEIVING MEDICARE-COVERED SERVICES PROVIDED BY A PARTICIPATING HOME HEALTH</td>
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<td>PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE (PATIENT NOT PRESENT) REQUIRING COMPLEX AND</td>
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<td>PATIENT ADAPTATION AND TRAININ</td>
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<td>Code</td>
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<tr>
<td>G0233</td>
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<td>PET, REGIONAL OR WHOLE BODY,</td>
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<td>DIGITIZATION OF FILM RADIOGR</td>
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<tr>
<td>G0237</td>
<td>THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, FACE-TO-FACE, ONE-ON-ONE, EACH 15</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G0238</td>
<td>THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY G0237, ONE-ON-ONE, FACE-TO-</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0239</td>
<td>THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, TWO</td>
<td>No Auth Needed</td>
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<td>G0240</td>
<td>CRITICAL CARE SERVICE DELIVERED</td>
<td>Auth Required</td>
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<tr>
<td>G0241</td>
<td>EACH ADDITIONAL 30 MINUTES (LI)</td>
<td>Auth Required</td>
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<tr>
<td>G0242</td>
<td>MX-SRC PHOTON STEROTOMY SABR SUR</td>
<td>Auth Required</td>
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<tr>
<td>G0244</td>
<td>OBS CARE FACL PT W/CHF CHST</td>
<td>Auth Required</td>
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<tr>
<td>G0245</td>
<td>INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY RESULTING IN A</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0246</td>
<td>FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY RESULTING IN A</td>
<td>No Auth Needed</td>
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<tr>
<td>G0247</td>
<td>ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY RESULTING IN A LOSS OF</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>G0248</td>
<td>DEMONSTRATION, PRIOR TO INITIATION OF HOME INR MONITORING, FOR PATIENT WITH EITHER MECHANICAL HEART VALVE(S), CHRONIC</td>
<td>No Auth Needed</td>
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<tr>
<td>G0249</td>
<td>PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING OF PATIENT WITH EITHER MECHANICAL HEART VALVE(S), CHRONIC</td>
<td>No Auth Needed</td>
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<tr>
<td>G0250</td>
<td>PHYSICIAN REVIEW, INTERPRETATION, AND PATIENT MANAGEMENT OF HOME INR TESTING FOR PATIENT WITH EITHER MECHANICAL HEART</td>
<td>No Auth Needed</td>
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<td>G0251</td>
<td>STEREOTACTIC, 2-5 TREATMENTS</td>
<td>Auth Required</td>
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<td>G0252</td>
<td>PET IMAGING, FULL AND PARTIAL-RING PET SCANNERS ONLY, FOR INITIAL DIAGNOSIS OF BREAST CANCER AND/OR SURGICAL PLANNING</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G0253</td>
<td>PET IMAGE BREAST DETECTION R</td>
<td>Auth Required</td>
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<tr>
<td>G0254</td>
<td>PET IMAGE BREAST EVALUATION</td>
<td>Auth Required</td>
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<td>G0255</td>
<td>CURRENT PERCEPTION THRESHOLD/SENSORY NERVE CONDUCTION TEST, (SNCT) PER LIMB, ANY NERVE</td>
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<td>G0256</td>
<td>PROSTATE BRACHYTHERAPY USING P</td>
<td>Auth Required</td>
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<tr>
<td>G0257</td>
<td>UNSCHEDULED OR EMERGENCY DIALYSIS TREATMENT FOR AN ESRD PATIENT IN A HOSPITAL OUTPATIENT DEPARTMENT THAT IS NOT</td>
<td>No Auth Needed</td>
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<tr>
<td>G0258</td>
<td>IV INFUS DUR SEP PAYABLE OBS</td>
<td>Auth Required</td>
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<tr>
<td>G0259</td>
<td>INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPHY</td>
<td>Auth Required</td>
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<td>G0260</td>
<td>INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT, WITH OR WITHOUT</td>
<td>Auth Required</td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>G0261</td>
<td>PROSTATE BRACHYTHERAPY USING P</td>
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<tr>
<td>G0262</td>
<td>SMALL INTESTINAL IMAGING; IN</td>
<td>Auth Required</td>
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<tr>
<td>G0263</td>
<td>DIR ADMIS PT W/DX CHF CHST P</td>
<td>Auth Required</td>
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<tr>
<td>G0264</td>
<td>INIT NRS ASSESS DIR ADMIT OB</td>
<td>Auth Required</td>
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<tr>
<td>G0268</td>
<td>REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF SERVICE AS AUDIOLOGIC FUNCTION TESTING</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G0269</td>
<td>PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE, POSTSURGICAL OR INTERVENTIONAL PROCEDURE</td>
<td>No Auth Needed</td>
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<tr>
<td>G0270</td>
<td>MEDICAL NUTRITION THERAPY REASSESSMENT AND SUBSEQUENT INTERVENTION(S) FOLLOWING SECOND REFERRAL IN SAME YR FOR CHANGE IN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0271</td>
<td>MEDICAL NUTRITION THERAPY REASSESSMENT AND SUBSEQUENT INTERVENTION(S) FOLLOWING SECOND REFERRAL IN SAME YR FOR CHANGE IN</td>
<td>No Auth Needed</td>
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<tr>
<td>G0272</td>
<td>NASO/ORO GASTRIC TUBE PLACEM</td>
<td>Auth Required</td>
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<tr>
<td>G0273</td>
<td>RADIOPHARMACEUTICAL BIODISTR</td>
<td>Auth Required</td>
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<tr>
<td>G0274</td>
<td>RADIOPHARMACEUTICAL THERAPY,</td>
<td>Auth Required</td>
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<tr>
<td>G0276</td>
<td>PILD/PLACEBO CONTROL CLIN TR</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>G0277</td>
<td>HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<td></td>
</tr>
<tr>
<td>G0278</td>
<td>ILIAC AND/OR FEMORAL ARTERY ANGIOGRAPHY, NONSELECTIVE, BILATERAL OR IPSILATERAL TO CATHETER INSERTION, PERFORMED AT THE SAME</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G0279</td>
<td>DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR BILATERAL (LIST SEPARATELY IN ADDITION TO G0204 OR G0206)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0280</td>
<td>EXTRACORPOREAL SHOCK WAVE TH</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G0281</td>
<td>ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS, ARTERIAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0282</td>
<td>ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0281</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G0283</td>
<td>ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S) OTHER THAN WOUND CARE, AS PART OF A THERAPY</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G0288</td>
<td>RECONSTRUCTION, COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF AORTA FOR SURGICAL PLANNING FOR VASCULAR SURGERY</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>G0289</td>
<td>ARTHROSCOPY, KNEE, SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY, DEBRIDEUMENT/SHAVING OF ARTICULAR</td>
<td>No Auth Needed</td>
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<tr>
<td>G0292</td>
<td>ADMINISTRATION(S) OF EXPERIMENT</td>
<td>Auth Required</td>
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<tr>
<td>G0293</td>
<td>NONCOVR SURG SEDAT ANES-MCR</td>
<td>Auth Required</td>
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<tr>
<td>G0294</td>
<td>NONCOVR PROC NO ANES/LOC ANE</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>G0295</td>
<td>ELECMAGNET TX 1/&gt;AREA WND CA</td>
<td>Auth Required</td>
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<tr>
<td>G0296</td>
<td>COUNSELING VISIT TO DISCUSS NEED FOR LUNG CANCER SCREENING USING LOW DOSE CT SCAN (LDCT) (SERVICE IS FOR ELIGIBILITY)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth/Status</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>G0297</td>
<td>LOW DOSE CT SCAN (LDCT) FOR LUNG CANCER SCREENING</td>
<td>Auth Required</td>
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<tr>
<td>G0299</td>
<td>DIRECT SKILLED NURSING SERVICES OF A REGISTERED NURSE (RN) IN THE HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES</td>
<td>Auth Required Service requires prior authorization unless provided by our exclusive vendor</td>
<td></td>
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<tr>
<td>G0300</td>
<td>DIRECT SKILLED NURSING SERVICES OF A LICENSED PRACTICAL NURSE (LPN) IN THE HOME HEALTH OR HOSPICE SETTINGS, EACH 15 MINUTES</td>
<td>Auth Required Service requires prior authorization unless provided by our exclusive vendor</td>
<td></td>
</tr>
<tr>
<td>G0302</td>
<td>PREOPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, COMPLETE COURSE OF SERVICES, TO INCLUDE A MINIMUM OF 16</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0303</td>
<td>PREOP PULMONARY SURG SVCS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0304</td>
<td>PREOP PULMNRY SVCS FOR LVRS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0305</td>
<td>POST DISCHARGE PULMONARY</td>
<td>No Auth Needed</td>
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<tr>
<td>G0306</td>
<td>COMPLETE CBC, AUTOMATED (HGB, HCT, RBC, WBC, WITHOUT PLATELET COUNT) AND AUTOMATED WBC DIFFERENTIAL COUNT</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>G0307</td>
<td>COMPLETE CBC, AUTOMATED (HGB, HCT, RBC, WBC, WITHOUT PLATELET COUNT)</td>
<td>No Auth Needed</td>
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<tr>
<td>G0308</td>
<td>ESRD RELATED SVCS UNDER 2</td>
<td>Auth Required</td>
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<tr>
<td>G0309</td>
<td>ESRD SVCS PATIENTS UNDER 2</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>G0310</td>
<td>ESRD RELATED SVCS PATNTS &gt;2</td>
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<tr>
<td>G0311</td>
<td>ESRD RELATED SVCS 2-11 YRS</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
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<td>Authorization</td>
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<tr>
<td>G0312</td>
<td>ESRD SVCS PATIENTS 2-11 YRS</td>
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<tr>
<td>G0313</td>
<td>ESRD RELATED SERVICES</td>
<td>Auth Required</td>
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<td>G0314</td>
<td>ESRD RELATED SERVICES</td>
<td>Auth Required</td>
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<tr>
<td>G0315</td>
<td>ESRD SVCS PATIENTS 12-19 YRS</td>
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<td>G0316</td>
<td>ESRD RELATED SERVICES</td>
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<td>G0317</td>
<td>ESRD RELATED SVCS 20YRS OVER</td>
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<td>G0318</td>
<td>ESRD SVCS PATIENTS 20+ YRS</td>
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<td>ESRD RELATED SERVICES</td>
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<td>ESRD RELATED SVCS HOME DIALY</td>
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<td>G0321</td>
<td>ESRD SVCS HOME DIALYSIS</td>
<td>Auth Required</td>
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<td>G0322</td>
<td>ESRD RELATED SERVICES</td>
<td>Auth Required</td>
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<td>G0323</td>
<td>ESRD RELATED SVCS HME DIALYS</td>
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<td>G0324</td>
<td>ESRD SVCS HOME DIALYSIS</td>
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<td>ESRD RELATED SERVICES</td>
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<td>G0326</td>
<td>ESRD HOME DIALYSIS PER DAY</td>
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<td>G0327</td>
<td>ESRD SVCS FOR HOME DIALYSIS</td>
<td>Auth Required</td>
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<tr>
<td>G0328</td>
<td>COLORECTAL CANCER SCREENING; FECAL OCCULT BLOOD TEST, IMMUNOASSAY, 1-3 SIMULTANEOUS DETERMINATIONS</td>
<td>No Auth Needed</td>
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<tr>
<td>G0329</td>
<td>EM TX ULCERS NOT HEALING 30</td>
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<td>Service requires prior authorization unless provided by our exclusive vendor</td>
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<tr>
<td>G0332</td>
<td>SERVICES FOR INTRAVENOUS INF</td>
<td>Auth Required</td>
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<tr>
<td>G0333</td>
<td>PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); INITIAL 30-DAY SUPPLY AS A BENEFICIARY</td>
<td>No Auth Needed</td>
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<tr>
<td>G0336</td>
<td>PET IMAGING BRAIN DIFFERENTI</td>
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<tr>
<td>G0337</td>
<td>HOSPICE EVAL&amp;CNSL SRVC PREEL</td>
<td>No Auth Needed</td>
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<td>G0338</td>
<td>FECAL BLOOD SCREENNING</td>
<td>Auth Required</td>
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<td>G0339</td>
<td>ROBOTIC STEREOTACTIC SURGERY 1 SESSION</td>
<td>Auth Required</td>
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<td>G0340</td>
<td>ROBOTIC STEREOTACTIC RADIO SURGERY 2 THROUGH 5 SESSIONS</td>
<td>Auth Required</td>
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<tr>
<td>G0341</td>
<td>PERQ ISLET CELL TPLNT INCL P</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>G0342</td>
<td>LAP ISLET CELL TPLNT INCL PO</td>
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<td>G0343</td>
<td>LAPAROT ISLET CELL TPLNT W/P</td>
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<td>G0345</td>
<td>INTRAVENOUS INFUS HYDRATION;</td>
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<td>G0346</td>
<td>INTRAVENOUS INFUS HYDRATION;</td>
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<td>G0347</td>
<td>IV INFUS TX/DX SPEC SBSTNC/R</td>
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<td>G0348</td>
<td>IV INFUS TX/DX SPEC SBSTNC/R</td>
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<td>ADDITIONAL SEQUENTIAL INFUSI</td>
<td>Auth Required</td>
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<td>CONCURRNT INFUS RPT ONCE PER</td>
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<td>G0351</td>
<td>THERAPEUTIC/DX INJ SPECIFY S</td>
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<td>G0353</td>
<td>INTRAVENOUS PUSH SINGLE/INIT</td>
<td>Auth Required</td>
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<td>G0354</td>
<td>EACH ADDITIONAL SEQUENTIAL I</td>
<td>Auth Required</td>
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<td>G0355</td>
<td>CHEMO ADMN SUBQ/IM NONHORMON</td>
<td>Auth Required</td>
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<td>G0356</td>
<td>HORMONAL ANTINEOPLASTIC</td>
<td>Auth Required</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>G0357</td>
<td>IV PUSH TECHNIQUE SINGLE/INI</td>
<td>Auth Required</td>
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<tr>
<td>G0358</td>
<td>IV PUSH TECHNIQUE EACH ADD S</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>G0359</td>
<td>CHEMO ADMIN IV INFUS; TO 1 H</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>G0360</td>
<td>CHEMO ADMIN IV INFUS; EACH A</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>G0361</td>
<td>INIT PROLONG CHEMO INFUS RQR</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>G0362</td>
<td>EA ADD SEQUENTIAL INFUS DIFF D</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G0363</td>
<td>IRRIG IMPLANTED VENOUS ACESS</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G0364</td>
<td>BONE MARROW ASPIRATION PERFORMED WITH BONE MARROW BIOPSY THROUGH THE SAME INCISION ON THE SAME DATE OF SERVICE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G0365</td>
<td>VESSEL MAPPING OF VESSELS FOR HEMODIALYSIS ACCESS (SERVICES FOR PREOPERATIVE VESSEL MAPPING PRIOR TO CREATION OF HEMODIALYSIS)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0369</td>
<td>PHARMACY SUPPLY FEE FOR INITIA</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>G0370</td>
<td>PHARMACY SUPPLY FEE FOR ORAL A</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G0371</td>
<td>PHARMACY DISPENSING FEE FOR IN</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G0372</td>
<td>PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED FOR A POWER MOBILITY DEVICE</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>G0374</td>
<td>PHARMACY DISPENSING FEE FOR IN</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G0377</td>
<td>ADMINISTRATION VACCINE PART</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G0378</td>
<td>HOSPITAL OBSERVATION SERVICE, PER HOUR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0379</td>
<td>DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0380</td>
<td>LEVEL 1 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT (THE ED MUST MEET AT LEAST ONE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0381</td>
<td>LEVEL 2 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT (THE ED MUST MEET AT LEAST ONE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0382</td>
<td>LEVEL 3 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT (THE ED MUST MEET AT LEAST ONE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0383</td>
<td>LEVEL 4 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT (THE ED MUST MEET AT LEAST ONE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0384</td>
<td>LEVEL 5 HOSPITAL EMERGENCY DEPARTMENT VISIT PROVIDED IN A TYPE B EMERGENCY DEPARTMENT (THE ED MUST MEET AT LEAST ONE)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0390</td>
<td>TRAUMA RESPONSE TEAM ASSOCIATED WITH HOSPITAL CRITICAL CARE SERVICE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0394</td>
<td>BLOOD OCCULT TEST COLORECTAL</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G0396</td>
<td>ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST), AND BRIEF INTERVENTION 15</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0397</td>
<td>ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST), AND INTERVENTION,</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
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<td>Authorization Required</td>
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<tr>
<td>G0398</td>
<td>HOME SLEEP STUDY TEST (HST) WITH TYPE II PORTABLE MONITOR, UNATTENDED; MINIMUM OF 7 CHANNELS: EEG, EOG, EMG, ECG/HEART</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0399</td>
<td>HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR, UNATTENDED; MINIMUM OF 4 CHANNELS: 2 RESPIRATORY MOVEMENT/</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0400</td>
<td>HOME SLEEP TEST (HST) WITH TYPE IV PORTABLE MONITOR, UNATTENDED; MINIMUM OF 3 CHANNELS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0402</td>
<td>INITIAL PREVENTIVE PHYSICAL EXAMINATION; FACE-TO-FACE VISIT, SERVICES LIMITED TO NEW BENEFICIARY DURING THE FIRST 12 MONTHS OF</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0403</td>
<td>ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; PERFORMED AS A SCREENING FOR THE INITIAL PREVENTIVE PHYSICAL EXAMINATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0404</td>
<td>ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT, PERFORMED AS A</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0405</td>
<td>ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; INTERPRETATION AND REPORT ONLY, PERFORMED AS A SCREENING FOR THE INITIAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0406</td>
<td>SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIONS, FOR PROSTATE NEEDLE BIOPSY, ANY METHOD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0407</td>
<td>FU IP CNSLT INTRMD 25 MIN TE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0408</td>
<td>FU IP CNSLT CMPLX 35 MIN/&gt;TE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0409</td>
<td>SOCL WRK &amp; PSYCH SRVC EA 15 MIN FACE-TO-FACE IND</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G0410</td>
<td>GROUP PSYCHOTHERAPY OTHER THAN OF A MULTIPLE FAMILY GROUP, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY 45 TO 50 MINUTES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0411</td>
<td>INTERACTIVE GROUP PSYCHOTHERAPY, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY 45 TO 50 MINUTES</td>
<td>No Auth Needed</td>
<td></td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>G0412</td>
<td>OPN TX ILIAC SPINE/ILIAC WIN</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G0413</td>
<td>PERQ SKEL FIX POST PELV BONE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0414</td>
<td>OPN TX ANT PELV BONE FX &amp;/ D</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0415</td>
<td>OPN TX POST PELV BONE FX &amp;/</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0416</td>
<td>SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATIONS, FOR PROSTATE NEEDLE BIO...</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0420</td>
<td>FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE; INDIVIDUAL, PER SESSION, PER ONE HOUR</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>G0421</td>
<td>F/F EDU SRVC CKD; GRP PER SE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0422</td>
<td>INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0423</td>
<td>INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING; WITHOUT EXERCISE, PER SESSION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0424</td>
<td>PULMONARY REHABILITATION, INCLUDING EXERCISE (INCLUDES MONITORING), ONE HOUR, PER SESSION, UP TO 2 SESSIONS PER DAY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0425</td>
<td>TELEHEALTH CONSULTATION, EMERGENCY DEPARTMENT OR INITIAL INPATIENT TYPICALLY 30 MIN COMMUNICATING WITH THE PATIENT VIA</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G0426</td>
<td>TELEHEALTH CONSULT ED/IP 50</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G0427</td>
<td>TELEHEALTH CONSULT ED/IP 70</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>G0431</td>
<td>DRUG SCREEN, QUALITATIVE; SINGLE DRUG CLASS METHOD (E.G., IMMUNOASSAY, ENZYME ASSAY), EACH DRUG CLASS</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G0432</td>
<td>INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0433</td>
<td>INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0435</td>
<td>INFECTIOUS AGENT ANTIGEN DETECTION BY RAPID ANTIBODY TEST OF ORAL MUCOSA TRANSUDATE, HIV-1 OR HIV-2, SCREENING.</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0436</td>
<td>SMOKING AND TOBACCO CESSATION COUNSELING VISIT FOR THE ASYMPTOMATIC PATIENT; INTERMEDIATE, GREATER THAN 3 MINUTES, UP TO 10 MINUTE</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G0437</td>
<td>SMOKING AND TOBACCO CESSATION COUNSELING VISIT FOR THE ASYMPTOMATIC PATIENT; INTENSIVE, GREATER THAN 10 MINUTES</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G0438</td>
<td>ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), INITIAL VISIT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0439</td>
<td>ANNUAL WELLNESS VISIT, INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), SUBSEQUENT VISIT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0442</td>
<td>ANNUAL ALCOHOL MISUSE SCREENING, 15 MINUTES</td>
<td>No Auth Needed</td>
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<tr>
<td>G0443</td>
<td>BRIEF FACE-TO-FACE BEHAVIORAL COUNSELING FOR ALCOHOL MISUSE, 15 MINUTES</td>
<td>No Auth Needed</td>
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<tr>
<td>G0444</td>
<td>ANNUAL DEPRESSION SCREENING, 15 MINUTES</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G0445</td>
<td>SEMI-ANNUAL HIGH INTENSITY BEHAVIORAL COUNSELING TO PREVENT STIS, INDIVIDUAL, FACE TO FACE INCLUDES EDUCATION SKILLS TRAINING</td>
<td>No Auth Needed</td>
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<tr>
<td>G0446</td>
<td>ANNUAL, FACE-TO-FACE IBT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>G0447</td>
<td>FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, 15 MINUTES</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>G0448</td>
<td>INS/RPL PRM CV-DFIB TV LEADS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0451</td>
<td>DEVELOPMENT TESTING, WITH INTERPRETATION AND REPORT, PER STANDARDIZED INSTRUMENT FORM</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0452</td>
<td>MOLECULAR PATHOLOGY PROCEDURE; PHYSICIAN INTERPRETATION AND REPORT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0453</td>
<td>CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM (REMOTE)</td>
<td>No Auth Needed</td>
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<tr>
<td>G0454</td>
<td>PHYSICIAN DOCUMENTATION OF FACE-TO-FACE VISIT FOR DURABLE MEDICAL EQUIPMENT DETERMINATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0455</td>
<td>PREPARATION WITH INSTILLATION OF FECAL MICROBIOTA BY ANY METHOD, INCLUDING ASSESSMENT OF DONOR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0458</td>
<td>LOW DOSE RATE (LDR) PROSTATE BRACHYTHERAPY SERVICES, COMPOSITE RATE</td>
<td>No Auth Needed</td>
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<tr>
<td>G0459</td>
<td>INPATIENT TELEHEALTH PHARMAC</td>
<td>No Auth Needed</td>
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<tr>
<td>G0460</td>
<td>AUTOLOGOUS PLATELET RICH PLASMA FOR CHRONIC WOUNDS/ULCERS, INCLDNG PHLEBOTOMY, CENTRIFUGATION,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>AND ALL OTHER PREPARATORY PROCEDURE</td>
<td></td>
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<tr>
<td>G0463</td>
<td>HOSPITAL OUTPATIENT CLINIC VISIT FOR ASSESSMENT AND MANAGEMENT OF A PATIENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0464</td>
<td>COLORECTAL CANCER SCREENING; STOOL-BASED DNA AND FECAL OCCULT HEMOGLOBIN (E.G., KRAS, NDRG4 AND</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td></td>
<td>BMP3)</td>
<td></td>
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<tr>
<td>G0466</td>
<td>FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT; NEW PATIENT</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>G0467</td>
<td>FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT; ESTABLISHED PATIENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0468</td>
<td>FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, INITIAL PREVENTIVE PHYSICAL EXAM (IPPE) OR ANNUAL WELLNESS VISIT (AWV)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0469</td>
<td>FEDERALLY QUALIFIED HEALTH CENTER (FQHC) VISIT, MENTAL HEALTH, NEW PATIENT</td>
<td>No Auth Needed</td>
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<tr>
<td>G0470</td>
<td>FQHC VISIT, MENTAL HEALTH, EST</td>
<td>No Auth Needed</td>
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<tr>
<td>G0471</td>
<td>COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE OR URINE SAMPLE BY CATHETERIZATION FROM AN INDIVIDUAL IN A</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0472</td>
<td>HEPATITIS C ANTIBODY SCREENING FOR INDIVIDUAL AT HIGH RISK AND OTHER COVERED INDICATION(S)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0473</td>
<td>FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, GROUP (2-10), 30 MINUTES</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0474</td>
<td>HIV ANTIGEN/ANTIBODY, COMBINATION ASSAY, SCREENING</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>G0475</td>
<td>INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS HPV, HIGH-RISK TYPES (E.G., 16, 18, 31, 33, 35, 39)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0476</td>
<td>DRUG TEST(S), PRESumptive, Any Number of Drug Classes; Any Number of Devices or Procedures, (E.G., IMMUNOASSAY) Capable Of</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G0477</td>
<td>DRUG TEST(S), PRESumptive, Any Number of Drug Classes; Any Number of Devices or Procedures, (E.G., IMMUNOASSAY) Read By</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G0478</td>
<td>DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>G0479</td>
<td>DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN</td>
<td>Auth Required</td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>G0481</td>
<td>DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0482</td>
<td>DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN</td>
<td>No Auth Needed</td>
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<tr>
<td>G0483</td>
<td>DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN</td>
<td>No Auth Needed</td>
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<tr>
<td>G0490</td>
<td>FACE-TO-FACE HH NSG VST RHC/FQ</td>
<td>No Auth Needed</td>
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<tr>
<td>G0491</td>
<td>DIALYSIS MCARE CERT ESRD FAC A</td>
<td>Auth Required</td>
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<tr>
<td>G0492</td>
<td>DIALYSIS 1 EVAL PHYSICIAN AC K</td>
<td>Auth Required</td>
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<tr>
<td>G0493</td>
<td>SKILLED SERVICES RN OBV &amp; ASMT PT COND EA 15 MIN</td>
<td>Auth Required</td>
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<tr>
<td>G0494</td>
<td>SKILLED SRVC LPN OBS &amp; ASMT PT</td>
<td>Auth Required</td>
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<tr>
<td>G0495</td>
<td>SKD SRVC RN TRAIN&amp;/EDU PT/FAM HH/HOSPC EA 15 MIN</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>G0496</td>
<td>SKD SRVC LPN TRAIN&amp;/EDU PT/FAM</td>
<td>Auth Required</td>
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<tr>
<td>G0498</td>
<td>CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF INFUSION IN THE OFFICE/CLINIC SETTING</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G0499</td>
<td>HEPATITIS B SCREENING IN NON-P</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G0500</td>
<td>MODERATE SEDAT SRVC PROV SAME PHYS PERF GI ENDO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>G0501</td>
<td>RESOURCE-INT SRVC PT SPZ M-ASS</td>
<td>Auth Required</td>
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</tr>
<tr>
<td>G0506</td>
<td>COMP ASMT OF &amp; CARE PLNG PT RQR CC MGMT SRVC</td>
<td>Auth Required</td>
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<td>REMOVAL WITH REINSERTION, NON-</td>
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<td>IMPROVEMENT IN VISUAL FUNCTION ACHIEVED WITHIN 90 DAYS FOLLOWING CATARACT SURGERY</td>
<td>No Auth Needed</td>
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<td>PT CARE SURVEY WAS NOT COMPLETED</td>
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<td>G0915</td>
<td>IMPROVEMENT IN VISUAL FUNCTION NOT ACHIEVED WITHIN 90 DAYS FOLLOWING CATARACT SURGERY</td>
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<td>SATISFACTION WITH CARE ACHIEVED WITHIN 90 DAYS FOLLOWING CATARACT SURGERY</td>
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<td>SATISFACTION CARE NOT ACHIEVED WITHIN 90 DAYS FOLLOWING CATARACT SURGERY</td>
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<td>CLINICAL DECISION SUPPORT MECHANISM EVICORE, AS DEFINED BY</td>
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<td>CLINICAL DECISION SUPPORT MECHANISM TEST APPROPRIATE, AS DEFINED</td>
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<td>CLINICAL DECISION SUPPORT MECHANISM AIM</td>
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<td>CLINICAL DECISION SUPPORT MECHANISM AIMSPECIALTY HEALTH, A</td>
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<td>CLINICAL DECISION SUPPORT MECHANISM CRANBERRY PEAK, AS DEFINED</td>
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<td>CLINICAL DECISION SUPPORT MECHANISM, QUALIFIED TOOL NOT OTHERS</td>
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<td>G2000</td>
<td>BLINDED ADMINISTRATION OF CONV</td>
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<td>G2001</td>
<td>BRIEF (20 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES)</td>
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<tr>
<td>G2002</td>
<td>LIMITED (30 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES)</td>
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<td>G2003</td>
<td>MODERATE (45 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES)</td>
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<td>G2004</td>
<td>COMPREHENSIVE (60 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL.</td>
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<td>EXTENSIVE (75 MINUTES) IN-HOME VISIT FOR A NEW PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES)</td>
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<td>G2006</td>
<td>BRIEF (20 MINUTES) IN-HOME VISIT FOR AN EXISTING PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL.</td>
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<td>G2007</td>
<td>LIMITED (30 MINUTES) IN-HOME VISIT FOR AN EXISTING PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL.</td>
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<td>Code</td>
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<td>MODERATE (45 MINUTES) IN-HOME VISIT FOR AN EXISTING PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL.</td>
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<tr>
<td>G2010</td>
<td>REMOTE EVALUATION OF RECORDED VIDEO AND/OR IMAGES SUBMITTED BY AN ESTABLISHED PATIENT (E.G., STORE AND FORWARD),</td>
<td>No Auth Needed</td>
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<tr>
<td>G2011</td>
<td>ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST), AND BRIEF INTERVENTION, 5-</td>
<td>No Auth Needed</td>
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<tr>
<td>G2012</td>
<td>BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE</td>
<td>No Auth Needed</td>
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<tr>
<td>G2013</td>
<td>EXTENSIVE (75 MINUTES) IN-HOME VISIT FOR AN EXISTING PATIENT POST-DISCHARGE. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL.</td>
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<tr>
<td>G2014</td>
<td>LIMITED (30 MINUTES) CARE PLAN OVERSIGHT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A</td>
<td>No Auth Needed</td>
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<tr>
<td>G2015</td>
<td>COMPREHENSIVE (60 MINUTES) CARE PLAN OVERSIGHT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE</td>
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<tr>
<td>G2021</td>
<td>HEALTH CARE PRACTITIONERS RENDERING TREATMENT IN PLACE (TIP)</td>
<td>No Auth Needed</td>
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<tr>
<td>G2022</td>
<td>A MODEL PARTICIPANT (AMBULANCE SUPPLIER/PROVIDER), THE BENE</td>
<td>No Auth Needed</td>
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<td>G2058</td>
<td>CHRONIC CARE MANAGEMENT SERVICES, EACH ADDITIONAL 20 MINUTE</td>
<td>No Auth Needed</td>
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<td>G2061</td>
<td>QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL ONLINE ASSE</td>
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<td>G2064</td>
<td>COMPREHENSIVE CARE MANAGEMENT SERVICES FOR A SINGLE HIGH RI</td>
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<td>G2065</td>
<td>COMPREHENSIVE CARE MANAGEMENT FOR A SINGLE HIGH RISK DISEAS</td>
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<td>G2066</td>
<td>INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS;</td>
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<td>G2067</td>
<td>MEDICATION ASSISTED TREATMENT, METHADONE; WEEKLY BUNDLE INC</td>
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<td>G2068</td>
<td>MEDICATION ASSISTED TREATMENT, BUPRENORPHINE (ORAL); WEEKLY</td>
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<td>MEDICATION ASSISTED TREATMENT, BUPRENORPHINE (INJECTABLE);</td>
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<td>MEDICATION ASSISTED TREATMENT, WEEKLY BUNDLE NOT INCLUDING</td>
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<td>MEDICATION ASSISTED TREATMENT, MEDICATION NOT OTHERWISE SPE</td>
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<td>G2076</td>
<td>INTAKE ACTIVITIES, INCLUDING INITIAL MEDICAL EXAMINATION TH</td>
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<td>G2077</td>
<td>PERIODIC ASSESSMENT; ASSESSING PERIODICALLY BY QUALIFIED PE</td>
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<td>G2078</td>
<td>TAKE HOME SUPPLY OF METHADONE; UP TO 7 ADDITIONAL DAY SUPPL</td>
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<td>G2079</td>
<td>TAKE HOME SUPPLY OF BUPRENORPHINE (ORAL); UP TO 7 ADDITIONA</td>
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<td>EACH ADDITIONAL 30 MINUTES OF COUNSELING IN A WEEK OF MEDIC</td>
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<td>PATIENTS AGE 66 AND OLDER IN INSTITUTIONAL SPECIAL NEEDS PL</td>
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<td>OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MAN</td>
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<td>OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING D</td>
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<td>G2087</td>
<td>OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING C</td>
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<td>OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING C</td>
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<td>G2089</td>
<td>MOST RECENT HEMOGLOBIN A1C (HBA1C) LEVEL 7.0% TO 9.0%</td>
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<tr>
<td>G2090</td>
<td>PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM/</td>
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<td>Description</td>
<td>Auth Needed</td>
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<td>PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM/</td>
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<td>ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN</td>
<td>No Auth Needed</td>
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<td>DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PRESCRIBING ACE</td>
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<td>DOCUMENTATION OF PATIENT REASON(S) FOR NOT PRESCRIBING ACE</td>
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<td>DOCUMENTATION OF SYSTEM REASON(S) FOR NOT PRESCRIBING ACE I</td>
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<td>ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN</td>
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<td>G2097</td>
<td>CHILDREN WITH A COMPETING DIAGNOSIS FOR UPPER RESPIRATORY I</td>
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<td>PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM/</td>
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<td>PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM/</td>
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<td>PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM/</td>
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<td>PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM/</td>
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<td>G2102</td>
<td>DILATED RETINAL EYE EXAM WITH INTERPRETATION BY AN OPHTHALM</td>
<td>No Auth Needed</td>
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<td>G2103</td>
<td>SEVEN STANDARD FIELD STEREOSCOPIC PHOTOS WITH INTERPRETATION</td>
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<tr>
<td>G2104</td>
<td>EYE IMAGING VALIDATED TO MATCH DIAGNOSIS FROM SEVEN STANDAR</td>
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<td>G2105</td>
<td>PATIENTS AGE 66 OR OLDER IN INSTITUTIONAL SPECIAL NEEDS PLA</td>
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<tr>
<td>G2106</td>
<td>PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM/</td>
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<td>PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM/</td>
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<td>PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM/</td>
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<td>PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM/</td>
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<td>G2112</td>
<td>PATIENT RECEIVING &lt;=5 MG DAILY PREDNISONE (OR EQUIVALENT),</td>
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<td>G2113</td>
<td>PATIENT RECEIVING &gt;5 MG DAILY PREDNISONE (OR EQUIVALENT)</td>
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<td>G2114</td>
<td>PATIENTS 66-80 YEARS OF AGE WITH AT LEAST ONE CLAIM/ENCOUNT</td>
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<td>PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM/</td>
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<td>PATIENTS 66 YEARS OF AGE AND OLDER WITH AT LEAST ONE CLAIM/</td>
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<td>PATIENTS 66-80 YEARS OF AGE WITH AT LEAST ONE CLAIM/ENCOUNT</td>
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<td>Code</td>
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<tr>
<td>G2118</td>
<td>PATIENTS 81 YEARS OF AGE AND OLDER WITH EVIDENCE OF FRAILTY</td>
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<td>G2119</td>
<td>WITHIN THE PAST 2 YEARS, CALCIUM AND/OR VITAMIN D OPTIMIZAT</td>
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<td>WITHIN THE PAST 2 YEARS, CALCIUM AND/OR VITAMIN D OPTIMIZAT</td>
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<tr>
<td>G2121</td>
<td>PSYCHOSIS, DEPRESSION, ANXIETY, APATHY, AND IMPULSE CONTROL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2122</td>
<td>PSYCHOSIS, DEPRESSION, ANXIETY, APATHY, AND IMPULSE CONTROL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2123</td>
<td>PATIENTS 66-80 YEARS OF AGE AND HAD AT LEAST ONE CLAIM/ENCO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2124</td>
<td>PATIENTS 66-80 YEARS OF AGE AND HAD AT LEAST ONE CLAIM/ENCO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2125</td>
<td>PATIENTS 81 YEARS OF AGE AND OLDER WITH EVIDENCE OF FRAILTY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2126</td>
<td>PATIENTS 66 YEARS OF AGE OR OLDER AND HAD AT LEAST ONE CLAIM/ENCO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2127</td>
<td>PATIENTS 66 YEARS OF AGE OR OLDER AND HAD AT LEAST ONE CLAIM/ENCO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2128</td>
<td>DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ON A DAILY ASPIR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2129</td>
<td>PROCEDURE RELATED BP’S NOT TAKEN DURING AN OUTPATIENT VISIT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2130</td>
<td>PATIENTS AGE 66 OR OLDER IN INSTITUTIONAL SPECIAL NEEDS PLA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization</td>
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</tr>
<tr>
<td>G2131</td>
<td>PATIENTS 81 YEARS AND OLDER WITH A DIAGNOSIS OF FRAILTY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2132</td>
<td>PATIENTS 66-80 YEARS OF AGE WITH AT LEAST ONE CLAIM/ENCOUNT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2133</td>
<td>PATIENTS 66-80 YEARS OF AGE WITH AT LEAST ONE CLAIM/ENCOUNT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2134</td>
<td>PATIENTS 66 YEARS OF AGE OR OLDER WITH AT LEAST ONE CLAIM/E</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2135</td>
<td>PATIENTS 66 YEARS OF AGE OR OLDER WITH AT LEAST ONE CLAIM/E</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2136</td>
<td>BACK PAIN MEASURED BY THE VISUAL ANALOG SCALE (VAS) AT 3 MO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2137</td>
<td>BACK PAIN MEASURED BY THE VISUAL ANALOG SCALE (VAS) AT 3 MO</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2138</td>
<td>BACK PAIN AS MEASURED BY THE VISUAL ANALOG SCALE (VAS) AT 1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2139</td>
<td>BACK PAIN MEASURED BY THE VISUAL ANALOG SCALE (VAS) PAIN AT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2140</td>
<td>LEG PAIN MEASURED BY THE VISUAL ANALOG SCALE (VAS) AT 3 MON</td>
<td>No Auth Needed</td>
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<tr>
<td>G2141</td>
<td>LEG PAIN MEASURED BY THE VISUAL ANALOG SCALE (VAS) AT 3 MON</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G2142</td>
<td>FUNCTIONAL STATUS MEASURED BY THE OSWESTRY DISABILITY INDEX</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2143</td>
<td>FUNCTIONAL STATUS MEASURED BY THE OSWESTRY DISABILITY INDEX</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2144</td>
<td>FUNCTIONAL STATUS MEASURED BY THE OSPWESTRY DISABILITY INDEX</td>
<td>No Auth Needed</td>
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<tr>
<td>G2145</td>
<td>FUNCTIONAL STATUS MEASURED BY THE OSPWESTRY DISABILITY INDEX</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2146</td>
<td>LEG PAIN AS MEASURED BY THE VISUAL ANALOG SCALE (VAS) AT 1</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G2147</td>
<td>LEG PAIN MEASURED BY THE VISUAL ANALOG SCALE (VAS) AT 1 YEA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2148</td>
<td>PERFORMANCE MET: MULTIMODAL PAIN MANAGEMENT WAS USED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2149</td>
<td>DOCUMENTATION OF MEDICAL REASON(S) FOR NOT USING MULTIMODAL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2150</td>
<td>PERFORMANCE NOT MET: MULTIMODAL PAIN MANAGEMENT WAS NOT USE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2151</td>
<td>PATIENTS WITH DIAGNOSIS OF A DEGENERATIVE NEUROLOGICAL COND</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2152</td>
<td>PERFORMANCE MET: THE RESIDUAL CHANGE SCORE IS EQUAL TO OR G</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2153</td>
<td>IN HOSPICE OR USING HOSPICE SERVICES DURING THE MEASUREMENT</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2154</td>
<td>PATIENT RECEIVED AT LEAST ONE TD VACCINE OR ONE TDAP VACCIN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2155</td>
<td>PATIENT HAD HISTORY OF AT LEAST ONE OF THE FOLLOWING CONTRA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2156</td>
<td>PATIENT DID NOT RECEIVE AT LEAST ONE TD VACCINE OR ONE TDAP</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authentication Required</td>
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<tr>
<td>G2157</td>
<td>PATIENTS RECEIVED BOTH THE 13-VALENT PNEUMOCOCCAL CONJUGATE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2158</td>
<td>PATIENT HAD PRIOR PNEUMOCOCCAL VACCINE ADVERSE REACTION ANY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2159</td>
<td>PATIENT DID NOT RECEIVE BOTH THE 13-VALENT PNEUMOCOCCAL CON</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2160</td>
<td>PATIENT RECEIVED AT LEAST ONE DOSE OF THE HERPES ZOSTER LIVE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2161</td>
<td>PATIENT HAD PRIOR ADVERSE REACTION CAUSED BY ZOSTER VACCINE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2162</td>
<td>PATIENT DID NOT RECEIVE AT LEAST ONE DOSE OF THE HERPES ZOSTER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2163</td>
<td>PATIENT RECEIVED AN INFLUENZA VACCINE ON OR BETWEEN JULY 1</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2164</td>
<td>PATIENT HAD A PRIOR INFLUENZA VIRUS VACCINE ADVERSE REACTION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2165</td>
<td>PATIENT DID NOT RECEIVE AN INFLUENZA VACCINE ON OR BETWEEN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G2166</td>
<td>PATIENT REFUSED TO PARTICIPATE AT ADMISSION AND/OR DISCHARG</td>
<td>No Auth Needed</td>
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<tr>
<td>G2167</td>
<td>PERFORMANCE NOT MET: THE RESIDUAL CHANGE SCORE IS LESS THAN</td>
<td>No Auth Needed</td>
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<tr>
<td>G6001</td>
<td>ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>G6002</td>
<td>STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR THE DELIVERY OF RADIATION THERAPY</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>G6003</td>
<td>RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS:</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G6004</td>
<td>RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS:</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G6005</td>
<td>RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS:</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G6006</td>
<td>RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR NO BLOCKS:</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G6007</td>
<td>RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G6008</td>
<td>RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G6009</td>
<td>RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G6010</td>
<td>RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA, USE OF MULTIPLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G6011</td>
<td>RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G6012</td>
<td>RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES,</td>
<td>No Auth Needed</td>
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<tr>
<td>G6013</td>
<td>RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES,</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>G6014</td>
<td>RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGES,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G6015</td>
<td>INTENSITY MODULATED TREATMENT DELIVERY, SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEMPORALLY MODULATED BEAMS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>G6016</td>
<td>Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G6017</td>
<td>Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3D)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G6018</td>
<td>Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G6019</td>
<td>Colonoscopy through stoma; with ablation of tumor(s), poly(s), or other lesion(s) not amenable to removal by hot</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G6020</td>
<td>Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G6021</td>
<td>Unlisted procedure, intestine</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G6022</td>
<td>Sigmoidoscopy, flexible; with ablation of tumor(s), poly(s), or other lesions(s) not amenable to removal by hot biopsy</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G6023</td>
<td>Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G6024</td>
<td>Colonoscopy, flexible; proximal to splenic flexure; with ablation of tumor(s), poly(s), or other lesion(s) not amenable</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>G6025</td>
<td>Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G6027</td>
<td>Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); diagnostic, including</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G6028</td>
<td>Anoscopy, high resolution (HRA) (with magnification and chemical agent enhancement); with biopsy(ies)</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G8135</td>
<td>Refill &amp; maint of portable pum</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>G8395</td>
<td>LEFT VENTRICULAR EJECTION FRACTION (LVEF) (\geq 40%) OR DOCUMENTATION AS NORMAL OR MILDLY DEPRESSED LEFT VENTRICULAR SYSTOLIC</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G8396</td>
<td>LVEF NOT PERFORMED OR DOCUMENTATION NOT AS NORMAL OR MILDLY DEPRESSED LEFT VENTRICULAR SYSTOLIC</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G8397</td>
<td>DILATED MACULAR OR FUNDUS EXAM PERFORMED, INCLUDING DOCUMENTATION OF THE PRESENCE OR ABSENCE OF MACULAR EDEMA</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8398</td>
<td>DILATED MACULAR OR FUNDUS EXAM NOT PERFORMED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8399</td>
<td>PATIENT WITH DOCUMENTED RESULTS OF A CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) EVER BEING PERFORMED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8400</td>
<td>PATIENT WITH CENTRAL DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA) RESULTS NOT DOCUMENTED, REASON NOT GIVEN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8404</td>
<td>LOWER EXTREMITY NEUROLOGICAL EXAM PERFORMED AND DOCUMENTED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8405</td>
<td>LOWER EXTREMITY NEUROLOGICAL EXAM NOT PERFORMED</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G8410</td>
<td>FOOTWEAR EVALUATION PERFORMED AND DOCUMENTED</td>
<td>No Auth Needed</td>
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<tr>
<td>G8415</td>
<td>FOOTWEAR EVALUATION WAS NOT PERFORMED</td>
<td>No Auth Needed</td>
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<tr>
<td>G8416</td>
<td>CLINICIAN DOCUMENTED THAT PATIENT WAS NOT AN ELIGIBLE CANDIDATE FOR FOOTWEAR EVALUATION MEASURE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8417</td>
<td>BMI IS DOCUMENTED ABOVE NORMAL PARAMETERS AND A FOLLOW UP PLAN IS DOCUMENTED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8418</td>
<td>BMI IS DOCUMENTED BELOW NORMAL PARAMETERS AND A FOLLOW UP PLAN IS DOCUMENTED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Action</td>
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<tr>
<td>G8419</td>
<td>BMI DOCUMENTED OUTSIDE NORMAL PARAMETERS, NO FOLLOW UP PLAN DOCUMENTED, NO REASON GIVEN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8420</td>
<td>BMI IS DOCUMENTED WITHIN NORMAL PARAMETERS AND NO FOLLOW UP IS REQUIRED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8421</td>
<td>BMI NOT DOCUMENTED AND NO REASON IS GIVEN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8422</td>
<td>BMI NOT DOCUMENTED, DOCUMENTATION THE PATIENT IS NOT ELIGIBLE FOR BMI CALCULATION</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8427</td>
<td>ELIGIBLE PROFESSIONAL ATTESTS TO DOCUMENTING IN THE MEDICAL RECORD THEY OBTAINED, UPDATED, OR REVIEWED THE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8428</td>
<td>CURRENT LIST OF MEDICATIONS NOT DOCUMENTED AS OBTAINED, UPDATED, OR REVIEWED BY THE ELIGIBLE PROFESSIONAL,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8430</td>
<td>ELIGIBLE PROFESSIONAL ATTESTS TO DOCUMENTING IN THE MEDICAL RECORD THE PATIENT IS NOT ELIGIBLE FOR A CURRENT LIST OF MEDICATIONS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8431</td>
<td>SCREENING FOR CLINICAL DEPRESSION IS DOCUMENTED AS BEING POSITIVE AND A FOLLOW-UP PLAN IS DOCUMENTED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8432</td>
<td>CLINICAL DEPRESSION SCREENING NOT DOCUMENTED; REASON NOT GIVEN</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G8433</td>
<td>SCREENING FOR CLINICAL DEPRESSION NOT DOCUMENTED, DOCUMENTATION STATING THE PATIENT IS NOT ELIGIBLE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8442</td>
<td>PAIN ASSESSMENT NOT DOCUMENTED AS BEING PERFORMED, DOCUMENTATION THE PATIENT IS NOT ELIGIBLE FOR A PAIN ASSESSMENT USING A STANDARD</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G8450</td>
<td>BETA-BLOCKER THERAPY PRESCRIBED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8451</td>
<td>BETABLOCKER THERAPY FOR LVEF &lt; 40% NOT PRESCRIBED FOR REASONS DOCUMENTED BY THE CLINICIAN (E.G., LOW BLOOD PRESSURE, FLUID)</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>G8452</td>
<td>BETA-BLOCKER THERAPY NOT PRE</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G8465</td>
<td>HIGH OR VERY HIGH RISK OF RECURRENCE OF PROSTATE CANCER</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G8473</td>
<td>ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY PRESCRIBED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8474</td>
<td>ACE I/ARB TX NOT PRSC RSNS D</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8475</td>
<td>ACE INH/ARB TX NOT PRSC RSN</td>
<td>No Auth Needed</td>
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<tr>
<td>G8476</td>
<td>MOST RECENT BLOOD PRESSURE HAS A SYSTOLIC MEASUREMENT OF &lt; 140 MM HG AND A DIASTOLIC MEASUREMENT OF &lt; 90 MM HG</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8477</td>
<td>MOST RECENT BLOOD PRESSURE HAS A SYSTOLIC MEASUREMENT OF &gt;=140 MM HG AND/OR A DIASTOLIC MEASUREMENT OF &gt;=90 MM HG</td>
<td>No Auth Needed</td>
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<td>G8478</td>
<td>BP MSR NOT PERF/DOC RSN NOT</td>
<td>No Auth Needed</td>
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<tr>
<td>G8482</td>
<td>INFLUENZA IMMUNIZATION ADMINISTERED OR PREVIOUSLY RECEIVED</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8483</td>
<td>INFLUENZA IMMUNIZATION WAS NOT ADMINISTERED FOR REASONS DOCUMENTED BY CLINICIAN (E.G., PATIENT ALLERGY OR OTHER)</td>
<td>No Auth Needed</td>
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<tr>
<td>G8484</td>
<td>INFLUENZA IMMUNIZATION WAS NOT ADMINISTERED; REASON NOT GIVEN</td>
<td>No Auth Needed</td>
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<tr>
<td>G8506</td>
<td>PATIENT RECEIVING ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB) THERAPY</td>
<td>No Auth Needed</td>
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<td>G8509</td>
<td>PAIN ASSESSMENT DOCUMENTED AS POSITIVE USING A STANDARDIZED TOOL, FOLLOW-UP PLAN NOT DOCUMENTED, REASON NOT GIVEN</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<td>G8510</td>
<td>SCREENING FOR CLINICAL DEPRESSION IS DOCUMENTED AS NEGATIVE, A FOLLOW-UP PLAN IS NOT REQUIRED</td>
<td>No Auth Needed</td>
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<tr>
<td>G8511</td>
<td>SCREENING FOR CLINICAL DEPRESSION DOCUMENTED AS POSITIVE, FOLLOW UP PLAN NOT DOCUMENTED, REASON NOT GIVEN</td>
<td>No Auth Needed</td>
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<td>G8535</td>
<td>ELDER MALTREATMENT SCREEN NOT DOCUMENTED; DOCUMENTATION THAT PATIENT NOT ELIGIBLE FOR THE ELDER MALTREATMENT</td>
<td>No Auth Needed</td>
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<td>G8536</td>
<td>NO DOCUMENTATION OF AN ELDER MALTREATMENT SCREEN, REASON NOT SPECIFIED</td>
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<td>G8539</td>
<td>FUNCTIONAL OUTCOME ASSESSMENT DOCUMENTED AS POSITIVE USING A STANDARDIZED TOOL AND A CARE PLAN BASED</td>
<td>No Auth Needed</td>
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<td>FUNCTIONAL OUTCOME ASSESSMENT NOT DOCUMENTED AS BEING PERFORMED, DOCUMENTATION THE PATIENT IS NOT ELIGIBLE</td>
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<td>FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL, NOT DOCUMENTED, REASON NOT GIVEN</td>
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<td>G8542</td>
<td>FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL IS DOCUMENTED; NO FUNCTIONAL DEFICIENCIES IDENTIFIED, CARE</td>
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<td>G8543</td>
<td>DOCUMENTATION OF A POSITIVE FUNCTIONAL OUTCOME ASSESSMENT USING A STANDARDIZED TOOL; CARE PLAN NOT DOCUMENTED, REASON</td>
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<td>G8559</td>
<td>PT REF TO PHYS FOR OTOLOGIC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8560</td>
<td>PT HX ACTIVE DRAIN EAR PREV</td>
<td>No Auth Needed</td>
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<tr>
<td>G8561</td>
<td>PATIENT IS NOT ELIGIBLE FOR THE REFERRAL FOR OTOLOGIC EVALUATION FOR PATIENTS WITH A HISTORY OF ACTIVE DRAINAGE MEASURE</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G8562</td>
<td>PT NO HX DRAINGE EAR PREV 90</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<td>PT NOT REF PHYS OTO EVAL RSN</td>
<td>No Auth Needed</td>
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<td>G8564</td>
<td>PT REF OTO EVAL REASON NOT S</td>
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<td>VERIFICATION &amp; DOC SUDDEN HEA</td>
<td>No Auth Needed</td>
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<td>PT NOT ELIG REF OTO HEAR LOS</td>
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<td>PT NO VERIFICATION SUDDEN HE</td>
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<td>PT WAS NOT REF PHYS OTO EVAL</td>
<td>No Auth Needed</td>
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<td>PROLONGED POSTOP INTUBATION</td>
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<td>STROKE FLW ISOLATED CABG SUR</td>
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<td>NO STROKE FLW ISOLATED CABG</td>
<td>No Auth Needed</td>
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<td>DEV POSTOP RENAL FAIL/REQ DI</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<td>NO PO RENAL FAIL/DIALYSIS NO</td>
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<td>G8577</td>
<td>REOP MDST BLD GFT OCCL VLV F</td>
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<td>REOP NOT REQ MEDST BLD GFT O</td>
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<td>ASPIRIN OR ANOTHER ANTITHROMBOTIC THERAPY USED</td>
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<td>G8600</td>
<td>IV T-PA INIT W/IN 3 HRS LAST</td>
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<td>IV T-PA NOT INIT 3 HRS WELL</td>
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<td>G8602</td>
<td>IV TPA NOT IN 3 HRS TME KNWN</td>
<td>No Auth Needed</td>
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<td>SURG PROC 30 DAY FLW CAT SUR</td>
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<td>SURG PROC NOT IN 30 DA FLW C</td>
<td>No Auth Needed</td>
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<td>PHARMACOLOGIC THERAPY (OTHER THAN MINERALS/VITAMINS) FOR OSTEOPOROSIS PRESCRIBED</td>
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<td>Code</td>
<td>Description</td>
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<td>No Auth Needed</td>
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<td>G8649</td>
<td>RISK-ADJ FUNC STS CHG SC KNEE</td>
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<td>RISK-ADJ FUNCT STATUS KNEE NOT</td>
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<td>RSK-ADJ FNC STS CHG RSD SCS HI</td>
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<td>RISK-ADJ FUNCT STATUS HIP NOT</td>
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<td>RISK-ADJ FUNCT STAT LOW LEG FT</td>
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<td>RSK-A FXN STS CH RSD SC FT/ANK</td>
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<td>Code</td>
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<td>G8662</td>
<td>RISK-ADJ FXN STS CH RSD SC LB</td>
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<td>G8663</td>
<td>RISK-ADJ FUNCT STS SHOULDER IM</td>
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<td>RISK-ADJUSTED FUNCTIONAL STATUS CHANGE RESIDUAL SCORE FOR THE ELBOW, WRIST OR HAND IMPAIRMENT SUCCESSFULLY CALCULATED</td>
<td>No Auth Needed</td>
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<td>G8668</td>
<td>RISK-ADJ FUNC ST ELBOW WRIST H</td>
<td>No Auth Needed</td>
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<td>G8669</td>
<td>RSK-AD F ST CHG RSD SC ELB WR/</td>
<td>No Auth Needed</td>
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<td>G8670</td>
<td>RISK-ADJ FCN ST E WR HND IMPR</td>
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<td>G8671</td>
<td>RISK-ADJ F STS CHG RSD SC N CR</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<td>RSK-A FXN ST CHG RSD SC N CR M</td>
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<tr>
<td>G8694</td>
<td>LEFT VENTRICULAR EJECTION FRACTION (LVEF) &lt; 40%</td>
<td>No Auth Needed</td>
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<tr>
<td>G8696</td>
<td>ANTITHROMBOTIC THERAPY PRESCRIBED AT DISCHARGE</td>
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<tr>
<td>G8708</td>
<td>PATIENT NOT PRESCRIBED OR DISPENSED ANTIBIOTIC</td>
<td>No Auth Needed</td>
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<tr>
<td>G8709</td>
<td>PATIENT PRESCRIBED OR DISPENSED ANTIBIOTIC FOR DOCUMENTED MEDICAL REASON(S) WITHIN THREE DAYS AFTER THE INITIAL DIAGNOSIS OF URI</td>
<td>No Auth Needed</td>
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<td>G8710</td>
<td>PATIENT PRESCRIBED/DISPENSED</td>
<td>No Auth Needed</td>
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<tr>
<td>G8711</td>
<td>PRESCRIBED OR DISPENSED ANTIBIOTIC</td>
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<td>ANTIBIOTIC NOT PRESCRIBED/DISPENSED</td>
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<td>G8721</td>
<td>PT CAT PN CAT&amp;HIST GR DOC PA</td>
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<td>G8722</td>
<td>DOC MED RSN NO PT PN/HG PATH</td>
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<td>G8723</td>
<td>SITE IS OTH THAN ANAT LOC PR</td>
<td>No Auth Needed</td>
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<td>G8724</td>
<td>PT CATEGORY, PN CATEGORY AND HISTOLOGIC GRADE WERE NOT DOCUMENTED IN THE PATHOLOGY REPORT, REASON NOT GIVEN</td>
<td>No Auth Needed</td>
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<tr>
<td>G8730</td>
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<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>G8731</td>
<td>PAIN ASSESSMENT USING A STANDARDIZED TOOL IS DOCUMENTED AS NEGATIVE; NO FOLLOW UP PLAN IS REQUIRED</td>
<td>No Auth Needed</td>
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<tr>
<td>G8732</td>
<td>NO DOCUMENTATION OF PAIN ASSESSMENT, REASON NOT GIVEN</td>
<td>No Auth Needed</td>
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<tr>
<td>G8733</td>
<td>ELDER MALTREATMENT SCREEN DOCUMENTED AS POSITIVE AND A FOLLOW-UP PLAN IS DOCUMENTED</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>G8734</td>
<td>ELDER MALTREATMENT SCREEN DOCUMENTED AS NEGATIVE, NO FOLLOW-UP REQUIRED</td>
<td>No Auth Needed</td>
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<tr>
<td>G8735</td>
<td>ELDER MALTREATMENT SCREEN DOCUMENTED AS POSITIVE, FOLLOW-UP PLAN NOT DOCUMENTED, REASON NOT GIVEN</td>
<td>No Auth Needed</td>
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<td>G8749</td>
<td>ABSENCE SIGNS MELANOMA/ABSENCE</td>
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<tr>
<td>G8752</td>
<td>MOST RECENT SYSTOLIC BLOOD PRESSURE &lt; 140 MM HG</td>
<td>No Auth Needed</td>
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<tr>
<td>G8753</td>
<td>MOST RECENT SYSTOLIC BLOOD PRESSURE &gt;= 140 MM HG</td>
<td>No Auth Needed</td>
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<tr>
<td>G8754</td>
<td>MOST RECENT DIASTOLIC BLOOD PRESSURE &lt; 90 MM HG</td>
<td>No Auth Needed</td>
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<td>MOST RECENT DIASTOLIC BLOOD PRESSURE &gt;= 90 MM HG</td>
<td>No Auth Needed</td>
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<td>NO DOCUMENTATION OF BLOOD PRESSURE MEASUREMENT, REASON NOT GIVEN</td>
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<td>G8783</td>
<td>NORMAL BLOOD PRESSURE READING DOCUMENTED, FOLLOW-UP NOT REQUIRED</td>
<td>No Auth Needed</td>
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<td>G8785</td>
<td>BLOOD PRESSURE READING NOT DOCUMENTED, REASON NOT GIVEN</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Reimbursement Details</td>
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<td>G8797</td>
<td>SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF ESOPHAGUS</td>
<td>No Auth Needed</td>
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<td>G8798</td>
<td>SPECIMEN SITE OTH THN ANAT L</td>
<td>No Auth Needed</td>
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<td>G8806</td>
<td>PERFORMANCE OF TRANS-ABDOMINAL OR TRANS-VAGINAL ULTRASOUND AND PREGNANCY LOCATION DOCUMENTED</td>
<td>No Auth Needed</td>
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<td>G8807</td>
<td>TRANSABDOMINAL OR TRANSVAGINAL ULTRASOUND NOT PERFORMED FOR REASONS DOCUMENTED BY CLINICIAN (E.G., PATIENT HAS</td>
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<tr>
<td>G8808</td>
<td>PERFORMANCE OF TRANS-ABDOMINAL OR TRANS-VAGINAL ULTRASOUND NOT ORDERED, REASON NOT GIVEN E.G., PATIENT HAS VISITED</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G8809</td>
<td>RH IMMUNE GLOBULIN RHOGAM OR</td>
<td>No Auth Needed</td>
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<tr>
<td>G8810</td>
<td>RH-IMMUNOGLOBULIN (RHOGAM) NOT ORDERED FOR REASONS DOCUMENTED BY CLINICIAN (E.G., PATIENT HAD PRIOR DOCUMENTED RECEIPT OF</td>
<td>No Auth Needed</td>
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<tr>
<td>G8811</td>
<td>DOCUMENTATION RH IMMUNE GLOBULIN (RHOGAM) WAS NOT ORDERED, REASON NOT SPECIFIED</td>
<td>No Auth Needed</td>
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<tr>
<td>G8815</td>
<td>DOCUMENTED REASON MED REC WHY</td>
<td>No Auth Needed</td>
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<td>G8816</td>
<td>STATIN MEDICATION PRESCRIBED AT DISCHARGE</td>
<td>No Auth Needed</td>
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<td>G8817</td>
<td>STATIN TX NOT PRSC D/C RSN N</td>
<td>No Auth Needed</td>
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<tr>
<td>G8818</td>
<td>PT D/C HOME NO LATR THN POST</td>
<td>No Auth Needed</td>
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<td>G8825</td>
<td>PT NOT D/C TO HOME BY POSTOP</td>
<td>No Auth Needed</td>
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<tr>
<td>G8826</td>
<td>PT D/C HOM NO LATR PO DA 2 F</td>
<td>No Auth Needed</td>
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<td>G8833</td>
<td>PT NOT D/C HOM POSTOP D #2 F</td>
<td>No Auth Needed</td>
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<tr>
<td>G8834</td>
<td>PT D/C HOM NO LATR PO DA #2</td>
<td>No Auth Needed</td>
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<tr>
<td>G8838</td>
<td>PT NOT D/C HOME BY PO DAY 2</td>
<td>No Auth Needed</td>
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<td>G8839</td>
<td>SLEEP APNEA SYMPTOMS ASSESSED, INCLUDING PRESENCE OR ABSENCE OF SNORING AND DAYTIME SLEEPINESS</td>
<td>No Auth Needed</td>
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<tr>
<td>G8840</td>
<td>DOC RSN NOT DOCUMENT ASMT SL</td>
<td>No Auth Needed</td>
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<td>G8841</td>
<td>SLP APNEA SX NOT ASSESS RSN</td>
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<td>G8842</td>
<td>APNEA HYPOPNEA INDEX (AHI) OR RESPIRATORY DISTURBANCE INDEX (RDI) MEASURED AT THE TIME OF INITIAL DIAGNOSIS</td>
<td>No Auth Needed</td>
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<tr>
<td>G8843</td>
<td>DOC RSN NOT MSR AHI/RDI TM I</td>
<td>No Auth Needed</td>
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<td>G8844</td>
<td>AHI/RDI NOT MSR TIME DX RSN</td>
<td>No Auth Needed</td>
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<td>G8845</td>
<td>POSITIVE AIRWAY PRESSURE THERAPY PRESCRIBED</td>
<td>No Auth Needed</td>
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<tr>
<td>G8846</td>
<td>MODERATE OR SEVERE OBSTRUCTIVE SLEEP APNEA (APNEA HYPOPNEA INDEX (AHI) OR RESPIRATORY DISTURBANCE INDEX (RDI) OF 15 OR</td>
<td>No Auth Needed</td>
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<td>G8849</td>
<td>DOC REASON NOT PRESCRIBED PA</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G8850</td>
<td>PAP TX NOT PRSC REASON NOT G</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G8851</td>
<td>OBJECTIVE MEASUREMENT OF ADHERENCE TO POSITIVE AIRWAY PRESSURE THERAPY, DOCUMENTED</td>
<td>No Auth Needed</td>
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<tr>
<td>G8852</td>
<td>POSITIVE AIRWAY PRESSURE THERAPY PRESCRIBED</td>
<td>No Auth Needed</td>
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<td>G8854</td>
<td>DOCUMENTATION OF REASON(S) FOR NOT OBJECTIVELY MEASURING ADHERENCE TO POSITIVE AIRWAY PRESSURE THERAPY E.G.,</td>
<td>No Auth Needed</td>
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<td>G8855</td>
<td>OBJ MSR ADH PAP TX NOT PERF</td>
<td>No Auth Needed</td>
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<td>G8856</td>
<td>REFERRAL TO A PHYSICIAN FOR AN OTOLOGIC EVALUATION PERFORMED</td>
<td>No Auth Needed</td>
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<tr>
<td>G8857</td>
<td>PATIENT IS NOT ELIGIBLE FOR THE REFERRAL FOR OTOLOGIC EVALUATION MEASURE (E.G., PATIENTS WHO ARE ALREADY UNDER THE CARE OF A PHYS</td>
<td>No Auth Needed</td>
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<td>G8858</td>
<td>REF PHYS OTOLOG EVAL NOT PRF</td>
<td>No Auth Needed</td>
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<tr>
<td>G8861</td>
<td>PST 2 YRS DXA ORD&amp;DOC ROS&amp;ME</td>
<td>No Auth Needed</td>
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<td>G8863</td>
<td>PTS NOT ASSESS RSK BL RSN NO</td>
<td>No Auth Needed</td>
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<td>G8864</td>
<td>PNEUMOCOCCAL VACCINE ADMINISTERED OR PREVIOUSLY RECEIVED</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>G8865</td>
<td>DOC MED RSN NOT ADM/PREV REC</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8866</td>
<td>DOC PT RSN NOT ADM/PREV RECV</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<td>PNEUMOCOCCAL VACCINE NOT ADMINISTERED OR PREVIOUSLY RECEIVED, REASON NOT GIVEN</td>
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<tr>
<td>G8869</td>
<td>PT DOC IMMU HEP B RECV 1ST A</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8872</td>
<td>EXCSD TISS EVAL IMAG IO CNF</td>
<td>No Auth Needed</td>
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<tr>
<td>G8873</td>
<td>PT NDLE LOC SPEC VERFD IO IN</td>
<td>No Auth Needed</td>
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<tr>
<td>G8874</td>
<td>EXC TISS NOT EVAL IMAG IO TA</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>G8875</td>
<td>CLINICIAN DIAGNOSED BREAST CANCER PREOPERATIVELY BY A MINIMALLY INVASIVE BIOPSY METHOD</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8876</td>
<td>DOC RSN NO MI BX DIAG BRST C</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8877</td>
<td>CLN NOT DX BR CA PRE BX RSN</td>
<td>No Auth Needed</td>
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<td>G8878</td>
<td>SENTINEL LYMPH NODE BIOPSY PROCEDURE PERFORMED</td>
<td>No Auth Needed</td>
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<tr>
<td>G8879</td>
<td>CLINICALLY NODE NEGATIVE (T1N0M0 OR T2N0M0) INVASIVE BREAST CANCER</td>
<td>Auth Required</td>
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<td>G8880</td>
<td>DOCUMENT RSN SENTINEL LYMPH NO</td>
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<tr>
<td>G8881</td>
<td>STAGE BREAST CA &gt; T1N0M0/T2N</td>
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<td>G8882</td>
<td>SENTINEL LN BX NOT PERF RSN</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Completion Status</td>
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<tr>
<td>G8883</td>
<td>BIOPSY RESULTS REVIEWED, COMMUNICATED, TRacked AND DOCUMENTED</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G8884</td>
<td>CLIN DOC RSN PT BX RESLT NOT</td>
<td>No Auth Needed</td>
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<tr>
<td>G8885</td>
<td>BX RESULTS NOT REVIEWED TRAC</td>
<td>No Auth Needed</td>
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<tr>
<td>G8907</td>
<td>PATIENT DOCUMENTED NOT TO HAVE EXPERIENCED ANY OF THE FOLLOWING EVENTS: A BURN PRIOR TO DISCHARGE; A FALL WITHIN THE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8908</td>
<td>PT DOC HAVE RECEIVED BRN PRI</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8909</td>
<td>PATIENT DOCUMENTED NOT TO HAVE RECEIVED A BURN PRIOR TO DISCHARGE</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8910</td>
<td>PT DOC HAVE EXPERIENCED FALL</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8911</td>
<td>PATIENT DOCUMENTED NOT TO HAVE EXPERIENCED A FALL WITHIN AMBULATORY SURGERY CENTER</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8912</td>
<td>PT DOC EXP WRG SITE S PT PRO</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>G8913</td>
<td>PATIENT DOCUMENTED NOT TO HAVE EXPERIENCED A WRONG SITE, WRONG SIDE, WRONG PATIENT, WRONG PROCEDURE OR</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8914</td>
<td>PATIENT DOCUMENTED TO HAVE EXPERIENCED A HOSPITAL TRANSFER OR HOSPITAL ADMISSION UPON DISCHARGE FROM ASC</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G8915</td>
<td>PATIENT DOCUMENTED NOT TO HAVE EXPERIENCED A HOSPITAL TRANSFER OR HOSPITAL ADMISSION UPON DISCHARGE FROM</td>
<td>No Auth Needed</td>
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<tr>
<td>G8916</td>
<td>PATIENT WITH PREOPERATIVE ORDER FOR IV ANTIBIOTIC SURGICAL SITE INFECTION (SSI) PROPHYLAXIS, ANTIBIOTIC INITIATED ON TIME</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Documentation</td>
<td></td>
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<tr>
<td>G8917</td>
<td>PATIENT WITH PREOPERATIVE ORDER FOR IV ANTIBIOTIC SURGICAL SITE INFECTION (SSI) PROPHYLAXIS, ANTIBIOTIC NOT INITIATED ON</td>
<td>No Auth Needed</td>
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<td>G8918</td>
<td>PATIENT WITHOUT PREOPERATIVE ORDER FOR IV ANTIBIOTIC SURGICAL SITE INFECTION (SSI) PROPHYLAXIS.</td>
<td>No Auth Needed</td>
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<tr>
<td>G8923</td>
<td>LEFT VENTRICULAR EJECTION FRACTION (LVEF) &lt; 40% OR DOCUMENTATION OF MODERATELY OR SEVERELY DEPRESSED LEFT VENTRICULAR</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G8924</td>
<td>SPIROMETRY TEST RESULTS DEMONSTRATE FEV1 &lt; 60% PREDICTED AND PATIENT HAS COPD SYMPTOMS (E.G., DYSPNEA, COUGH/SPUTUM,</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8925</td>
<td>SPIROMETRY TEST RESULTS DEMONSTRATE FEV1 = 60% PREDICTED OR PATIENT DOES NOT HAVE COPD SYMPTOMS</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8926</td>
<td>SPIROMETRY TEST NOT PERFORMED OR DOCUMENTED, REASON NOT GIVEN</td>
<td>No Auth Needed</td>
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<tr>
<td>G8934</td>
<td>LVEF&lt;40%/DOC MOD/SEV DEPRESS</td>
<td>No Auth Needed</td>
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<tr>
<td>G8935</td>
<td>CLINICIAN PRESCRIBED ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITOR OR ANGIOTENSIN RECEPTOR BLOCKER (ARB)</td>
<td>No Auth Needed</td>
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<tr>
<td>G8936</td>
<td>CLN DOC PT NOT ELG C ACE INH</td>
<td>No Auth Needed</td>
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<tr>
<td>G8937</td>
<td>CLN NOT PRSC ACE INH/ARB RSN</td>
<td>No Auth Needed</td>
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<tr>
<td>G8938</td>
<td>BMI IS DOCUMENTED AS BEING OUTSIDE OF NORMAL LIMITS, FOLLOW-UP PLAN IS NOT DOCUMENTED, DOCUMENTATION THE PATIENT IS NOT ELIGIBLE</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G8939</td>
<td>PAIN ASSESSMENT DOCUMENTED AS POSITIVE, FOLLOW-UP PLAN NOT DOCUMENTED, DOCUMENTATION THE PATIENT IS NOT ELIGIBLE</td>
<td>No Auth Needed</td>
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<tr>
<td>G8941</td>
<td>ELDER MALTREATMENT SCREEN DOCUMENTED AS POSITIVE, FOLLOW-UP PLAN NOT DOCUMENTED, DOCUMENTATION THE PATIENT IS NOT ELIGIBLE</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<td>G8942</td>
<td>FUNCTIONAL OUTCOMES ASSESSMENT USING A STANDARDIZED TOOL IS DOCUMENTED WITHIN THE PREVIOUS 30 DAYS AND CARE PLAN, BASED</td>
<td>No Auth Needed</td>
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<td>G8944</td>
<td>AJCC MELANOMA CANCER STAGE 0-</td>
<td>No Auth Needed</td>
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<tr>
<td>G8946</td>
<td>MINIMALLY INVASIVE BX METH ATTEMPT</td>
<td>No Auth Needed</td>
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<td>G8950</td>
<td>PREHYPERTENSIVE OR HYPERTENSIVE BLOOD PRESSURE READING DOCUMENTED, AND THE INDICATED FOLLOW-UP IS DOCUMENTED</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G8952</td>
<td>PREHYPERTENSIVE OR HYPERTENSIVE BLOOD PRESSURE READING DOCUMENTED, INDICATED FOLLOW-UP NOT DOCUMENTED, REASON NOT DOCUMENTED</td>
<td>No Auth Needed</td>
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<tr>
<td>G8955</td>
<td>MOST RECENT ASMT ADEQUACY VO</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>G8956</td>
<td>PT RCV MAINT HEMODIAL O/P DI</td>
<td>No Auth Needed</td>
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<tr>
<td>G8958</td>
<td>ASMT ADEQ VOL M NOT DOC RSN</td>
<td>No Auth Needed</td>
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<tr>
<td>G8959</td>
<td>CLINICIAN TREATING MAJOR DEPRESSIVE DISORDER COMMUNICATES TO CLINICIAN TREATING COMORBID CONDITION</td>
<td>No Auth Needed</td>
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<tr>
<td>G8960</td>
<td>CLN TX MDD NOT C CLN CC RSN</td>
<td>No Auth Needed</td>
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<tr>
<td>G8961</td>
<td>CRD SS IMAG L RSK PT PREOP 3</td>
<td>No Auth Needed</td>
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<tr>
<td>G8962</td>
<td>CARD STRESS IMAG TEST PERF A</td>
<td>No Auth Needed</td>
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</tr>
<tr>
<td>G8963</td>
<td>CARD STRSS IMAG MON ASX PT P</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G8964</td>
<td>CARD SS IMAG NOT MON ASX PCI</td>
<td>No Auth Needed</td>
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<tr>
<td>G8965</td>
<td>CARD STRESS IMAG PRIM LW CHD</td>
<td>No Auth Needed</td>
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<tr>
<td>G8966</td>
<td>CARD STRESS IMAG SX/&gt; LW CHD</td>
<td>No Auth Needed</td>
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<tr>
<td>G8967</td>
<td>WARFARIN OR ANOTHER ORAL ANTICOAGULANT THAT IS FDA APPROVED PRESCRIBED</td>
<td>No Auth Needed</td>
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<tr>
<td>G8968</td>
<td>DOCUMENTATION OF MEDICAL REASON(S) FOR NOT PRESCRIBING WARFARIN OR ANOTHER ORAL ANTICOAGULANT THAT IS FDA APPROVED FOR</td>
<td>No Auth Needed</td>
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<td>DOCUMENTATION OF PATIENT REASON(S) FOR NOT PRESCRIBING WARFARIN OR ANOTHER ORAL ANTICOAGULANT THAT IS FDA APPROVED (E.G.,</td>
<td>No Auth Needed</td>
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<td>G8970</td>
<td>NO RISK FACTORS OR ONE MODERATE RISK FACTOR FOR THROMBOEMBOLISM</td>
<td>No Auth Needed</td>
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<tr>
<td>G8971</td>
<td>WARFARIN OR ANOTHER ORAL ANTICOAGULANT THAT IS FDA APPROVED NOT PRESCRIBED, REASON NOT GIVEN</td>
<td>Auth Required</td>
<td></td>
</tr>
<tr>
<td>G8972</td>
<td>ONE OR MORE HIGH RISK FACTORS FOR THROMBOEMBOLISM OR MORE THAN ONE MODERATE RISK FACTOR FOR</td>
<td>Auth Required</td>
<td></td>
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<tr>
<td>G8973</td>
<td>MOST RECENT HGB LEVEL &lt; 10 G</td>
<td>No Auth Needed</td>
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<tr>
<td>G8974</td>
<td>HGB LEVEL MSR NOT DOC RSN NO</td>
<td>No Auth Needed</td>
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<tr>
<td>G8975</td>
<td>DOC MED RSN PT HGB LEVL &lt; 10</td>
<td>No Auth Needed</td>
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<tr>
<td>G8976</td>
<td>MOST RECENT HEMOGLOBIN (HGB) LEVEL &gt;= 10 G/DL</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td></td>
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<tr>
<td>G8978</td>
<td>Mobility: Walking and Moving Around Functional Limitation, Current Status, at Therapy Episode Outset and at Reporting</td>
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</tr>
<tr>
<td>G8979</td>
<td>Mobility: Walking and Moving Around Functional Limitation, Projected Goal Status, at Therapy Episode Outset, at</td>
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<tr>
<td>G8980</td>
<td>Mobility: Walking and Moving Around Functional Limitation, Discharge Status, at Discharge from Therapy or to End</td>
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<tr>
<td>G8981</td>
<td>Changing and Maintaining Body Position Functional Limitation, Current Status, at Therapy Episode Outset and at Reporting</td>
<td></td>
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</tr>
<tr>
<td>G8982</td>
<td>Changing and Maintaining Body Position Functional Limitation, Projected Goal Status, at Therapy Episode Outset, at</td>
<td></td>
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</tr>
<tr>
<td>G8983</td>
<td>Changing and Maintaining Body Position Functional Limitation, Discharge Status, at Discharge from Therapy or to End</td>
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<tr>
<td>G8984</td>
<td>Carrying, Moving and Handling Objects Functional Limitation, Current Status, at Therapy Episode Outset and at Reporting</td>
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<tr>
<td>G8985</td>
<td>Carrying, Moving and Handling Objects, Projected Goal Status, at Therapy Episode Outset, at Reporting Intervals, and at</td>
<td></td>
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<tr>
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<td>G9148</td>
<td>NAT COMMITTEE QA LEVEL 1 MED</td>
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<td>G9149</td>
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<td>G9151</td>
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<td>MAPCP DEMO COMMUNITY HEALTH</td>
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<td>G9153</td>
<td>MAPCP DEMONSTRATION-PHYSICIAN INCENTIVE POOL</td>
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<td>G9156</td>
<td>EVAL WC REQ FACE-FACE VISIT</td>
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<td>MOTOR SPEECH FUNCTIONAL LIMITATION, DISCHARGE STATUS, AT DISCHARGE FROM THERAPY OR TO END REPORTING</td>
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<td>Code</td>
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<td>G9187</td>
<td>BUNDLED PAYMENTS FOR CARE IMPROVEMENT INITIATIVE HOME VISIT FOR PATIENT ASSESSMENT PERFORMED BY A QUALIFIED HEALTH CARE</td>
<td>No Auth Needed</td>
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<td>G9188</td>
<td>BETA-BLCKR TX NOT PRSC RSN N</td>
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<tr>
<td>G9189</td>
<td>BETA-BLOCKER THERAPY PRESCRIBED OR CURRENTLY BEING TAKEN</td>
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<tr>
<td>G9190</td>
<td>DOC MED RSN NOT PRSC BETA-BL</td>
<td>No Auth Needed</td>
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<td>G9191</td>
<td>DOC PT RSN NOT PRSC BETA-BLO</td>
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<td>G9192</td>
<td>DOC SYS RSN NOT PRSC BETA-BL</td>
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<td>G9196</td>
<td>DOCUMENTATION OF MEDICAL REASON(S) FOR NOT ORDERING FIRST OR SECOND GENERATION CEPHALOSPORIN FOR ANTIMICROBIAL</td>
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<td>DOCUMENTATION OF ORDER FOR FIRST OR SECOND GENERATION CEPHALOSPORIN FOR ANTIMICROBIAL PROPHYLAXIS</td>
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<td>G9198</td>
<td>ORD 1ST/2ND CEPH NOT DOC R N</td>
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<td>G9212</td>
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<td>DSM-IVTM CRIT MDD NOT DOC IN</td>
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<td>G9223</td>
<td>PCP PRSC 3 MO CD4+ &lt;500/CD4</td>
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<td>G9225</td>
<td>FOOT EXAM WAS NOT PERFORMED, REASON NOT GIVEN</td>
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<td>G9226</td>
<td>FOOT EXAMINATION PERFORMED (INCLUDES EXAMINATION THROUGH VISUAL INSPECTION, SENSORY EXAM WITH 10-G MONOFILAMENT PLUS)</td>
<td>No Auth Needed</td>
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<td>G9227</td>
<td>FNCT ASMT CARE PLN NOT DOC N</td>
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<td>G9228</td>
<td>CHLAMYDIA, GONORRHEA AND SYPHILIS SCREENING RESULTS DOCUMENTED (REPORT WHEN RESULTS ARE PRESENT FOR ALL OF THE 3)</td>
<td>No Auth Needed</td>
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<tr>
<td>G9229</td>
<td>CHLAMYDIA GONORRHEA &amp; SYPHILIS</td>
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<td>G9230</td>
<td>CHLAMYDIA GON SYP NOT SCR NO</td>
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<td>G9231</td>
<td>DOCUMENTATION OF END STAGE RENAL DISEASE (ESRD), DIALYSIS, RENAL TRANSPLANT OR PREGNANCY</td>
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<td>G9232</td>
<td>CLIN TREAT MDD DID NOT COMM CL</td>
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<td>G9239</td>
<td>DOC RSN PT INIT MAINT HD CATH</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<td>G9240</td>
<td>PT VA CATH TIME MAINT HD INI</td>
<td>No Auth Needed</td>
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<tr>
<td>G9241</td>
<td>PT VA NOT CATH TM MAINT HD I</td>
<td>No Auth Needed</td>
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<tr>
<td>G9242</td>
<td>DOC VL=/&gt;200 COPIES/ML/VL NO</td>
<td>No Auth Needed</td>
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<tr>
<td>G9243</td>
<td>DOC VIRAL LOAD &lt; 200 COPIES/</td>
<td>No Auth Needed</td>
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<tr>
<td>G9246</td>
<td>PT NOT 1 VST IN 24 MO MSR PE</td>
<td>No Auth Needed</td>
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<td>G9247</td>
<td>PT HAD 1 VST IN 24 MO MSR PE</td>
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<td>G9250</td>
<td>DOC PAIN TO CMFRT 48 HRS INI</td>
<td>No Auth Needed</td>
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<tr>
<td>G9251</td>
<td>DOCUMENTATION OF PATIENT WITH PAIN NOT BROUGHT TO A COMFORTABLE LEVEL WITHIN 48 HOURS FROM INITIAL ASSESSMENT</td>
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<td>G9254</td>
<td>DOC D/C LATER PST-OP DAY 2 F</td>
<td>No Auth Needed</td>
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<tr>
<td>G9255</td>
<td>DOC D/C NO LTR PST OP DAY 2</td>
<td>No Auth Needed</td>
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<tr>
<td>G9256</td>
<td>DOC PATIENT DEATH FOLLOWING</td>
<td>No Auth Needed</td>
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<td>G9257</td>
<td>DOC PATIENT STROKE FOLLOWING</td>
<td>No Auth Needed</td>
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<tr>
<td>G9258</td>
<td>DOC OF PATIENT STROKE FOLLOW</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<td>G9259</td>
<td>DOC PT SURV &amp; ABSENCE STROKE</td>
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<td>G9260</td>
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<td>G9261</td>
<td>DOC PT SURV &amp; ABSENCE STROKE</td>
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<td>G9262</td>
<td>DOC PT DEATH HOSPITAL FOLLOW</td>
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<td>G9263</td>
<td>DOC PT SURVIVAL HOSPITAL FLW</td>
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<td>G9264</td>
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<tr>
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<td>PT MAINT HD &gt;/= 90 DAY CATH A</td>
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<td>PATIENT RECEIVING MAINTENANCE HEMODIALYSIS FOR GREATER THAN OR EQUAL TO 90 DAYS WITHOUT A CATHETER AS THE MODE OF</td>
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<td>DOC PT 1/&gt; COMP/MORTALITY IN</td>
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<td>DOC PT 1/&gt; COMPLICATION W/I</td>
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<td>G9269</td>
<td>DOC PT W/O 1/&gt; COMP NO M W/I</td>
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<td>G9270</td>
<td>DOC PT W/O 1/MORE COMP W/I 9</td>
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<td>G9273</td>
<td>BLOOD PRESSURE HAS A SYSTOLIC VALUE OF &lt; 140 AND A DIASTOLIC VALUE OF &lt; 90</td>
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<td>Code</td>
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<td>G9274</td>
<td>BLOOD PRESSURE HAS A SYSTOLIC VALUE OF = 140 AND A DIASTOLIC VALUE OF = 90 OR SYSTOLIC VALUE &lt; 140 AND DIASTOLIC VALUE = 90 OR SYS</td>
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<td>DOCUMENTATION THAT PATIENT IS A CURRENT NON-TOBACCO USER</td>
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<td>G9276</td>
<td>DOCUMENTATION THAT PATIENT IS A CURRENT TOBACCO USER</td>
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<td>G9277</td>
<td>DOCUMENTATION THAT THE PATIENT IS ON DAILY ASPIRIN OR ANTIPLATELET OR HAS DOCUMENTATION OF A VALID</td>
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<td>G9278</td>
<td>DOC PT NOT ON D ASP/ANTI-PLA</td>
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<td>G9279</td>
<td>PNC SCRN DOC VACC RECEV PRORI</td>
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<td>PNC V NOT ADM PRI D/C RSN NO</td>
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<td>G9281</td>
<td>SCREENING PERFORMED AND DOCUMENTATION THAT VACCINATION NOT INDICATED/PATIENT REFUSAL</td>
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<td>G9282</td>
<td>DOC RSN NOT RPT HIST TYP/NSC</td>
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<td>G9283</td>
<td>NSCLC BX CYT RPT DOC H TYP/N</td>
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<td>G9284</td>
<td>NSCLC BX CYT RPT NOT DOC H T</td>
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<td>G9285</td>
<td>SPEC SITE OTH THAN LUNG/NOT</td>
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<td>G9286</td>
<td>ABX REGIMEN PRSC W/I 10 DA A</td>
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<td>Description</td>
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<td>ANTIBIOTIC REGIMEN NOT PRESCRIBED WITHIN 10 DAYS AFTER ONSET OF SYMPTOMS</td>
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<td>G9289</td>
<td>NSCLC BX CY RPT DOC H TYP/NS</td>
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<td>NSCLC BX CY RPT NOT DOC H TY</td>
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<td>SP SITE NOT LNG NOT NSCLC/NS</td>
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<td>DOC RSN NOT RPT PT CAT ULCER</td>
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<td>G9293</td>
<td>PATH RPT NOT PT CAT ULCER PT</td>
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<td>G9294</td>
<td>PATH RPT W/PT CAT THICK ULCR</td>
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<td>PT NOT EVAL VTE CV RSK 30 D</td>
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<td>Pt Had P ABX Infus Prior Inf</td>
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<td>G9302</td>
<td>P ABX Not CMPL Prior TQ RSN</td>
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<td>OP RPT Not ID Pros Spec RSN</td>
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<td>G9304</td>
<td>OP RPT IDS Prosthetic Implan</td>
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<tr>
<td>G9305</td>
<td>Int Leak Endolum Cnt Anastm</td>
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<td>No Return Op Room For Proc W/I</td>
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<td>G9308</td>
<td>Unplan RTN Op Room For Proc W/</td>
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<td>G9309</td>
<td>No Unplan Hosp RDM 30 Day Pr</td>
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<td>Unplanned Hosp RDM 30 Day Pr</td>
<td>No Auth Needed</td>
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<td>G9311</td>
<td>No Surgical Site Infection</td>
<td>No Auth Needed</td>
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<td>G9312</td>
<td>Surgical Site Infection</td>
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<td>Code</td>
<td>Description</td>
<td>Authorisation Needed</td>
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<td>G9313</td>
<td>AMOXICILLIN, WITH OR WITHOUT CLAVULANATE, NOT PRESCRIBED AS FIRST LINE ANTIBIOTIC AT THE TIME OF DIAGNOSIS FOR DOCUMENTED R</td>
<td>No Auth Needed</td>
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<tr>
<td>G9314</td>
<td>AMOX NOT 1ST LINE TM DX RSN</td>
<td>No Auth Needed</td>
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<td>G9315</td>
<td>DOC AMOX PRESC 1ST LINE ABX</td>
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<td>G9316</td>
<td>DOCUMENTATION OF PATIENT-SPECIFIC RISK ASSESSMENT WITH A RISK CALCULATOR BASED ON MULTI-INSTITUTIONAL CLINICAL DATA, THE</td>
<td>No Auth Needed</td>
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<td>G9317</td>
<td>DOC PT RSK ASMT CALC PT/FM N</td>
<td>No Auth Needed</td>
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<td>G9318</td>
<td>IMAGING STUDY NAMED ACCORDING TO STANDARDIZED NOMENCLATURE</td>
<td>No Auth Needed</td>
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<td>G9319</td>
<td>IMAG STDY NOT NOMEN RSN NOT</td>
<td>No Auth Needed</td>
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<td>G9321</td>
<td>COUNT PREV CT CRD NM DOC 12-</td>
<td>No Auth Needed</td>
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<tr>
<td>G9322</td>
<td>CNT CT CRD NM NOT DOC 12-MO</td>
<td>No Auth Needed</td>
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<td>G9326</td>
<td>CT PERF NOT RPT RAD DOSE INDEX</td>
<td>No Auth Needed</td>
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<td>G9327</td>
<td>CT STUDIES PERFORMED REPORTED TO A RADIATION DOSE INDEX REGISTRY WITH ALL NECESSARY DATA ELEMENTS</td>
<td>No Auth Needed</td>
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<td>DICOM AVAIL 12-MO NOT DOC NO</td>
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<td>FINAL RPT DOC DICOM DATA 12-</td>
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<td>G9341</td>
<td>SEARCH PRIOR CT EXT ENTITIES</td>
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<td>G9342</td>
<td>SRC NOT CD PRI I S PT CT S C</td>
<td>No Auth Needed</td>
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<td>FOLLOW-UP RECOMMENDATIONS DOCUMENTED ACCORDING TO RECOMMENDED GUIDELINES FOR INCIDENTALLY DETECTED PULMONARY NODULES</td>
<td>No Auth Needed</td>
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<td>CT SCAN OF THE PARANASAL SINUSES ORDERED AT THE TIME OF DIAGNOSIS FOR DOCUMENTED REASONS (E.G., PERSONS WITH SINUSITIS)</td>
<td>No Auth Needed</td>
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<td>G9349</td>
<td>PURAPLY, AND PURAPLY ANTIMICROBIAL, ANY TYPE, PER SQ CM</td>
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<td>G9350</td>
<td>CT SCAN OF THE PARANASAL SINUSES NOT ORDERED AT THE TIME OF DIAGNOSIS OR RECEIVED WITHIN 28 DAYS AFTER DATE OF</td>
<td>No Auth Needed</td>
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<tr>
<td>G9351</td>
<td>MORE 1 CT PARNSL SINUS 90 D</td>
<td>No Auth Needed</td>
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<tr>
<td>G9352</td>
<td>MORE 1 CT PARNSL SS 90 D DX</td>
<td>No Auth Needed</td>
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<td>MORE 1 CT PARNSL SS 90 D DX</td>
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<tr>
<td>G9354</td>
<td>1 CT SCAN/NO CT SCAN PARNSL</td>
<td>No Auth Needed</td>
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<td>G9355</td>
<td>ELEC DELIV/ERLY INDUCTION NO</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<td>ELECTIV DEL/EARLY INDUCTION</td>
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<td>G9357</td>
<td>POST-PARTUM SCREENINGS, EVALUATIONS AND EDUCATION PERFORMED</td>
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<td>POST-PART SCREEN EVALUATION NO</td>
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<td>DOCUMENTATION OF NEGATIVE OR MANAGED POSITIVE TB SCREEN WITH FURTHER EVIDENCE THAT TB IS NOT ACTIVE</td>
<td>No Auth Needed</td>
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<td>G9360</td>
<td>NO DOC NEG/MANAGED POS TB SC</td>
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<td>MEDICAL INDICATION FOR INDUCTION</td>
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<td>G9364</td>
<td>SINUSITIS CAUS/PRES CAUS BAC</td>
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<td>G9365</td>
<td>ONE HIGH-RISK MEDICATION ORDERED</td>
<td>No Auth Needed</td>
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<td>G9366</td>
<td>ONE HIGH-RISK MEDICATION NOT ORDERED</td>
<td>No Auth Needed</td>
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<tr>
<td>G9367</td>
<td>AT LEAST 2 DIFF HIGH-RISK ME</td>
<td>No Auth Needed</td>
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<tr>
<td>G9368</td>
<td>AT LEAST TWO DIFFERENT HIGH-RISK MEDICATIONS NOT ORDERED</td>
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<td>G9380</td>
<td>PT OFFRD ASST ROF ISSUE DUR</td>
<td>No Auth Needed</td>
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<tr>
<td>G9382</td>
<td>PT NOT OFFRD ASST EOL ISSUE</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Action</td>
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<td>G9383</td>
<td>PT RECEIVE SCR HCV INF W/I 12 M</td>
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<td>G9384</td>
<td>DOC MED RSN NOT RECEIVED ANNUAL</td>
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<td>G9385</td>
<td>DOC PT REASON NOT RECEIVING</td>
<td>No Auth Needed</td>
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<td>G9386</td>
<td>SCR HCV NOT REC 12 M P RSN N</td>
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<tr>
<td>G9389</td>
<td>UNPLANNED RUPT POST CAP RQR</td>
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<tr>
<td>G9390</td>
<td>NO UNPLANNED RUP POST CAP RQR</td>
<td>No Auth Needed</td>
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<tr>
<td>G9393</td>
<td>PT I PHQ-9 SC&gt;9 RM 12 MO PHQ</td>
<td>No Auth Needed</td>
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<tr>
<td>G9394</td>
<td>PT BPD/PD NH/HOSPCE/PALL DUR</td>
<td>No Auth Needed</td>
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<tr>
<td>G9395</td>
<td>PT INIT PHQ-9 SC &gt;9 NO RM AT</td>
<td>No Auth Needed</td>
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<tr>
<td>G9396</td>
<td>PATIENT WITH AN INITIAL PHQ-9 SCORE GREATER THAN NINE WHO WAS NOT ASSESSED FOR REMISSION AT TWELVE MONTHS (+/- 30 DAYS)</td>
<td>No Auth Needed</td>
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<tr>
<td>G9399</td>
<td>DOC PT RCRD DISC BTW PHYS/CL</td>
<td>No Auth Needed</td>
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<tr>
<td>G9400</td>
<td>DOC MED/PT RSN NOT DISC TX O</td>
<td>No Auth Needed</td>
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<tr>
<td>G9401</td>
<td>NO DOC PT RCRD DISC BTW PHYS</td>
<td>No Auth Needed</td>
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<td>G9402</td>
<td>PT RCV F/U D D/C/WI/30 DA AF</td>
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<td>G9403</td>
<td>CLN DOC RSN PT NO 30 D F/U I</td>
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<tr>
<td>G9404</td>
<td>PT NOT RCV F/U DT D/C/WI 30</td>
<td>No Auth Needed</td>
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<tr>
<td>G9405</td>
<td>PT RECV F/U WI 7 DAYS FROM</td>
<td>No Auth Needed</td>
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<tr>
<td>G9406</td>
<td>CLN DOC RSN PT NO 7 DA F/U I</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G9407</td>
<td>PT NOT RECV F/U ON/WI 7 DA A</td>
<td>No Auth Needed</td>
<td></td>
</tr>
<tr>
<td>G9408</td>
<td>PT CT &amp;/PERICARDIOCENTESIS W</td>
<td>No Auth Needed</td>
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<tr>
<td>G9409</td>
<td>PT WO CT &amp;/PERICARDIOCENT WI</td>
<td>No Auth Needed</td>
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<tr>
<td>G9410</td>
<td>PT ADM WI 180 DAYS POST CIED</td>
<td>No Auth Needed</td>
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<tr>
<td>G9411</td>
<td>PT NOT ADM WI 180 D PST CIED</td>
<td>No Auth Needed</td>
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<tr>
<td>G9412</td>
<td>PT ADM WI 180 D P CIED INF D</td>
<td>No Auth Needed</td>
<td></td>
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<tr>
<td>G9413</td>
<td>PT NOT ADM WI 180 D POST CIED</td>
<td>No Auth Needed</td>
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<tr>
<td>G9414</td>
<td>PATIENT HAD ONE DOSE OF MENINGOCOCCAL VACCINE ON OR BETWEEN THE PATIENT’S 11TH AND 13TH BIRTHDAYS</td>
<td>No Auth Needed</td>
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<td>G9415</td>
<td>PT NO 1 DOS MC V ON/BTW PT 1</td>
<td>No Auth Needed</td>
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<td>-----------------------------</td>
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<tr>
<td>G9416</td>
<td>PATIENT HAD 1 TET DT &amp; TDAP ON</td>
<td>No Auth Needed</td>
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<tr>
<td>G9417</td>
<td>PATIENT NO 1 TET DT &amp; TDAP ON/</td>
<td>No Auth Needed</td>
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<tr>
<td>G9418</td>
<td>PRIMARY NON-SMALL CELL LUNG CANCER BIOPSY AND CYTOLOGY SPECIMEN REPORT DOCUMENTS CLASSIFICATION INTO SPECIFIC HISTOLOGIC TYPE</td>
<td>No Auth Needed</td>
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<td>G9419</td>
<td>DOC MED RSN NOT INCL HIS T/N</td>
<td>No Auth Needed</td>
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<tr>
<td>G9420</td>
<td>SPECIMEN SITE OTHER THAN ANATOMIC LOCATION OF LUNG OR IS NOT CLASSIFIED AS PRIMARY NON-SMALL CELL LUNG CANCER</td>
<td>No Auth Needed</td>
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<tr>
<td>G9421</td>
<td>P NSCLC BX&amp;CY S NO DOC CL NS</td>
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<td>G9422</td>
<td>NSCLC BX &amp; CYTOLOGY SPEC RPR</td>
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<tr>
<td>G9423</td>
<td>DOC MED RSN NOT RPRT H TYP/NSC</td>
<td>No Auth Needed</td>
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<tr>
<td>G9424</td>
<td>SPEC SITE OTH THAN ANAT LOC LU</td>
<td>No Auth Needed</td>
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<tr>
<td>G9425</td>
<td>NSCLC BX &amp; CY SPC NOT DOC NS</td>
<td>No Auth Needed</td>
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<td>G9426</td>
<td>IMP MED TM ED AR-INIT P MED</td>
<td>No Auth Needed</td>
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<td>G9427</td>
<td>IMPROVEMENT IN MEDIAN TIME FROM ED ARRIVAL TO INITIAL ED ORAL OR PARENTERAL PAIN MEDICATION ADMINISTRATION NOT</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Requirement</td>
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<td>PATHOLOGY REPORT INCLUDES THE PT CATEGORY AND A STATEMENT ON THICKNESS, ULCERATION AND MITOTIC RATE</td>
<td>No Auth Needed</td>
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<tr>
<td>G9429</td>
<td>DOC MED RSN NOT INCL PT CAT &amp;</td>
<td>No Auth Needed</td>
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<td>G9430</td>
<td>SPECIMEN SITE OTH THAN ANAT</td>
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<tr>
<td>G9431</td>
<td>PATH RPRT NO PT CAT &amp; STM THK</td>
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<tr>
<td>G9432</td>
<td>ASTHMA WELL-CONTROLLED BASED ON THE ACT, C-ACT, ACQ, OR ATAQ SCORE AND RESULTS DOCUMENTED</td>
<td>No Auth Needed</td>
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<td>G9434</td>
<td>ASTHMA NOT WELL-CONTROLLED BASED ON THE ACT, C-ACT, ACQ, OR ATAQ SCORE, OR SPECIFIED ASTHMA CONTROL TOOL NOT USED, REASON NOT</td>
<td>No Auth Needed</td>
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<tr>
<td>G9448</td>
<td>PT WHO WERE BORN IN YEARS 19</td>
<td>No Auth Needed</td>
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<tr>
<td>G9449</td>
<td>HX RECV BLOOD TRANSFUSIONS P</td>
<td>No Auth Needed</td>
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<tr>
<td>G9450</td>
<td>HISTORY OF INJECTION DRUG US</td>
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<tr>
<td>G9451</td>
<td>PATIENT RECEIVED ONE-TIME SCREENING FOR HCV INFECTION</td>
<td>No Auth Needed</td>
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<tr>
<td>G9452</td>
<td>DOC MED RSN NOT RECV 1-TIME</td>
<td>No Auth Needed</td>
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<td>G9453</td>
<td>DOCUMENTATION OF PATIENT REASON(S) FOR NOT RECEIVING ONE-TIME SCREENING FOR HCV INFECTION (E.G., PATIENT DECLINED, OTHER</td>
<td>No Auth Needed</td>
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<tr>
<td>G9454</td>
<td>1-T SCR HCV NOT RECV 12 MO N</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>G9455</td>
<td>PT ABD IMAG U/S CE CT/C MRI</td>
<td>No Auth Needeed</td>
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<tr>
<td>G9456</td>
<td>DOC MED/PT RSN NO ORDR/PERR</td>
<td>No Auth Needeed</td>
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<tr>
<td>G9457</td>
<td>PT NO ABD IMAG &amp; NOT DOC RSN N</td>
<td>No Auth Needeed</td>
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<tr>
<td>G9458</td>
<td>PATIENT DOCUMENTED AS TOBACCO USER AND RECEIVED TOBACCO CESSATION INTERVENTION (MUST INCLUDE AT LEAST ONE OF THE)</td>
<td>No Auth Needeed</td>
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<tr>
<td>G9459</td>
<td>CURRENTLY A TOBACCO NON-USER</td>
<td>No Auth Needeed</td>
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<tr>
<td>G9460</td>
<td>TOBACCO ASMT/CESS INTERVEN N</td>
<td>No Auth Needeed</td>
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<tr>
<td>G9468</td>
<td>PT NOT REC CS &gt;/= 10 MG/D PRD</td>
<td>No Auth Needeed</td>
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<tr>
<td>G9469</td>
<td>PT REC V CS &gt;/= 10 MG/D PDN EQ</td>
<td>No Auth Needeed</td>
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<tr>
<td>G9470</td>
<td>PT NO CS &gt;/= 10 MG/D PDN EQ</td>
<td>No Auth Needeed</td>
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<td>G9471</td>
<td>WI PAST 2 YRS CTR DXA NOT OR</td>
<td>No Auth Needeed</td>
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<td>G9472</td>
<td>WI PAST 2 YRS CNTRL DXA NOT</td>
<td>No Auth Needeed</td>
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<td>G9473</td>
<td>SERVICES PERF BY CHAPLAIN HO</td>
<td>No Auth Needeed</td>
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<tr>
<td>G9474</td>
<td>SRVC PERF DIETARY COUNSELOR</td>
<td>No Auth Needeed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
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<tr>
<td>G9475</td>
<td>SERVICES PERF OTH COUNSELOR</td>
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<td>G9476</td>
<td>SERVICES PERF VOLUNTEER HOSP</td>
<td>No Auth Needed</td>
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<tr>
<td>G9477</td>
<td>SRVC PERF CARE COORDINATOR H</td>
<td>No Auth Needed</td>
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<tr>
<td>G9478</td>
<td>SRVC PERF OTH QUAL THERAPIST</td>
<td>No Auth Needed</td>
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<tr>
<td>G9479</td>
<td>SRVC PERF QUAL PHARMACIST HO</td>
<td>No Auth Needed</td>
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<td>G9480</td>
<td>ADMISSION TO MEDICARE CARE C</td>
<td>No Auth Needed</td>
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<td>G9481</td>
<td>REMOTE IN-HOME VST FOR E/M OF</td>
<td>No Auth Needed</td>
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<tr>
<td>G9482</td>
<td>REMOTE IN-HOME VISIT FOR E/M O</td>
<td>No Auth Needed</td>
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<tr>
<td>G9483</td>
<td>REMOTE IN-HOME VISIT FOR E/M O</td>
<td>No Auth Needed</td>
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<td>G9621</td>
<td>PATIENT IDENTIFIED AS AN UNHEALTHY ALCOHOL USER WHEN SCREENED FOR UNHEALTHY ALCOHOL USE USING A SYSTEMATIC SCREENING METHOD</td>
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<td>G9625</td>
<td>PT SUSTAIN BLAD INJ SRG/DSCV S</td>
<td>No Auth Needed</td>
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<td>Description</td>
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<tr>
<td>G9628</td>
<td>PT SUST BOWEL INJ SURG/DISC S</td>
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<td>No Auth Needed</td>
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<td>G9631</td>
<td>PT SUSTAIN URETER INJ SURG/DIS</td>
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<td>PT NOT SUSTN URETER INJ SX/DIS</td>
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<tr>
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<td>HEALTH-RELATED QUALITY OF LIFE ASSESSED WITH TOOL DURING AT LEAST TWO VISITS AND QUALITY OF LIFE SCORE REMAINED THE SAME OR IMPROV</td>
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<tr>
<td>G9635</td>
<td>HEALTH-RELATED QUALITY OF LIFE NOT ASSESSED WITH TOOL FOR DOCUMENTED REASON(S) (E.G., PATIENT HAS A COGNITIVE OR</td>
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<td>ANY FASTING/DIRECT LDL-C LAB</td>
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PATIENT WAS REFERRED TO ANOTHER PROVIDER WHO REFERRED THE PATIENT.

DILATED MACULAR EXAM PERFORMED.

DOCUMENTATION OF MEDICAL REASON.

DOCUMENTATION OF PATIENT REASON.

DILATED MACULAR EXAM WAS NOT PERFORMED.

RMT IH VST E/M NP MCR-APVD BPC.

RMT IH VST E/M NP MCR-APVD BPC.

RMT IH VST E/M NP MCR-APVD BPC.

RMT IH VST E/M NP MCR-APVD BPC.

RMT IH VST E/M NP MCR-APVD BPC.

RMT IH VST E/M EST PT MCR-APVD.
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<td>REHABILITATION PROGRAM, PER 1/2 DAY</td>
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<td>H2010</td>
<td>COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES</td>
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<td>CRISIS INTERVENTION SERVICE, PER 15 MINUTES</td>
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<td>BEHAVIORAL HEALTH DAY TREATMENT, PER HOUR</td>
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<td>PSYCHIATRIC HEALTH FACILITY SERVICE, PER DIEM</td>
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<tr>
<td>SKILLS TRAINING AND DEVELOPMENT, PER 15 MINUTES</td>
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<td>COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER 15 MINUTES</td>
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<td>COMMUNITY-BASED WRAP-AROUND SERVICES, PER 15 MINUTES</td>
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<td>SUPPORTED EMPLOYMENT, PER 15 MINUTES</td>
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<td>H2024</td>
<td>SUPPORTED EMPLOYMENT, PER DIEM</td>
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<td>H2025</td>
<td>ONGOING SUPPORT TO MAINTAIN EMPLOYMENT, PER 15 MINUTES</td>
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<td>H2026</td>
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<td>H2027</td>
<td>PSYCHOEDUCATIONAL SERVICE, PER 15 MINUTES</td>
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<td>H2028</td>
<td>SEXUAL OFFENDER TREATMENT SERVICE, PER 15 MINUTES</td>
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<td>H2030</td>
<td>MENTAL HEALTH CLUBHOUSE SERVICES, PER 15 MINUTES</td>
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<td>H2031</td>
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<td>H2032</td>
<td>ACTIVITY THERAPY, PER 15 MINUTES</td>
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<td>H2033</td>
<td>MULTISYSTEMIC THERAPY FOR JUVENILES, PER 15 MINUTES</td>
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<tr>
<td>H2034</td>
<td>ALCOHOL AND/OR DRUG ABUSE HALFWAY HOUSE SERVICES, PER DIEM</td>
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<td>H2035</td>
<td>ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER HOUR</td>
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<td>H2036</td>
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<td>H2037</td>
<td>DEVELOPMENTAL DELAY PREVENTION ACTIVITIES, DEPENDENT CHILD OF CLIENT, PER 15 MINUTES</td>
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<td>J0120</td>
<td>INJECTION, TETRACYCLINE, UP TO 250 MG</td>
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<tr>
<td>J0121</td>
<td>OMADACYCLINE, INJECTION 1 MG</td>
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<td>J0122</td>
<td>INJECTION, ERAVACYCLINE, 1 MG</td>
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<td>J0129</td>
<td>INJECTION, ABATACEPT, 10 MG</td>
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<td>INJECTION ABCIXIMAB, 10 MG</td>
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<td>J0131</td>
<td>INJECTION, ACETAMINOPHEN, 10 MG</td>
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<td>J0132</td>
<td>INJECTION, ACETYLCYSTEINE, 100 MG</td>
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<td>INJECTION, ACYCLOVIR, 5 MG</td>
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<td>J0135</td>
<td>INJECTION, ADALIMUMAB, 20 MG</td>
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<td>J0150</td>
<td>INJECTION, ADENOSINE FOR THERAPEUTIC USE, 6 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS, INSTEAD USE A9270)</td>
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<td>J0153</td>
<td>INJECTION, ADENOSINE, 1 MG (NOT TO BE USED TO REPORT ANY ADENOSINE PHOSPHATE COMPOUNDS)</td>
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<td>J0171</td>
<td>INJECTION, ADRENALIN, EPINEPHRINE, 0.1 MG</td>
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<td>J0178</td>
<td>INJECTION, AFLIBERCEPT, 1 MG</td>
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<td>J0179</td>
<td>INJECTION, BROLCIZUMAB-DBLL, 1 MG</td>
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<td>J0180</td>
<td>INJECTION, AGALSIDASE BETA, 1 MG</td>
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<tr>
<td>J0185</td>
<td>INJECTION, APREPITANT, 1 MG</td>
<td>No Auth Needed</td>
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<td>J0190</td>
<td>INJECTION, BIPERIDEN LACTATE, PER 5 MG</td>
<td>No Auth Needed</td>
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<td>J0200</td>
<td>INJECTION, ALATROFLOXACIN MESYLATE, 100 MG</td>
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<tr>
<td>J0202</td>
<td>INJECTION, ALEMTUZUMAB, 1 MG</td>
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<tr>
<td>J0205</td>
<td>INJECTION, ALGLUCERASE, PER 10 UNITS</td>
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<tr>
<td>J0207</td>
<td>INJECTION, AMIFOSTINE, 500 MG</td>
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<tr>
<td>J0210</td>
<td>INJECTION, METHYLDOPATE HCL, UP TO 250 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J0215</td>
<td>INJECTION, ALEFACEPT, 0.5 MG</td>
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<tr>
<td>J0220</td>
<td>INJECTION, ALGLUCOSIDASE ALFA, 10 MG</td>
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<tr>
<td>J0221</td>
<td>INJECTION, ALGLUCOSIDASE ALFA, (LUMIZYME), 10 MG</td>
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<tr>
<td>Code</td>
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<tr>
<td>J0222</td>
<td>INJECTION, PATISIRAN, 0.1 MG</td>
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<td>J0256</td>
<td>INJECTION, ALPHA 1-PROTEINASE INHIBITOR - HUMAN, 10 MG</td>
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<tr>
<td>J0257</td>
<td>INJECTION, ALPHA 1 PROTEINASE INHIBITOR (HUMAN), (GLASSIA), 10 MG</td>
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<tr>
<td>J0270</td>
<td>INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER DIRECT SUPERVISION OF A)</td>
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<td>J0275</td>
<td>ALPROSTADIL URETHRAL SUPPOSITORY (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER DIRECT SUPERVISION OF A)</td>
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<tr>
<td>J0278</td>
<td>INJECTION, AMIKACIN SULFATE, 100 MG</td>
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<td>J0280</td>
<td>INJECTION, AMINOPHYLLIN, UP TO 250 MG</td>
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<td>J0282</td>
<td>INJECTION, AMIODARONE HCL, 30 MG</td>
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<td>J0285</td>
<td>INJECTION, AMPHOTERICIN B, 50 MG</td>
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<td>J0287</td>
<td>INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG</td>
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<td>INJECTION, AMPHOTERICIN B CHOLESTERYL SULFATE COMPLEX, 10 MG</td>
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<td>J0289</td>
<td>INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG</td>
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<td>INJECTION, AMPICILLIN SODIUM, 500 MG</td>
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<td>INJECTION, PLAZOMICIN, 5 MG</td>
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<td>INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, PER 1.5 G</td>
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<td>J0300</td>
<td>INJECTION, AMOBARBITAL, UP TO 125 MG</td>
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<td>INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG</td>
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<td>J0348</td>
<td>INJECTION, ANADULAFUNGIN, 1 MG</td>
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<td>J0350</td>
<td>INJECTION, ANISTREPLASE, PER 30 UNITS</td>
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<td>J0360</td>
<td>INJECTION, HYDRALAZINE HCL, UP TO 20 MG</td>
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<td>J0364</td>
<td>INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG</td>
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<td>J0365</td>
<td>INJECTION, APROTONIN, 10,000 KIU</td>
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<td>J0380</td>
<td>INJECTION, METARAMINOL BITARTRATE, PER 10 MG</td>
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<td>J0390</td>
<td>INJECTION, CHLOROQUINE HCL, UP TO 250 MG</td>
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<td>INJECTION, ARBUTAMINE HCL, 1 MG</td>
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<td>INJECTION, ARIPIPRAZOLE, INTRAMUSCULAR, 0.25 MG</td>
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<td>INJECTION, ARIPIPRAZOLE, EXTENDED RELEASE, 1 MG</td>
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<td>J0456</td>
<td>INJECTION, AZITHROMYCIN, 500 MG</td>
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<td>J0461</td>
<td>INJECTION, ATROPINE SULFATE, 0.01 MG</td>
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<td>J0470</td>
<td>INJECTION, DIMERCAPROL, PER 100 MG</td>
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<td>INJECTION, BACLOFEN, 10 MG</td>
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<td>INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL</td>
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<td>INJECTION, DICYCLOMINE HCL, UP TO 20 MG</td>
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<td>J0515</td>
<td>INJECTION, BENZTROPINE MESYLATE, PER 1 MG</td>
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<td>J0517</td>
<td>INJECTION, BENTRALIZUMAB, 1 MG</td>
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<td>J0520</td>
<td>INJECTION, BETHANECHOL CHLORIDE, MYTONACHOL OR URECHOLINE, UP TO 5 MG</td>
<td>No Auth Needed</td>
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<td>J0558</td>
<td>INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS</td>
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<td>J0561</td>
<td>INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS</td>
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<tr>
<td>J0565</td>
<td>INJECTION, BEZLOTOXUMAB, 10 MG</td>
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<tr>
<td>J0567</td>
<td>INJECTION, CERLIPONASE ALFA, 1 MG</td>
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<tr>
<td>J0570</td>
<td>BUPRENORPHINE IMPLANT 74.2 MG</td>
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<td>J0571</td>
<td>BUPRENORPHINE/NALOXONE, ORAL, LESS THAN OR EQUAL TO 3 MG BUPRENORPHINE</td>
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<td>J0572</td>
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<td>J0573</td>
<td>BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 3 MG, BUT LESS THAN OR EQUAL TO 3.1 TO 6 MG</td>
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<tr>
<td>J0574</td>
<td>BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 6 MG, BUT LESS THAN OR EQUAL TO 10 MG BUPRENORPHINE</td>
<td>No Auth Needed</td>
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<td>BUPRENORPHINE/NALOXONE, ORAL, GREATER THAN 10 MG BUPRENORPHINE</td>
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<td>J0583</td>
<td>INJECTION, BIVALIRUDIN, 1 MG</td>
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<tr>
<td>J0584</td>
<td>INJECTION, BUROSUMAB-TWZA, 1 MG</td>
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<tr>
<td>J0585</td>
<td>BOTULINUM TOXIN TYPE A, PER UNIT</td>
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<td>Code</td>
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<td>J0586</td>
<td>INJECTION, ABOBOTULINUMTOXINA, 5 UNITS</td>
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<td>J0587</td>
<td>BOTULINUM TOXIN TYPE B, PER 100 UNITS</td>
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<td>J0588</td>
<td>INJECTION, INCOBOTULINUMTOXINA, 1 UNIT</td>
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<td>J0592</td>
<td>INJECTION, BUPRENORPHINE HCL, 0.1 MG</td>
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<tr>
<td>J0594</td>
<td>INJECTION, BUSULFAN, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J0595</td>
<td>INJECTION, BUTORPHANOL TARTRATE, 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J0596</td>
<td>INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS</td>
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<tr>
<td>J0597</td>
<td>INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS</td>
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<td>J0598</td>
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<td>J0599</td>
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<td>J0600</td>
<td>INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG</td>
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<td>J0604</td>
<td>CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)</td>
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<tr>
<td>J0606</td>
<td>INJECTION, ETELCALCETIDE, 0.1 MG</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
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<td>J0610</td>
<td>INJECTION, CALCIUM GLUCONATE, PER 10 ML</td>
<td>No Auth Needed</td>
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<tr>
<td>J0620</td>
<td>INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, PER 10 ML</td>
<td>No Auth Needed</td>
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<td>J0630</td>
<td>INJECTION, CALCITONIN SALMON, UP TO 400 UNITS</td>
<td>No Auth Needed</td>
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<tr>
<td>J0636</td>
<td>INJECTION, CALCITRIOL, 0.1 MCG</td>
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<tr>
<td>J0637</td>
<td>INJECTION, CASPOFUNGIN ACETATE, 5 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J0638</td>
<td>INJECTION, CANAKINUMAB, 1 MG</td>
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<tr>
<td>J0640</td>
<td>INJECTION, LEUCOVORIN CALCIUM, PER 50 MG</td>
<td>Auth Required</td>
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<td>J0641</td>
<td>INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG</td>
<td>Auth Required</td>
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<td>J0670</td>
<td>INJECTION, MEPIVACAINE HCL, PER 10 ML</td>
<td>No Auth Needed</td>
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<tr>
<td>J0690</td>
<td>INJECTION, CEFAZOLIN SODIUM, 500 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J0692</td>
<td>INJECTION, CEFEPIME HCL, 500 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J0694</td>
<td>INJECTION, CEFOXITIN SODIUM, 1 G</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J0695</td>
<td>INJECTION, CEFONICID SODIUM, 1 GRAM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>J0696</td>
<td>INJECTION, CEFTRIAXONE SODIUM, PER 250 MG</td>
<td>No Auth Needed</td>
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<td>J0697</td>
<td>INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J0698</td>
<td>CEFOTAXIME SODIUM, PER G</td>
<td>No Auth Needed</td>
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<tr>
<td>J0702</td>
<td>INJECTION, BETAMETHASONE ACETATE 3 MG AND BETAMETHASONE SODIUM PHOSPHATE 3 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J0706</td>
<td>INJECTION, CAFFEINE CITRATE, 5 MG</td>
<td>Auth Required</td>
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<tr>
<td>J0710</td>
<td>INJECTION, CEHAPIRIN SODIUM, UP TO 1 G</td>
<td>No Auth Needed</td>
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<tr>
<td>J0712</td>
<td>INJECTION, CEFTAROLINE FOSAMIL, 10 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J0713</td>
<td>INJECTION, CEFTAZIDIME, PER 500 MG</td>
<td>No Auth Needed</td>
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<td>J0714</td>
<td>INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G</td>
<td>No Auth Needed</td>
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<td>J0715</td>
<td>INJECTION, CEFTIZOXIME SODIUM, PER 500 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J0716</td>
<td>INJECTION, CENTRUROIDES IMMUNE F(AB)2, UP TO 120 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J0717</td>
<td>INJECTION, CERTOLIZUMAB PEGOL, 1 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION)</td>
<td>Auth Required</td>
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<tr>
<td>J0720</td>
<td>INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 G</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>J0725</td>
<td>INJECTION, CHORIONIC GONADOTROPIN, PER 1,000 USP UNITS</td>
<td>Auth Required</td>
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<tr>
<td>J0735</td>
<td>INJECTION, CLONIDINE HCL, 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J0740</td>
<td>INJECTION, CIDOFOVIR, 375 MG</td>
<td>Auth Required</td>
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<tr>
<td>J0743</td>
<td>INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG</td>
<td>Auth Required</td>
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<tr>
<td>J0744</td>
<td>INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J0745</td>
<td>INJECTION, CODEINE PHOSPHATE, PER 30 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J0760</td>
<td>INJECTION, COLCHICINE, PER 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J0770</td>
<td>INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J0775</td>
<td>INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J0780</td>
<td>INJECTION, PROCHLORPERAZINE, UP TO 10 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J0795</td>
<td>INJECTION, CORTICORELIN OVINE TRIFLUTATE, 1 MICROGRAM</td>
<td>No Auth Needed</td>
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<tr>
<td>J0800</td>
<td>INJECTION, CORTICOTROPIN, UP TO 40 UNITS</td>
<td>Auth Required</td>
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<tr>
<td>J0834</td>
<td>INJECTION, COSYNTROPIN (CORTROSYN), 0.25 MG</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
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<td>J0840</td>
<td>INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 G</td>
<td>No Auth Needed</td>
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<tr>
<td>J0841</td>
<td>INJECTION, CROTALIDAE IMMUNE F(AB')2 (EQUINE), 120 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J0850</td>
<td>INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL</td>
<td>Auth Required</td>
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<tr>
<td>J0875</td>
<td>INJECTION, DALBAVANCIN, 5 MG</td>
<td>Auth Required</td>
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<tr>
<td>J0878</td>
<td>INJECTION, DAPTOMYCIN, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J0881</td>
<td>INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)</td>
<td>Auth Required</td>
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<tr>
<td>J0882</td>
<td>INJECTION, DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS)</td>
<td>Auth Required</td>
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<tr>
<td>J0883</td>
<td>INJECTION ARGATROBAN 1 MG NON-</td>
<td>Auth Required</td>
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<tr>
<td>J0884</td>
<td>INJECTION ARGATROBAN 1 MG ESRD</td>
<td>Auth Required</td>
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<tr>
<td>J0885</td>
<td>INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS</td>
<td>Auth Required</td>
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<tr>
<td>J0887</td>
<td>INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)</td>
<td>Auth Required</td>
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<tr>
<td>J0888</td>
<td>INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR NON-ESRD USE)</td>
<td>Auth Required</td>
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<tr>
<td>J0890</td>
<td>INJECTION PEGINESATIDE 0.1 M</td>
<td>Auth Required</td>
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<td>Code</td>
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<tr>
<td>J0894</td>
<td>INJECTION, DECITABINE, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J0895</td>
<td>INJECTION, DEFEROXAMINE MESYLATE, 500 MG</td>
<td>Auth Required</td>
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<tr>
<td>J0897</td>
<td>INJECTION, DENOSUMAB, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J0900</td>
<td>INJECTION, TESTOSTERONE ENANTHATE AND ESTRADIOL VALERATE, UP TO 1 CC</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J0945</td>
<td>INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1000</td>
<td>INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1020</td>
<td>INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1030</td>
<td>INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1040</td>
<td>INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1050</td>
<td>INJECTION, MEDROXYPROGESTERONE ACETATE, 1MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1051</td>
<td>INJECTION, MEDROXYPROGESTERONE ACETATE, 50 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1056</td>
<td>INJECTION, MEDROXYPROGESTERONE ACETATE/ESTRADIOL CYPIONATE, 5 MG/25 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J1060</td>
<td>INJECTION, TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>J1070</td>
<td>INJECTION, TESTOSTERONE CYPIONATE, UP TO 100 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1071</td>
<td>INJECTION, TESTOSTERONE CYPIONATE, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1080</td>
<td>INJECTION, TESTOSTERONE CYPIONATE, 1 CC, 200 MG</td>
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<tr>
<td>J1094</td>
<td>INJECTION, DEXAMETHASONE ACETATE, 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1095</td>
<td>INJECTION DEXAMETHASONE 9%</td>
<td>Auth Required</td>
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<tr>
<td>J1096</td>
<td>DEXAMETHASONE, LACRIMAL OPHT. INSERT, 0.1MG</td>
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<tr>
<td>J1100</td>
<td>INJECTION, DEXAMETHASONE SODIUM PHOSPHATE, 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1110</td>
<td>INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J1120</td>
<td>INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1130</td>
<td>INJECTION DICLOFENAC SODIUM .5 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1160</td>
<td>INJECTION, DIGOXIN, UP TO 0.5 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1162</td>
<td>INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL</td>
<td>No Auth Needed</td>
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<tr>
<td>J1165</td>
<td>INJECTION, PHENYTOIN SODIUM, PER 50 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>J1170</td>
<td>INJECTION, HYDROMORPHONE, UP TO 4 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1180</td>
<td>INJECTION, DYPHYLLINE, UP TO 500 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1190</td>
<td>INJECTION, DEXRAZOXANE HCL, PER 250 MG</td>
<td>No Auth Needed</td>
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<td>J1200</td>
<td>INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG</td>
<td>No Auth Needed</td>
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<td>J1205</td>
<td>INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1212</td>
<td>INJECTION, DMSO, DIMETHYL SULFOXIDE, 50%, 50 ML</td>
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<tr>
<td>J1230</td>
<td>INJECTION, METHADONE HCL, UP TO 10 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1240</td>
<td>INJECTION, DIMENHYDRINATE, UP TO 50 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1245</td>
<td>INJECTION, DIPYRIDAMOLE, PER 10 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J1250</td>
<td>INJECTION, DOBUTAMINE HCl, PER 250 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1260</td>
<td>INJECTION, DOLASETRON MESYLATE, 10 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1265</td>
<td>INJECTION, DOPAMINE HCL, 40 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1267</td>
<td>INJECTION, DORIPENEM, 10 MG</td>
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<td>Product Description</td>
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<tr>
<td>J1270</td>
<td>INJECTION, DOXERCALCIFEROL, 1 MCG</td>
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<tr>
<td>J1290</td>
<td>INJECTION, ECALLANTIDE, 1 MG</td>
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<tr>
<td>J1300</td>
<td>INJECTION, ECULIZUMAB, 10 MG</td>
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<tr>
<td>J1301</td>
<td>INJECTION, EDARAVONE, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1320</td>
<td>INJECTION, AMITRIPTYLINE HCL, UP TO 20 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1322</td>
<td>INJECTION, ELOSULFASE ALFA, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1324</td>
<td>INJECTION, ENFUVIRTIDE, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1325</td>
<td>INJECTION, EPOPROSTENOL, 0.5 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1327</td>
<td>INJECTION, EPTIFIBATIDE, 5 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1330</td>
<td>INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1335</td>
<td>INJECTION, ERTAPENEM SODIUM, 500 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1364</td>
<td>INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1380</td>
<td>INJECTION, ESTRADIOL VALERATE, UP TO 10 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>J1410</td>
<td>INJECTION, ESTROGEN CONJUGATED, PER 25 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1428</td>
<td>INJECTION, ETEPLIRSEN, 10 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1430</td>
<td>INJECTION, ETHANOLAMINE OLEATE, 100 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1435</td>
<td>INJECTION, ESTRONE, PER 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1436</td>
<td>INJECTION, ETIDRONATE DISODIUM, PER 300 MG</td>
<td>Auth Required</td>
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<td>J1438</td>
<td>INJECTION, ETANERCEPT, 25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PHYSICIAN)</td>
<td>Auth Required</td>
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<tr>
<td>J1439</td>
<td>INJECTION, FERRIC CARBOXYMALTOSE, 1MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1442</td>
<td>INJECTION, FILGRASTIM (G-CSF), EXCLUDES BIOSIMILARS, 1 MICROGRAM</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J1443</td>
<td>INJ FERRIC PRPP CITRATE SOL</td>
<td>Auth Required</td>
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<tr>
<td>J1444</td>
<td>INJECTION, FERRIC PYROPHOSPHATE CITRATE POWDER, 0.1 MG OF IRON</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J1447</td>
<td>INJECTION, TBO-FILGRASTIM, 1 MICROGRAM</td>
<td>Auth Required</td>
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<tr>
<td>J1450</td>
<td>INJECTION, FLUCONAZOLE, 200 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J1451</td>
<td>INJECTION, FOMEPIZOLE, 15 MG</td>
<td>Auth Required</td>
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<tr>
<td>Item</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>J1452</td>
<td>INJECTION, FOMIVIRSEN SODIUM, INTRAOCULAR, 1.65 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1453</td>
<td>INJECTION, FOSAPREPITANT, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1454</td>
<td>INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1455</td>
<td>INJECTION, FOSCARNET SODIUM, PER 1,000 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1457</td>
<td>INJECTION, GALLIUM NITRATE, 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1458</td>
<td>INJECTION, GALSULFASE, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1459</td>
<td>INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID 500 MG).</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J1460</td>
<td>INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC</td>
<td>Auth Required</td>
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<tr>
<td>J1555</td>
<td>INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1556</td>
<td>INJECTION, IMMUNE GLOBULIN (BIVIGAM), 500 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1557</td>
<td>INJECTION, IMMUNE GLOBULIN, (GAMMAPLEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1559</td>
<td>INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J1560</td>
<td>INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>J1561</td>
<td>INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J1562</td>
<td>INJECTION, IMMUNE GLOBULIN (VIVAGLOBIN), 100 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J1566</td>
<td>INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), NOT OTHERWISE SPECIFIED, 500 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1568</td>
<td>INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1569</td>
<td>INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NONLYOPHILIZED, (E.G., LIQUID), 500 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J1570</td>
<td>INJECTION, GANCICLOVIR SODIUM, 500 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J1571</td>
<td>INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J1572</td>
<td>INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), 500 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1573</td>
<td>INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J1575</td>
<td>INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, 100 MG IMMUNE GLOBULIN</td>
<td>Auth Required</td>
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<tr>
<td>J1580</td>
<td>INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J1590</td>
<td>INJECTION, GATIFLOXACIN, 10 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1595</td>
<td>INJECTION, GLATIRAMER ACETATE, 20 MG</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Needed</td>
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<tr>
<td>J1599</td>
<td>INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NONLYOPHILIZED (E.G., LIQUID), NOT OTHERWISE SPECIFIED, 500 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1600</td>
<td>INJECTION, GOLD SODIUM THIOMALATE, UP TO 50 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1602</td>
<td>INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE</td>
<td>Auth Required</td>
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<tr>
<td>J1610</td>
<td>INJECTION, GLUCAGON HCL, PER 1 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J1620</td>
<td>INJECTION, GONADORELIN HCL, PER 100 MCG</td>
<td>Auth Required</td>
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<tr>
<td>J1626</td>
<td>INJECTION, GRANISETRON HCL, 100 MCG</td>
<td>Auth Required</td>
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<tr>
<td>J1627</td>
<td>INJECTION, GRANISETRON, EXTENDED-RELEASE, 50 MCG</td>
<td>Auth Required</td>
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<tr>
<td>J1628</td>
<td>INJECTION, GUSELKUMAB, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1630</td>
<td>INJECTION, HALOPERIDOL, UP TO 5 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1631</td>
<td>INJECTION, HALOPERIDOL, DECANOATE, PER 50 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1640</td>
<td>INJECTION, HEMIN, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1642</td>
<td>INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS</td>
<td>No Auth Needed</td>
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<tr>
<td>J1644</td>
<td>INJECTION, HEPARIN SODIUM, PER 1000 UNITS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>J1645</td>
<td>INJECTION, DALTEPARIN SODIUM, PER 2500 IU</td>
<td>No Auth Needed</td>
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<tr>
<td>J1650</td>
<td>INJECTION, ENOXAPARIN SODIUM, 10 MG</td>
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<tr>
<td>J1652</td>
<td>INJECTION, FONDAPARINUX SODIUM, 0.5 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1655</td>
<td>INJECTION, TINZAPARIN SODIUM, 1000 IU</td>
<td>No Auth Needed</td>
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<tr>
<td>J1670</td>
<td>INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS</td>
<td>No Auth Needed</td>
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<tr>
<td>J1675</td>
<td>INJECTION, HISTRELIN ACETATE, 10 MICROGRAMS</td>
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<td>J1680</td>
<td>INJECTION, HUMAN FIBRINOGEN CONCENTRATE, 100 MG</td>
<td>Not covered - must be dispensed through Pharmacy POS Must obtain medication by contacting CVS Specialty Pharmacy 1-800-237-2767</td>
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<td>J1700</td>
<td>INJECTION, HYDROCORTISONE ACETATE, UP TO 25 MG</td>
<td>No Auth Needed</td>
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<td>J1710</td>
<td>INJECTION, HYDROCORTISONE SODIUM PHOSPHATE, UP TO 50 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1720</td>
<td>INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1725</td>
<td>INJECTION, HYDROXYPROGESTERONE CAPROATE, 1 MG</td>
<td>Auth Required</td>
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<td>J1726</td>
<td>INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1729</td>
<td>INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG</td>
<td>Auth Required</td>
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<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>J1730</td>
<td>INJECTION, DIAZOXIDE, UP TO 300 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1740</td>
<td>INJECTION, IBANDRONATE SODIUM, 1 MG</td>
<td>No Auth Needed</td>
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<td>J1741</td>
<td>INJECTION, HYDROXYPROGESTERONE CAPROATE, 250 MG/ML</td>
<td>No Auth Needed</td>
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<td>J1742</td>
<td>INJECTION, IBUTILIDE FUMARATE, 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1743</td>
<td>INJECTION, IDURSULFASE, 1 MG</td>
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<td>J1744</td>
<td>INJECTION, ICATIBANT, 1 MG</td>
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<tr>
<td>J1745</td>
<td>INJECTION, INFLIXIMAB, 10 MG</td>
<td>Auth Required</td>
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<td>J1746</td>
<td>INJECTION, IBALIZUMAB-UIYK, 10 MG</td>
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<tr>
<td>J1750</td>
<td>INJECTION, IRON DEXTRAN, 50 MG</td>
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<td>J1756</td>
<td>INJECTION, IRON SUCROSE, 1 MG</td>
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<tr>
<td>J1786</td>
<td>INJECTION, IMIGLUCERASE, 10 UNITS</td>
<td>Auth Required</td>
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<tr>
<td>J1790</td>
<td>INJECTION, DROPERIDOL, UP TO 5 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1800</td>
<td>INJECTION, PROPRANOLOL HCL, UP TO 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>J1810</td>
<td>INJECTION, DROPERIDOL AND FENTANYL CITRATE, UP TO 2 ML AMPULE</td>
<td>No Auth Needed</td>
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<tr>
<td>J1815</td>
<td>INJECTION, INSULIN, PER 5 UNITS</td>
<td>No Auth Needed</td>
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<tr>
<td>J1817</td>
<td>INSULIN FOR ADMINISTRATION THROUGH DME (I.E., INSULIN PUMP) PER 50 UNITS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J1820</td>
<td>INJECTION, INSULIN, UP TO 10</td>
<td>Auth Required</td>
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<tr>
<td>J1826</td>
<td>INJECTION, INTERFERON BETA-1A, 30 MCG</td>
<td>Auth Required</td>
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<tr>
<td>J1830</td>
<td>INJECTION INTERFERON BETA-1B, 0.25 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER DIRECT SUPERVISION OF A)</td>
<td>Auth Required</td>
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<tr>
<td>J1833</td>
<td>INJECTION, ISAVUCONAZONIUM, 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1835</td>
<td>INJECTION, ITRACONAZOLE, 50 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1840</td>
<td>INJECTION, KANAMYCIN SULFATE, UP TO 500 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1850</td>
<td>INJECTION, KANAMYCIN SULFATE, UP TO 75 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1885</td>
<td>INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1890</td>
<td>INJECTION, CEPHALOTHIN SODIUM, UP TO 1 G</td>
<td>No Auth Needed</td>
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<tr>
<td>J1930</td>
<td>INJECTION, PROPIOMAZINE HCL, UP TO 20 MG</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>J1931</td>
<td>INJECTION, LARONIDASE, 0.1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1940</td>
<td>INJECTION, FUROSEMIDE, UP TO 20 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1942</td>
<td>INJECTION ARIPIPRAZOLE LAUROXI</td>
<td>Auth Required</td>
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<tr>
<td>J1943</td>
<td>ARIPIPRAZOLE LAUROXIL (ARISTADA), 1MG</td>
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<tr>
<td>J1945</td>
<td>INJECTION, LEPIRUDIN, 50 MG</td>
<td>Auth Required</td>
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<tr>
<td>J1950</td>
<td>INJECTION, LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), PER 3.75 MG</td>
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<tr>
<td>J1953</td>
<td>INJECTION, LEVETIRACETAM, 10 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1955</td>
<td>INJECTION, LEVOCARNITINE, PER 1 G</td>
<td>No Auth Needed</td>
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<tr>
<td>J1956</td>
<td>INJECTION, LEVOFLOXACIN, 250 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1960</td>
<td>INJECTION, LEVORPHANOL TARTRATE, UP TO 2 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1980</td>
<td>INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J1990</td>
<td>INJECTION, CHLORDIAZEPoxide HCL, UP TO 100 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2001</td>
<td>INJECTION, LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>J2010</td>
<td>INJECTION, LINCOMYCIN HCL, UP TO 300 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2020</td>
<td>INJECTION, LINEZOLID, 200 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2060</td>
<td>INJECTION, LORAZEPAM, 2 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2062</td>
<td>LOXAPINE FOR INHALATION, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J2150</td>
<td>INJECTION, MANNITOL, 25% IN 50 ML</td>
<td>No Auth Needed</td>
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<tr>
<td>J2170</td>
<td>INJECTION, MECASERMIN, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J2175</td>
<td>INJECTION, MEPERIDINE HCL, PER 100 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2180</td>
<td>INJECTION, MEPERIDINE AND PROMETHAZINE HCL, UP TO 50 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2182</td>
<td>INJECTION MEPOLIZUMAB 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2185</td>
<td>INJECTION, MEROPENEM, 100 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2186</td>
<td>INJECTION MEROPENEM VABORBACTAM</td>
<td>No Auth Needed</td>
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<tr>
<td>J2210</td>
<td>INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2212</td>
<td>INJECTION, METHYLNA, 0.1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Requirement</td>
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<tr>
<td>J2248</td>
<td>INJECTION, MICAFUNGIN SODIUM, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J2250</td>
<td>INJECTION, MIDAZOLAM HCL, PER 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2260</td>
<td>INJECTION, MILRINONE LACTATE, 5 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2265</td>
<td>INJECTION, MINOCYCLINE HCL, 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2270</td>
<td>INJECTION, MORPHINE SULFATE, UP TO 10 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2271</td>
<td>INJECTION, MORPHINE SULFATE, 100 MG</td>
<td>Auth Required</td>
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<tr>
<td>J2274</td>
<td>INJECTION, MORPHINE SULFATE, PRESERVATIVE-FREE FOR EPIDURAL OR INTRATHECAL USE, 10MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2275</td>
<td>INJECTION, MORPHINE SULFATE (PRESERVATIVE-FREE STERILE SOLUTION), PER 10 MG</td>
<td>Auth Required</td>
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<tr>
<td>J2278</td>
<td>INJECTION, ZICONOTIDE, 1 MICROGRAM</td>
<td>No Auth Needed</td>
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<tr>
<td>J2280</td>
<td>INJECTION, MOXIFLOXACIN, 100 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2300</td>
<td>INJECTION, NALBUPHINE HCL, PER 10 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2310</td>
<td>INJECTION, NALOXONE HCL, PER 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2315</td>
<td>INJECTION, NALTREXONE, DEPOT FORM, 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>J2320</td>
<td>INJECTION, NANDROLONE DECANOATE, UP TO 50 MG</td>
<td>Auth Required</td>
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<tr>
<td>J2323</td>
<td>INJECTION, NATALIZUMAB, 1 MG</td>
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<tr>
<td>J2325</td>
<td>INJECTION, NESIRITIDE, 0.1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2326</td>
<td>NUSINERSEN, SPINRAZA</td>
<td>Auth Required</td>
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<tr>
<td>J2350</td>
<td>OCRELIZUMAB, OCREVUS</td>
<td>Auth Required</td>
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<tr>
<td>J2353</td>
<td>INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J2354</td>
<td>INJECTION, OCTREOTIDE, NONDEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG</td>
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<tr>
<td>J2355</td>
<td>INJECTION, OPRELVEKIN, 5 MG</td>
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<tr>
<td>J2357</td>
<td>INJECTION, OMALIZUMAB, 5 MG</td>
<td>Auth Required</td>
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<tr>
<td>J2358</td>
<td>INJECTION, OLANZAPINE, LONG-ACTING, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2360</td>
<td>INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2370</td>
<td>INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML</td>
<td>No Auth Needed</td>
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<tr>
<td>J2400</td>
<td>INJECTION, CHLOROPROCAINE HCL, PER 30 ML</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>J2405</td>
<td>INJECTION, ONDANSETRON HCL, PER 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2407</td>
<td>INJECTION, ORITAVANCIN, 10 MG</td>
<td>Auth Required</td>
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<tr>
<td>J2410</td>
<td>INJECTION, OXYMORPHONE HCL, UP TO 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2425</td>
<td>INJECTION, PALIFERMIN, 50 MCG</td>
<td>Auth Required</td>
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<tr>
<td>J2426</td>
<td>INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J2430</td>
<td>INJECTION, PAMIDRONATE DISODIUM, PER 30 MG</td>
<td>Auth Required</td>
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<tr>
<td>J2440</td>
<td>INJECTION, PAPAVERINE HCL, UP TO 60 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2460</td>
<td>INJECTION, OXYTETRACYCLINE HCL, UP TO 50 MG</td>
<td>No Auth Needed</td>
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<td>J2469</td>
<td>INJECTION, PALONOSETRON HCL, 25 MCG</td>
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<td>J2501</td>
<td>INJECTION, PARICALCITOL, 1 MCG</td>
<td>No Auth Needed</td>
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<tr>
<td>J2502</td>
<td>INJECTION, PASIREOTIDE LONG ACTING, 1 MG</td>
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<tr>
<td>J2503</td>
<td>INJECTION, PEGAPTANIB SODIUM, 0.3 MG</td>
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<tr>
<td>J2504</td>
<td>INJECTION, PEGADEMASE BOVINE, 25 IU</td>
<td>Auth Required</td>
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<td></td>
<td>Product Name</td>
<td>Authorization Required</td>
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<tr>
<td>J2505</td>
<td>INJECTION, PEGFILGRASTIM, 6 MG</td>
<td>Auth Required</td>
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<tr>
<td>J2507</td>
<td>INJECTION, PEGLOTICASE, 1 MG</td>
<td>Auth Required</td>
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<tr>
<td>J2510</td>
<td>INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS</td>
<td>No Auth Needed</td>
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<tr>
<td>J2513</td>
<td>INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2515</td>
<td>INJECTION, PENTOBARBITAL SODIUM, PER 50 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2540</td>
<td>INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2543</td>
<td>INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1 G/0.125 G (1.125 G)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2545</td>
<td>PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2547</td>
<td>INJECTION, PERAMIVIR, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2550</td>
<td>INJECTION, PROMETHAZINE HCL, UP TO 50 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2560</td>
<td>INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2562</td>
<td>INJECTION, PLERIXAFOR, 1 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2590</td>
<td>INJECTION, OXYTOCIN, UP TO 10 UNITS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
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<tr>
<td>------</td>
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</tr>
<tr>
<td>J2597</td>
<td>INJECTION, DESMOPRESSIN ACETATE, PER 1 MCG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2650</td>
<td>INJECTION, PREDNISOLONE ACETATE, UP TO 1 ML</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2670</td>
<td>INJECTION, TOLAZOLINE HCL, UP TO 25 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2675</td>
<td>INJECTION, PROGESTERONE, PER 50 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2680</td>
<td>INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2690</td>
<td>INJECTION, PROCAINAMIDE HCL, UP TO 1 G</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2700</td>
<td>INJECTION, OXACILLIN SODIUM, UP TO 250 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2704</td>
<td>INJECTION, PROPOFOL, 10 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2710</td>
<td>INJECTION, NEOSTIGMINE METHYSULFATE, UP TO 0.5 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2720</td>
<td>INJECTION, PROTAMINE SULFATE, PER 10 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2724</td>
<td>INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2725</td>
<td>INJECTION, PROTIRELIN, PER 250 MCG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2730</td>
<td>INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 G</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
</tr>
<tr>
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<td>------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>J2760</td>
<td>INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2765</td>
<td>INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2770</td>
<td>INJECTION, QUINOUPRISTIN/DALFOPRISTIN, 500 MG (150/350)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2778</td>
<td>INJECTION, RANIBIZUMAB, 0.1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2780</td>
<td>INJECTION, RANITIDINE HCL, 25 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2783</td>
<td>INJECTION, RASBURICASE, 0.5 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2785</td>
<td>INJECTION, REGADENOSON, 0.1 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2786</td>
<td>INJECTION RESLIZUMAB 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2787</td>
<td>RIBOFLAVIN 5'-PHOSPHATE OPHTHALMIC SOL TO 3 ML</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2788</td>
<td>INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2790</td>
<td>INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, FULL DOSE, 300 MCG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2791</td>
<td>INJECTION, RHO( D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2792</td>
<td>INJECTION, RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT, 100 IU</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2793</td>
<td>INJECTION, RILONACEPT, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2794</td>
<td>INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2795</td>
<td>INJECTION, ROPIVACAINE HCL, 1 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2796</td>
<td>INJECTION, ROMIPLOSTIM, 10 MCG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2797</td>
<td>INJECTION, ROLAPITANT, 0.5 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2798</td>
<td>RISPERIDONE (PERSERIS) 5 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2800</td>
<td>INJECTION, METHOCARBAMOL, UP TO 10 ML</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2805</td>
<td>INJECTION, SINCALIDE, 5 MCG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2810</td>
<td>INJECTION, THEOPHYLLINE, PER 40 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2820</td>
<td>INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2840</td>
<td>INJECTION SEBELIPASE ALFA 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2850</td>
<td>INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MCG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2860</td>
<td>INJECTION, SECobarbital SODIUM, UP TO 250 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2910</td>
<td>INJECTION, AUROTHIOGLUCOSE, UP TO 50 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2916</td>
<td>INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2920</td>
<td>INJECTION, METHYLПREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2930</td>
<td>INJECTION, METHYLПREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2940</td>
<td>INJECTION, SOMATREM, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2941</td>
<td>INJECTION, SOMATROPIN, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J2950</td>
<td>INJECTION, PROMAZINE HCL, UP TO 25 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2993</td>
<td>INJECTION, RETEPLASE, 18.1 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2995</td>
<td>INJECTION, STREPTOKINASE, PER 250,000 IU</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J2997</td>
<td>INJECTION, ALTEPLASE RECOMBINANT, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3000</td>
<td>INJECTION, STREPTOMYCIN, UP TO 1 G</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3010</td>
<td>INJECTION, FENTANYL CITRATE, 0.1 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3030</td>
<td>INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION OF A PH)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
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<td>--------------------------------------------------</td>
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</tr>
<tr>
<td>J3060</td>
<td>INJECTION, TALIGLUCERACE ALFA, 10 UNITS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3070</td>
<td>INJECTION, PENTAZOCINE, 30 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3090</td>
<td>INJECTION, TEDIZOLID PHOSPHATE, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3095</td>
<td>INJECTION, TELAVANCIN, 10 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3101</td>
<td>INJECTION, TENECTEPLASE, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3105</td>
<td>INJECTION, TERBUTALINE SULFATE, UP TO 1 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3110</td>
<td>INJECTION, TERIPARATIDE, 10 MCG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3111</td>
<td>INJECTION, ROMOSOZUMAB-AQQG, 1 MG (EVENITY)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3120</td>
<td>INJECTION, TESTOSTERONE ENANTHATE, UP TO 100 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3121</td>
<td>INJECTION, TESTOSTERONE ENANTHATE, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3130</td>
<td>INJECTION, TESTOSTERONE ENANTHATE, UP TO 200 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3140</td>
<td>INJECTION, TESTOSTERONE SUSPENSION, UP TO 50 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3145</td>
<td>INJECTION, TESTOSTERONE UNDECANOATE, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>J3150</td>
<td>INJECTION, TESTOSTERONE PROPIONATE, UP TO 100 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3230</td>
<td>INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3240</td>
<td>INJECTION, THYROTROPIN ALPHA, 0.9 MG, PROVIDED IN 1.1 MG VIAL</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3243</td>
<td>INJECTION, TIGECYCLINE, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3245</td>
<td>INJECTION, TILDRAKIZUMAB, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3246</td>
<td>INJECTION, TIROFIBAN HCL, 0.25MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3250</td>
<td>INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3260</td>
<td>INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3262</td>
<td>INJECTION, TOCILIZUMAB, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3265</td>
<td>INJECTION, TORSEMIDE, 10 MG/ML</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3280</td>
<td>INJECTION, THIETHYLPERAZINE MALEATE, UP TO 10 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3285</td>
<td>INJECTION, TREPOTINIL, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3300</td>
<td>INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
</tr>
<tr>
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<td>-----------------------------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>J3301</td>
<td>INJECTION, TRIAMCINOLONE ACETONIDE, PER 10 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3302</td>
<td>INJECTION, TRIAMCINOLONE DIACETATE, PER 5 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3303</td>
<td>INJECTION, TRIAMCINOLONE HEXACETONIDE, PER 5 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3304</td>
<td>INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3305</td>
<td>INJECTION, TRIMETREXATE GLUCURONATE, PER 25 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3310</td>
<td>INJECTION, PERPHENAZINE, UP TO 5 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3315</td>
<td>INJECTION, TRIPTORELIN PAMOATE, 3.75 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3316</td>
<td>INJECTION, TRIPTORELIN, EXTENDED-RELEASE, 3.75 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3320</td>
<td>INJECTION, SPECTINOMYCIN DIHYDROCHLORIDE, UP TO 2 G</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3350</td>
<td>INJECTION, UREA, UP TO 40 G</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3355</td>
<td>INJECTION, UROFOLLITROPIN, 75 IU</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3357</td>
<td>INJECTION, USTEKINUMAB, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3358</td>
<td>USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
</tr>
<tr>
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<td>------------------------------------------------------------------</td>
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</tr>
<tr>
<td>J3360</td>
<td>INJECTION, DIAZEPAM, UP TO 5 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3364</td>
<td>INJECTION, UROKINASE, 5,000 IU VIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3365</td>
<td>INJECTION, IV, UROKINASE, 250,000 IU VIAL</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3370</td>
<td>INJECTION, VANCOMYCIN HCL, 500 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3380</td>
<td>INJECTION, VEDOLIZUMAB, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3385</td>
<td>INJECTION, VELAGLUCERASE ALFA, 100 UNITS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3396</td>
<td>INJECTION, VERTEPORFIN, 0.1 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3397</td>
<td>INJECTION, VESTRONIDASE ALFA-VJ BK, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3398</td>
<td>INJECTION, VORETIGENE NEPARVOVEC-RZYL, 1 BILLION VECTOR GENOMES</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3400</td>
<td>INJECTION, TRIFLUPROMAZINE HCL, UP TO 20 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3410</td>
<td>INJECTION, HYDROXYZINE HCL, UP TO 25 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3411</td>
<td>INJECTION, THIAMINE HCL, 100 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3415</td>
<td>INJECTION, PYRIDOXINE HCL, 100 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Needed</td>
</tr>
<tr>
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<td>-----------------------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>J3420</td>
<td>INJECTION, VITAMIN B-12 CYANOCOBALAMIN, UP TO 1,000 MCG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3430</td>
<td>INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3465</td>
<td>INJECTION, VORICONAZOLE, 10 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3470</td>
<td>INJECTION, HYALURONIDASE, UP TO 150 UNITS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3471</td>
<td>INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3472</td>
<td>INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1,000 USP UNITS</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3473</td>
<td>INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3475</td>
<td>INJECTION, MAGNESIUM SULFATE, PER 500 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3480</td>
<td>INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3485</td>
<td>INJECTION, ZIDOVUDINE, 10 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3486</td>
<td>INJECTION, ZIPRASIDONE MESYLATE, 10 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3489</td>
<td>INJECTION, ZOLEDRONIC ACID, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3490</td>
<td>UNCLASSIFIED DRUGS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
</tr>
<tr>
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<td>-----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>J3520</td>
<td>EDETATE DISODIUM, PER 150 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3530</td>
<td>NASAL VACCINE INHALATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3535</td>
<td>DRUG ADMINISTERED THROUGH A METERED DOSE INHALER</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J3570</td>
<td>LAETRILE, AMYGDALIN, VITAMIN B-17</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3590</td>
<td>UNCLASSIFIED BIOLOGICS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J3591</td>
<td>UNCLASSIFIED DRUG OR BIOLOGICAL USED FOR ESRD ON DIALYSIS</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7030</td>
<td>INFUSION, NORMAL SALINE SOLUTION, 1,000 CC</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7040</td>
<td>INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7042</td>
<td>5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7050</td>
<td>INFUSION, NORMAL SALINE SOLUTION, 250 CC</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7060</td>
<td>5% DEXTROSE/WATER (500 ML = 1 UNIT)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7070</td>
<td>INFUSION, D-5-W, 1,000 CC</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7100</td>
<td>INFUSION, DEXTRAN 40, 500 ML</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
</tr>
<tr>
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</tr>
<tr>
<td>J7110</td>
<td>INFUSION, DEXTRAN 75, 500 ML</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7120</td>
<td>RINGER'S LACTATE INFUSION, UP TO 1,000 CC</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7121</td>
<td>5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7131</td>
<td>HYPERTONIC SALINE SOLUTION, 1 ML</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7170</td>
<td>INJECTION, EMICIZUMAB-KXWH, 0.5 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7175</td>
<td>INJECTION FACTOR X 1 I.U.</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7177</td>
<td>INJECTION, HUMAN FIBRINOGEN CONCENTRATE (FIBRYGA), 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7178</td>
<td>INJECTION, HUMAN FIBRINOGEN CONCENTRATE, NOT OTHERWISE SPECIFIED, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7179</td>
<td>INJECTION VON WILLEBRAND FACTO</td>
<td>Not covered - must be dispensed through Pharmacy POS Must obtain medication by contacting CVS Specialty Pharmacy 1-800-237-2767</td>
</tr>
<tr>
<td>J7180</td>
<td>INJECTION, FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 IU</td>
<td>Not covered - must be dispensed through Pharmacy POS Must obtain medication by contacting CVS Specialty Pharmacy 1-800-237-2767</td>
</tr>
<tr>
<td>J7181</td>
<td>INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU</td>
<td>Not covered - must be dispensed through Pharmacy POS Must obtain medication by contacting CVS Specialty Pharmacy 1-800-237-2767</td>
</tr>
<tr>
<td>J7182</td>
<td>INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU</td>
<td>Not covered - must be dispensed through Pharmacy POS Must obtain medication by contacting CVS Specialty Pharmacy 1-800-237-2767</td>
</tr>
<tr>
<td>J7183</td>
<td>INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 IU VWF:RCO</td>
<td>Not covered - must be dispensed through Pharmacy POS Must obtain medication by contacting CVS Specialty Pharmacy 1-800-237-2767</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Coverage Status</td>
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<tr>
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</tr>
<tr>
<td>J7185</td>
<td>INJECTION, FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER IU</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7186</td>
<td>INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7187</td>
<td>INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMATE-P), PER IU VWF-RC0</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7188</td>
<td>INJ FACTOR VIII ANTIHEMOPHILIC</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7189</td>
<td>FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MCG</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7190</td>
<td>FACTOR VIII (ANTIHEMOPHILIC FACTOR, HUMAN) PER IU</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7191</td>
<td>FACTOR VIII (ANTIHEMOPHILIC FACTOR (PORCINE)), PER IU</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7192</td>
<td>FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7193</td>
<td>FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NONRECOMBINANT) PER IU</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7194</td>
<td>FACTOR IX COMPLEX, PER IU</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7195</td>
<td>FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT) PER IU</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7196</td>
<td>OTHER HEMOPHILIA CLOTTING FACTORS, (E.G., ANTI-INHIBITORS), PER I.U.</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7197</td>
<td>ANTITHROMBIN III (HUMAN), PER IU</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>SNo</td>
<td>Description</td>
<td>Coverage Information</td>
</tr>
<tr>
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</tr>
<tr>
<td>J7198</td>
<td>ANTIINHIBITOR, PER IU</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7199</td>
<td>HEMOPHILIA CLOTTING FACTOR, NOT OTHERWISE CLASSIFIED</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7200</td>
<td>INJECTION, FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), RIXUBIS, PER IU</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7201</td>
<td>INJECTION, FACTOR IX, FC FUSION PROTEIN (RECOMBINANT), PER IU</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7202</td>
<td>INJECTION FAC IX ALBUMIN FUS P</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7203</td>
<td>INJECTION FACTOR IX, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), GLYCOPEGYLATED, (REBINYN), 1 IU</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7205</td>
<td>INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7207</td>
<td>INJECTION FACTOR VIII PEGYLATE</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7208</td>
<td>INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCI (JIVI) 1 IU</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7209</td>
<td>INJECTION FACTOR VIII 1 I.U.</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7210</td>
<td>INJECTION, FACTOR VIII, (ANTIHM</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7211</td>
<td>INJECTION, FACTOR VIII, (ANTIHM</td>
<td>Not covered - must be dispensed through Pharmacy POS</td>
</tr>
<tr>
<td>J7296</td>
<td>LEVONORGESTREL-RELEASING INTRAUTERINE CONTRA</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Authorization Required</td>
</tr>
<tr>
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</tr>
<tr>
<td>J7297</td>
<td>LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG, 3 YEAR DURATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7298</td>
<td>LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG, 5 YEAR DURATION</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7300</td>
<td>INTRAUTERINE COPPER CONTRACEPTIVE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7301</td>
<td>LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM (SKYLA), 13.5 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7302</td>
<td>LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7303</td>
<td>CONTRACEPTIVE SUPPLY, HORMONE CONTAINING VAGINAL RING, EACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7304</td>
<td>CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7306</td>
<td>LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7307</td>
<td>ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7308</td>
<td>AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354 MG)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7309</td>
<td>METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 G</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7310</td>
<td>GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLANT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7311</td>
<td>FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>J7312</td>
<td>INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7313</td>
<td>INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7314</td>
<td>INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (YUTIQ, 0.01MG)</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7315</td>
<td>SODIUM HYALURONATE, 20 MG, FOR INTRA-ARTICULAR INJECTION</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7316</td>
<td>INJECTION, OCRIPLASMIN, 0.125 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7318</td>
<td>HYALURONAN OR DERIVATIVE, DUROLANE, FOR INTRA-ARTICULAR INJECTION, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7320</td>
<td>HYALURONAN/DERIVITIVE GENVISC 850 IA INJ 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7321</td>
<td>HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7322</td>
<td>HYALURONAN/DRIV HYMOVIS IA INJ</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7323</td>
<td>HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7324</td>
<td>HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7325</td>
<td>HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7326</td>
<td>HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
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<tr>
<td>J7327</td>
<td>HYALURONAN OR DERIVATIVE, MONOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7328</td>
<td>HYALURONAN OR DERIVATIVE, FOR INTRA-ARTICULAR INJECTION, 0.1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7329</td>
<td>HYALURONAN OR DERIVATIVE, TRIVISC, FOR INTRA-ARTICULAR INJECTION, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7330</td>
<td>AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7331</td>
<td>HYALURONAN OR DERIVATIVE, SYNOJOYNT, FOR INTRA-ARTICULAR INJECTION, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7332</td>
<td>HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7335</td>
<td>CAPSAICIN 8% PATCH, PER 10 SQ CM</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7336</td>
<td>CAPSAICIN 8% PATCH, PER SQUARE CENTIMETER</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7340</td>
<td>DERMAL AND EPIDERMAL, (SUBSTITUTE) TISSUE OF HUMAN ORIGIN, WITH OR WITHOUT BIOENGINEERED OR PROCESSED ELEMENTS, WITH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7342</td>
<td>INSTL DIPROFLOXACIN OTIC SUSPN</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7345</td>
<td>AMINOLEVULINIC ACID HCL FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7401</td>
<td>MOMETASONE FUROATE SINUS IMPLANT, 10 MCG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7500</td>
<td>AZATHIOPRINE, ORAL, 50 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7501</td>
<td>AZATHIOPRINE, PARENTERAL, 100 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7502</td>
<td>CYCLOSPORINE, ORAL, 100 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7503</td>
<td>CYCLOSPORINE, PARENTERAL, PER 50 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7504</td>
<td>LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, EQUINE, PARENTERAL, 250 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7505</td>
<td>MUROMONAB-CD3, PARENTERAL, 5 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7507</td>
<td>TACROLIMUS, ORAL, PER 1 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7508</td>
<td>TACROLIMUS, EXTENDED RELEASE, (ASTAGRAF XL), ORAL, 0.1 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7509</td>
<td>METHYLPREDNISOLONE, ORAL, PER 4 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7510</td>
<td>PREDNISOLONE, ORAL, PER 5 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7511</td>
<td>LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7512</td>
<td>PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7513</td>
<td>DACLIZUMAB, PARENTERAL, 25 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7515</td>
<td>CYCLOSPORINE, ORAL, 25 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth</td>
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</tr>
<tr>
<td>J7516</td>
<td>CYCLOSPORINE, PARENTERAL, 250 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7517</td>
<td>MYCOPHENOLATE MOFETIL, ORAL, 250 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7518</td>
<td>MYCOPHENOLIC ACID, ORAL, 180 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7520</td>
<td>SIROLIMUS, ORAL, 1 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7525</td>
<td>TACROLIMUS, PARENTERAL, 5 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7527</td>
<td>EVEROLIMUS, ORAL, 0.25 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7599</td>
<td>IMMUNOSUPPRESSIVE DRUG, NOC</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7604</td>
<td>ACETYLCYSTEINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7605</td>
<td>ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NONCOMPONDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7606</td>
<td>FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NONCOMPONDED, ADMINISTERED THROUGH</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7607</td>
<td>LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 0.5 MG</td>
<td>Auth Required</td>
</tr>
<tr>
<td>J7608</td>
<td>ACETYLCYSTEINE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NONCOMPONDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7609</td>
<td>ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7610</td>
<td>ALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, 1 MG</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7611</td>
<td>ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>J7612</td>
<td>LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED</td>
<td>No Auth Needed</td>
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<tr>
<td>J7613</td>
<td>ALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J7614</td>
<td>LEVALBUTEROL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5</td>
<td>No Auth Needed</td>
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<td>J7615</td>
<td>LEVALBUTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, 0.5 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J7620</td>
<td>ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED</td>
<td>No Auth Needed</td>
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<td>J7622</td>
<td>BECLOMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER</td>
<td>Auth Required</td>
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<tr>
<td>J7624</td>
<td>BETAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER</td>
<td>Auth Required</td>
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<td>J7626</td>
<td>BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM,</td>
<td>Auth Required</td>
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<tr>
<td>J7627</td>
<td>BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, UP TO 0.5 MG</td>
<td>Auth Required</td>
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<td>J7628</td>
<td>BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER</td>
<td>Auth Required</td>
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<tr>
<td>J7629</td>
<td>BITOLTEROL MESYLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER</td>
<td>Auth Required</td>
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<tr>
<td>J7631</td>
<td>CROMOLYN SODIUM, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPUNDED, ADMINISTERED THROUGH DME</td>
<td>Auth Required</td>
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<td>J7632</td>
<td>CROMOLYN SODIUM, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MG</td>
<td>Auth Required</td>
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<td>J7633</td>
<td>BUDESONIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPUNDED, ADMINISTERED THROUGH DME, CONCENTRATED</td>
<td>Auth Required</td>
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<td>J7634</td>
<td>BUDESONIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER 0.25</td>
<td>Auth Required</td>
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<td>J7635</td>
<td>ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J7636</td>
<td>ATROPINE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG</td>
<td>Auth Required</td>
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<td>J7637</td>
<td>DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG</td>
<td>No Auth Needed</td>
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<td>J7638</td>
<td>DEXAMETHASONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG</td>
<td>Auth Required</td>
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<tr>
<td>J7639</td>
<td>DORNASE ALPHA, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM</td>
<td>Auth Required</td>
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<td>J7640</td>
<td>FORMOTEROL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 12 MCG</td>
<td>Auth Required</td>
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<td>J7641</td>
<td>FLUNISOLIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE, PER MG</td>
<td>Auth Required</td>
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<td>J7642</td>
<td>GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG</td>
<td>No Auth Needed</td>
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<td>J7643</td>
<td>GLYCOPYRROLATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG</td>
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<td>J7644</td>
<td>IPRATROPIUM BROMIDE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG</td>
<td>No Auth Needed</td>
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<td>J7645</td>
<td>IPRATROPIUM BROMIDE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG</td>
<td>No Auth Needed</td>
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<td>J7647</td>
<td>ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG</td>
<td>Auth Required</td>
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<tr>
<td>J7648</td>
<td>ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, CONCENTRATED</td>
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<td>J7649</td>
<td>ISOETHARINE HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG</td>
<td>Auth Required</td>
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<tr>
<td>J7650</td>
<td>ISOETHARINE HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG</td>
<td>Auth Required</td>
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<td>J7657</td>
<td>ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG</td>
<td>Auth Required</td>
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<tr>
<td>J7658</td>
<td>ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER</td>
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<td>J7659</td>
<td>ISOPROTERENOL HCL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER</td>
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<td>J7660</td>
<td>ISOPROTERENOL HCL, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG</td>
<td>Auth Required</td>
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<td>J7665</td>
<td>ISOPROTERENOL HYDROCHLORIDE, 1.0%, PER ML, INHALATION SOLUTION ADMINISTER</td>
<td>Auth Required</td>
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<tr>
<td>J7667</td>
<td>METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED FORM, PER 10 MG</td>
<td>Auth Required</td>
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<tr>
<td>J7668</td>
<td>METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPOUNDED, ADMINISTERED THROUGH</td>
<td>Auth Required</td>
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<td>J7669</td>
<td>METAPROTERENOL SULFATE, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPONDED, ADMINISTERED THROUGH DME</td>
<td>Auth Required</td>
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<tr>
<td>J7670</td>
<td>METAPROTERENOL SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM</td>
<td>Auth Required</td>
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<tr>
<td>J7674</td>
<td>METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER, PER 1 MG</td>
<td>No Auth Needed</td>
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<tr>
<td>J7676</td>
<td>PENTAMIDINE ISETHIONATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG</td>
<td>Auth Required</td>
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<tr>
<td>J7677</td>
<td>REVEFENACIN INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADM THROUGH DME, 1 MCG</td>
<td>Auth Required</td>
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<tr>
<td>J7680</td>
<td>TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG</td>
<td>Auth Required</td>
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<tr>
<td>J7681</td>
<td>TERBUTALINE SULFATE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG</td>
<td>Auth Required</td>
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<tr>
<td>J7682</td>
<td>TOBRAMYCIN, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPONDED, UNIT DOSE FORM, ADMINISTERED THROUGH DME,</td>
<td>Auth Required</td>
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<tr>
<td>J7683</td>
<td>TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, CONCENTRATED FORM, PER MG</td>
<td>Auth Required</td>
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<td>J7684</td>
<td>TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MG</td>
<td>Auth Required</td>
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<td>J7685</td>
<td>TOBRAMYCIN, INHALATION SOLUTION, COMPOUNDED PRODUCT, ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 300 MG</td>
<td>Auth Required</td>
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<tr>
<td>J7686</td>
<td>TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NONCOMPONDED, ADMINISTERED THROUGH DME, UNIT DOSE FORM,</td>
<td>Auth Required</td>
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<tr>
<td>J7699</td>
<td>NOC DRUGS, INHALATION SOLUTION ADMINISTERED THROUGH DME</td>
<td>Auth Required</td>
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<tr>
<td>Code</td>
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<tr>
<td>J7799</td>
<td>NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME</td>
<td>Auth Required</td>
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<tr>
<td>J7999</td>
<td>UNLISTED CHEMO DRUG</td>
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<tr>
<td>J8498</td>
<td>ANTIEMETIC DRUG, RECTAL/SUPPOSITORY, NOT OTHERWISE SPECIFIED</td>
<td>Auth Required</td>
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<tr>
<td>J8499</td>
<td>PRESCRIPTION DRUG, ORAL, NONCHEMOTHERAPEUTIC, NOS</td>
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<tr>
<td>J8501</td>
<td>APREPITANT, ORAL, 5 MG</td>
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<tr>
<td>J8510</td>
<td>BUSULFAN; ORAL, 2 MG</td>
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<tr>
<td>J8515</td>
<td>CABERGOLINE, ORAL, 0.25 MG</td>
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<tr>
<td>J8520</td>
<td>CAPECITABINE, ORAL, 150 MG</td>
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<td>J8521</td>
<td>CAPECITABINE, ORAL, 500 MG</td>
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<td>J8530</td>
<td>CYCLOPHOSPHAMIDE; ORAL, 25 MG</td>
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<td>J8540</td>
<td>DEXAMETHASONE, ORAL, 0.25 MG</td>
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<tr>
<td>J8560</td>
<td>ETOPOSIDE; ORAL, 50 MG</td>
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<tr>
<td>J8561</td>
<td>EVEROLIMUS, ORAL, 0.25 MG</td>
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<tr>
<td>Code</td>
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<tr>
<td>J8562</td>
<td>FLUDARABINE PHOSPHATE, ORAL, 10 MG</td>
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<tr>
<td>J8565</td>
<td>GEFITINIB, ORAL, 250 MG</td>
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<td>J8597</td>
<td>ANTIEMETIC DRUG, ORAL, NOT OTHERWISE SPECIFIED</td>
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<tr>
<td>J8600</td>
<td>MELPHALAN; ORAL, 2 MG</td>
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<td>J8610</td>
<td>METHOTREXATE; ORAL, 2.5 MG</td>
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<tr>
<td>J8650</td>
<td>NABILONE, ORAL, 1 MG</td>
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<tr>
<td>J8655</td>
<td>NETUPITANT 300 MG AND PALONOSETRON 0.5 MG</td>
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<td>J8670</td>
<td>ROLAPITANT ORAL 1 MG</td>
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<tr>
<td>J8700</td>
<td>TEMOZOLOMIDE, ORAL, 5 MG</td>
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<td>J8705</td>
<td>TOPOTECAN, ORAL, 0.25 MG</td>
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<td>J8999</td>
<td>PRESCRIPTION DRUG, ORAL, CHEMOTHERAPEUTIC, NOS</td>
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<td>J9000</td>
<td>DOXORUBICIN HCL, 10 MG</td>
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<tr>
<td>J9015</td>
<td>ALDESLEUKIN, PER SINGLE USE VIAL</td>
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<td>J9017</td>
<td>ARSENIC TRIOXIDE, 1 MG</td>
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<tr>
<td>J9019</td>
<td>INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU</td>
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<td>J9020</td>
<td>ASPARAGINASE, 10,000 UNITS</td>
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<td>J9022</td>
<td>ATEZOLIZUMAB, TECENTRIQ</td>
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<tr>
<td>J9023</td>
<td>INJECTION, AVELUMAB, 10 MG</td>
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<tr>
<td>J9025</td>
<td>INJECTION, AZACITIDINE, 1 MG</td>
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<tr>
<td>J9027</td>
<td>INJECTION, CLOFARABINE, 1 MG</td>
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<td>J9030</td>
<td>BCG LIVE INTRAVESICAL INSTILLATION, 1 MG</td>
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<td>J9031</td>
<td>BCG LIVE (INTRAVESICAL), PER INSTILLATION</td>
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<tr>
<td>J9032</td>
<td>INJECTION, BELINOSTAT, 10 MG</td>
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<tr>
<td>J9033</td>
<td>INJECTION, BENDAMUSTINE HCL, 1 MG</td>
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<tr>
<td>J9034</td>
<td>INJECTION BENDAMUSTINE HCL BENDEKA 1 MG</td>
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<td>J9035</td>
<td>INJECTION, BEVACIZUMAB, 10 MG</td>
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<td>J9036</td>
<td>INJECTION, BENAMUSTINE HCL (BELRAPZO.BENDAMUSTINE), 1MG</td>
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<td>J9039</td>
<td>INJECTION, BLINATUMOMAB, 1 MICROGRAM</td>
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<td>J9040</td>
<td>BLEOMYCIN SULFATE, 15 UNITS</td>
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<td>J9041</td>
<td>INJECTION, BORTEZOMIB, 0.1 MG</td>
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<td>J9042</td>
<td>INJECTION, BRENTUXIMAB VEDOTIN, 1 MG</td>
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<td>J9043</td>
<td>INJECTION, CABAZITAXEL, 1 MG</td>
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<td>J9044</td>
<td>INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG</td>
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<td>J9045</td>
<td>CARBOPLATIN, 50 MG</td>
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<td>J9047</td>
<td>INJECTION, CARFILZOMIB, 1 MG</td>
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<td>J9050</td>
<td>CARMUSTINE, 100 MG</td>
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<td>J9055</td>
<td>INJECTION, CETUXIMAB, 10 MG</td>
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<td>J9057</td>
<td>INJECTION, COPANLISIB, 1 MG</td>
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<td>J9060</td>
<td>CISPLATIN, POWDER OR SOLUTION, PER 10 MG</td>
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<tr>
<td>J9065</td>
<td>INJECTION, CLADRIBINE, PER 1 MG</td>
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<td>J9070</td>
<td>CYCLOPHOSPHAMIDE, 100 MG</td>
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<tr>
<td>J9098</td>
<td>CYTARABINE LIPOSOME, 10 MG</td>
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<td>J9100</td>
<td>CYTARABINE, 100 MG</td>
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<td>J9118</td>
<td>INJECTION, CALASPARGASE PEGO-MKNL, 10 UNITS</td>
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<td>J9119</td>
<td>INJECTION, CEMIPLIMAB-RWLC, 1 MG</td>
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<td>J9120</td>
<td>DACTINOMYCIN, 0.5 MG</td>
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<td>J9130</td>
<td>DACARBAZINE, 100 MG</td>
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<tr>
<td>J9145</td>
<td>INJECTION DARATUMUMAB 10 MG</td>
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<tr>
<td>J9150</td>
<td>DAUNORUBICIN, 10 MG</td>
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<tr>
<td>J9151</td>
<td>DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG</td>
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<td>J9153</td>
<td>INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE</td>
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<td>J9155</td>
<td>INJECTION, DEGARELIX, 1 MG</td>
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<td>J9160</td>
<td>DENILEUKIN DIFTITOX, 300 MCG</td>
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<td>J9165</td>
<td>DIETHYLSTILBESTROL DIPHOSPHATE, 250 MG</td>
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<td>INJECTION ELOTUZUMAB 1 MG</td>
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<td>FLUDARABINE PHOSPHATE, 50 MG</td>
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<td>FLUOROURACIL, 500 MG</td>
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<td>ASPIRIN OR ANOTHER ANTIPLATELET</td>
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<td>HOSPICE SVC FOR PT PROV ANY TI</td>
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<td>SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNICIAN UNDER PHYSICIAN SUPERVISION</td>
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<td>BLOOD, SPLIT UNIT</td>
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<td>RED BLOOD CELLS, LEUKOCYTES REDUCED, EACH UNIT</td>
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<td>FRESH FROZEN PLASMA (SINGLE DONOR), FROZEN WITHIN 8 HOURS OF COLLECTION, EACH UNIT</td>
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<td>PLATELET RICH PLASMA, EACH UNIT</td>
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<td>RED BLOOD CELLS, EACH UNIT</td>
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<td>RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>P9041</td>
<td>INFUSION, ALBUMIN (HUMAN), 5%, 50 ML</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>P9043</td>
<td>INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 50 ML</td>
<td>No Auth Needed</td>
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<tr>
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<tr>
<td>P9044</td>
<td>PLASMA CRYOPRECIPITATE REDUC</td>
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<tr>
<td>P9045</td>
<td>INFUSION, ALBUMIN (HUMAN), 5%, 250 ML</td>
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<tr>
<td>P9046</td>
<td>INFUSION, ALBUMIN (HUMAN), 25%, 20 ML</td>
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<tr>
<td>P9047</td>
<td>INFUSION, ALBUMIN (HUMAN), 25%, 50 ML</td>
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<tr>
<td>P9048</td>
<td>INFUSION, PLASMA PROTEIN FRA</td>
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<tr>
<td>P9050</td>
<td>GRANULOCYTES, PHERESIS, EACH</td>
<td>Auth Required</td>
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<tr>
<td>P9051</td>
<td>WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, EACH UNIT</td>
<td>No Auth Needed</td>
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<tr>
<td>P9052</td>
<td>PLATELETS HLA MATCHED EA UNIT</td>
<td>Auth Required</td>
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<td>PLATELETS, PHERESIS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT</td>
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<tr>
<td>P9054</td>
<td>RED BLOOD CELLS FROZEN EA UN</td>
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<tr>
<td>P9055</td>
<td>PLATELETS CMV-NEGTEVE EA UNIT</td>
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<td>P9056</td>
<td>WHOLE BLOOD, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT</td>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>P9057</td>
<td>RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT</td>
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<td>P9058</td>
<td>RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT</td>
<td>No Auth Needed</td>
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<td>P9059</td>
<td>FRESH FROZEN PLASMA BETWEEN 8-24 HOURS OF COLLECTION, EACH UNIT</td>
<td>No Auth Needed</td>
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<tr>
<td>P9060</td>
<td>FRESH FROZEN PLASMA EA UNIT</td>
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<tr>
<td>P9070</td>
<td>PLASMA POOLED MX DONOR PATHO</td>
<td>Auth Required</td>
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<tr>
<td>P9071</td>
<td>PLASMA PATHOGEN REDUCED FROZ</td>
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<td>P9072</td>
<td>PLATELETS, PHERESIS, PATHOGEN REDUCED, EACH UNIT</td>
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<td>P9073</td>
<td>PLATELETS, PHERESIS, PATHOGEN-</td>
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<tr>
<td>P9099</td>
<td>BLOOD COMPONENT OR PRODUCT NOT OTHERWISE CLASSIFIED</td>
<td>Auth Required</td>
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<td>P9100</td>
<td>PATHOGEN(S) TEST FOR PLATELETS</td>
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<td>P9603</td>
<td>TRAVEL ALLOWANCE, ONE WAY IN CONNECTION W/ MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN FROM</td>
<td>No Auth Needed</td>
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<td>P9604</td>
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<td>No Auth Needed</td>
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<td>P9612</td>
<td>CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF SERVICE</td>
<td>No Auth Needed</td>
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<td>Code</td>
<td>Description</td>
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<tr>
<td>P9615</td>
<td>CATHETERIZATION FOR COLLECTION OF SPECIMEN(S) (MULTIPLE PATIENTS)</td>
<td>No Auth Needed</td>
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<tr>
<td>Q0035</td>
<td>CARDIOKYMOGRAPHY</td>
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<td>Q0036</td>
<td>OXYGEN CONCENTRATOR, HIGH HU</td>
<td>Auth Required</td>
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<tr>
<td>Q0081</td>
<td>INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Q0083</td>
<td>CHEMO ADMIN NOT INFUS TECH O</td>
<td>Auth Required</td>
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<tr>
<td>Q0084</td>
<td>CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT</td>
<td>No Auth Needed</td>
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<tr>
<td>Q0085</td>
<td>CHEMOTHERAPY ADMINISTRATION</td>
<td>Auth Required</td>
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<tr>
<td>Q0086</td>
<td>PHYSICAL THERAPY EVALUATION/</td>
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<tr>
<td>Q0091</td>
<td>SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Q0092</td>
<td>SET-UP PORTABLE X-RAY EQUIPMENT</td>
<td>No Auth Needed</td>
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<tr>
<td>Q0111</td>
<td>WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERVICAL OR SKIN SPECIMENS</td>
<td>No Auth Needed</td>
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<tr>
<td>Q0112</td>
<td>ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS</td>
<td>No Auth Needed</td>
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<tr>
<td>Q0113</td>
<td>PINWORM EXAMINATION</td>
<td>No Auth Needed</td>
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<td>Q0114</td>
<td>FERN TEST</td>
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<td>Q0115</td>
<td>POST-COITAL DIRECT QUALATATI</td>
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<td>Q0116</td>
<td>HEMOGLOBIN BY SNGL AN</td>
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<td>Q0136</td>
<td>INJECTION, EPOETIN ALPHA, (F</td>
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<td>Q0137</td>
<td>INJECTION, BARBEPOETIN 1 MCG</td>
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<tr>
<td>Q0138</td>
<td>INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)</td>
<td>No Auth Needed</td>
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<tr>
<td>Q0139</td>
<td>INJECTION, FERUMOXYTOL, FOR TREATMENT OF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)</td>
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<tr>
<td>Q0144</td>
<td>AZITHROMYCIN DIHYDRATE, ORAL, CAPSULES/POWDER, 1 GM</td>
<td>No Auth Needed</td>
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<tr>
<td>Q0161</td>
<td>CHLORPROMAZINE HYDROCHLORIDE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Q0162</td>
<td>ONDANSETRON 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV</td>
<td>No Auth Needed</td>
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<tr>
<td>Q0163</td>
<td>DIPHENHYDRAMINE HCL, 50 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR</td>
<td>No Auth Needed</td>
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<tr>
<td>Q0164</td>
<td>PROCHLORPERAZINE MALEATE, 5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR</td>
<td>No Auth Needed</td>
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<tr>
<td>Q0166</td>
<td>GRANISETRON HCL, 1 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV</td>
<td>No Auth Needed</td>
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<tr>
<td>Q0167</td>
<td>DRONABINOL, 2.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV</td>
<td>No Auth Needed</td>
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<tr>
<td>Q0169</td>
<td>PROMETHAZINE HCL, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR</td>
<td>No Auth Needed</td>
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<tr>
<td>Q0173</td>
<td>TRIMETHOBENZAMIDE HCL, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR</td>
<td>No Auth Needed</td>
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<tr>
<td>Q0174</td>
<td>THIETHYLPERAZINE MALEATE, 10 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR</td>
<td>No Auth Needed</td>
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<tr>
<td>Q0175</td>
<td>PERPHENZAIN, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR AN IV</td>
<td>No Auth Needed</td>
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<tr>
<td>Q0177</td>
<td>HYDROXYZINE PAMOATE, 25 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR</td>
<td>No Auth Needed</td>
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<td>Q0180</td>
<td>DOLASETRON MESYLATE, 100 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR</td>
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<tr>
<td>Q0181</td>
<td>UNSPECIFIED ORAL DOSAGE FORM, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC SUBSTITUTE FOR</td>
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<tr>
<td>Q0182</td>
<td>DERMAL &amp; EPIDEMAL TISSUE</td>
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<tr>
<td>Q0183</td>
<td>DERMAL TISSUE, OF HUMAN ORIG</td>
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<tr>
<td>Q0184</td>
<td>DERMAL TISSUE, OF HUMAN ORIG</td>
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<tr>
<td>Q0187</td>
<td>FACTOR VIIA (COAGULATION FAC</td>
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<td>Q0477</td>
<td>POWER MODULE PATIENT CABLE FOR</td>
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<td>Q0478</td>
<td>POWER ADAPTER FOR USE WITH E</td>
<td>Auth Required</td>
</tr>
<tr>
<td>Q0479</td>
<td>POWER MODULE FOR USE WITH EL</td>
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<tr>
<td>Q0480</td>
<td>DRIVER FOR USE WITH PNEUMATI</td>
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<td>Q0481</td>
<td>MICROPROCESSOR CONTROL UNIT</td>
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<td>MONITOR/DISPLAY MODULE FOR U</td>
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<td>Q0484</td>
<td>MONITOR/DISPLAY MODULE FOR U</td>
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<tr>
<td>Q0487</td>
<td>LEADS (PNEUMATIC/ELECTRICAL)</td>
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<tr>
<td>Q0488</td>
<td>POWER PACK BASE FOR USE WITH</td>
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<td>Q0489</td>
<td>POWER PACK BASE FOR USE WITH</td>
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<tr>
<td>Q0490</td>
<td>EMERGENCY POWER SOURCE FOR U</td>
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<td>EMERGENCY POWER SOURCE FOR USE</td>
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<td>EMERGENCY HAND PUMP FOR USE</td>
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<td>Q0495</td>
<td>BATTERY/POWER PACK CHARGER F</td>
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<tr>
<td>Q0496</td>
<td>BATTERY OTHER THAN LITHIUM-I</td>
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<tr>
<td>Q0497</td>
<td>BATTERY CLIPS FOR USE WITH E</td>
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<tr>
<td>Q0498</td>
<td>HOLSTER FOR USE WITH ELECTRI</td>
<td>Auth Required</td>
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<tr>
<td>Q0499</td>
<td>BELT/VEST/BAG FOR USE TO CAR</td>
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<tr>
<td>Q0500</td>
<td>FILTERS FOR USE WITH ELECTRI</td>
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<td>Q0501</td>
<td>SHOWER COVER FOR USE WITH EL</td>
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<td>Q0502</td>
<td>MOBILITY CART FOR PNEUMATIC</td>
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<td>Q0503</td>
<td>BATTERY FOR PNEUMATIC VENTRI</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<tr>
<td>Q0504</td>
<td>POWER ADAPTER FOR PNEUMATIC</td>
<td>Auth Req</td>
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<td>Q0506</td>
<td>BATT LITHIUM-ION ELEC VAD RE</td>
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<td>MISC SUPPLY/ACCESSORY USE W/</td>
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<td>Q0508</td>
<td>MISC SUPL/ACCSSRY USE W/IMPL</td>
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<td>Q0509</td>
<td>MISC SPL IMPL VAD NO PAY MCR</td>
<td>Auth Req</td>
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<tr>
<td>Q0510</td>
<td>PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUG(S), FIRST MONTH FOLLOWING TRANSPLANT</td>
<td>No Auth Req</td>
</tr>
<tr>
<td>Q0511</td>
<td>PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC, OR IMMUNOSUPPRESSIVE DRUG(S); FOR THE FIRST PRESCRIPTION IN A 30-</td>
<td>No Auth Req</td>
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<tr>
<td>Q0512</td>
<td>PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUG(S); FOR A SUBSEQUENT PRESCRIPTION IN A</td>
<td>No Auth Req</td>
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<tr>
<td>Q0513</td>
<td>PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PER 30 DAYS</td>
<td>No Auth Req</td>
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<tr>
<td>Q0514</td>
<td>PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); PER 90 DAYS</td>
<td>No Auth Req</td>
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<td>Q0515</td>
<td>INJECTION, SERMORELIN ACETATE, 1 MCG</td>
<td>Auth Req</td>
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<tr>
<td>Q1004</td>
<td>NEW TECH IO LENS CATGY 4 FED</td>
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<td>Q1005</td>
<td>NEW TECH IO LENS CATGY 5 FED</td>
<td>Auth Req</td>
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<tr>
<td>Unit Code</td>
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<td>Q2001</td>
<td>ORAL, CABERGOLINE, 0.5 MG</td>
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<td>Q2002</td>
<td>INJECTION, ELLIOTTS B SOLUTI</td>
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<td>INJECTION, APROTININ, 10,000</td>
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<td>Q2004</td>
<td>IRRIGATION SOLUTION FOR TREA</td>
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<td>Q2005</td>
<td>INJECTION, CORTICORELIN OVIN</td>
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<td>INJECTION, DIGOXIN IMMUNE FA</td>
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<td>Q2007</td>
<td>INJECTION, ETHANOLAMINE OLEA</td>
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<td>Q2008</td>
<td>INJECTION, FOMEPIZOLE, 15 MG</td>
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<td>Q2009</td>
<td>INJECTION, FOSPHENYTOIN, 50 MG</td>
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<td>Q2010</td>
<td>INJECTION, GLATIRAMER ACETAT</td>
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<tr>
<td>Q2011</td>
<td>INJECTION, HEMIN, PER 1 MG</td>
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<td>Q2012</td>
<td>INJECTION, PEGADEMASE BOVINE</td>
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<td>Q2013</td>
<td>INJECTION, PENTASTARCH, 10%</td>
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<tr>
<td>Q2014</td>
<td>INJECTION, SERMORELIN ACETAT</td>
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<td>Q2015</td>
<td>INJECTION, SOMATREM, 5 MG</td>
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<td>Q2016</td>
<td>INJECTION, SOMATROPIN, 1 MG</td>
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<tr>
<td>Q2017</td>
<td>INJECTION, TENIPOSIDE, 50 MG</td>
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<tr>
<td>Q2018</td>
<td>INJECTION UROFOLLITROPIN 75</td>
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<tr>
<td>Q2019</td>
<td>INJECTION, BASILIXIMAB, 20 M</td>
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<td>INJECTION, HISTRELIN ACETATE</td>
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<td>Q2021</td>
<td>INJECTION, LEPIRUDIN, 50 MG</td>
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<td>Q2022</td>
<td>VON WILLEBRAND FACTOR COMPLE</td>
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<td>Q2026</td>
<td>INJECTION, RADIESSE, 0.1 ML</td>
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<td>Q2028</td>
<td>INJECTION, SCULPTRA, 0.5 MG</td>
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<tr>
<td>Q2034</td>
<td>INFLUENZA VIRUS VACCINE, SPLIT VIRUS, FOR INTRAMUSCULAR USE (AGRIFLU)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Q2035</td>
<td>INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (AFLURIA)</td>
<td>No Auth Needed</td>
</tr>
<tr>
<td>Q2036</td>
<td>INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE</td>
<td>No Auth Needed</td>
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<tr>
<td>Q2037</td>
<td>INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE</td>
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<td>INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE</td>
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<td>INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCULAR USE (NOT</td>
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<tr>
<td>Q2041</td>
<td>KTE-C19 TO 200 M A ANTI-CD19 C</td>
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<tr>
<td>Q2042</td>
<td>TISAGENLECLEUCEL, UP TO 600 MILLION CAR-POSITIVE Viable T cells, including leukapheresis and dose preparation</td>
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<tr>
<td>Q2043</td>
<td>SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS AND ALL</td>
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<td>Q2049</td>
<td>INJECTION, DOXORUBICIN HYDROCHLORIDE, LIPOSOMAL, IMPORTED LIPODOX, 10 MG</td>
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<td>Q2050</td>
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<td>Q2052</td>
<td>SERVICES, SUPPLIES AND ACCESS</td>
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<td>Q3000</td>
<td>SUPPLY RADOPHRM DX IMAG AGT</td>
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<td>BRACHYTHERAPY RADIOELEMENTS</td>
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<td>Q3012</td>
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<tr>
<td>Q3014</td>
<td>TELEHEALTH ORIGINATING SITE FACILITY FEE</td>
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<td>AMBULANCE SERVICE ADVANCED LIF</td>
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<tr>
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<td>ALS VEHICLE USED NO ALS SVCS</td>
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<td>SODIUM HYALURONATE, PER 20-2</td>
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<td>SPLINT SUPPLIES, MISC (INC TH)</td>
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<td>Q4052</td>
<td>INJECTION OCTREOTIDE DEPOT FOR</td>
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<td>Q4053</td>
<td>INJECTION PEGFILGRASTIM 1 MG</td>
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<td>Q4054</td>
<td>INJECTION, DARBEPOETIN 1 MCG</td>
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<td>INJECTION EPOETIN ALFA 1 MCG</td>
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<td>Q4074</td>
<td>ILOPROST INHAL UNIT DOSE TO</td>
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<td>INJECTION, ACYCLOVIR, 5 MG</td>
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<td>Q4076</td>
<td>INJECTION, DOPAMINE HCI 40MG</td>
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<td>INJECTION, TREPROSTINIL 1 MG</td>
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<td>SUPPLY OF RADIOPHARM DIAG</td>
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<td>ILOPROST I SOL NONCMPND DOSE</td>
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<td>Q4081</td>
<td>INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)</td>
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<td>DRUG OR BIOLOGICAL, NOT OTHERWISE CLASSIFIED, PART B DRUG COMPETITIVE ACQUISITION PROGRAM (CAP)</td>
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<td>INJ VONWILLEBRANDS FACTOR</td>
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<td>INJ IMMUNE GLOBULIN</td>
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<td>Q4098</td>
<td>INJECTION, IRON DEXATRAN 50 MG</td>
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<td>FORMOTERAL FUMARATE INHALATI</td>
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<td>APLIGRAF, PER SQ CM</td>
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<td>OASIS BURN MATRIX, PER SQ CM</td>
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<td>INTEGRA DERMAL REGENERATION TEMPLATE (DRT), PER SQ CM</td>
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<td>GRAFTJACKET, PER SQ CM</td>
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<td>INTEGRA MATRIX, PER SQ CM</td>
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<td>ALLODERM, PER SQ CM</td>
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<td>Q4117</td>
<td>HYALOMATRIX PER SQ CM</td>
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<td>Q4118</td>
<td>MATRISTEM MICROMATRIX, 1 MG</td>
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<td>THERASKIN, PER SQ CM</td>
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<td>DERMACELL, PER SQ CM</td>
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<td>ALLOSkin RT PER SQ CM</td>
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<td>OASIS ULTRA TRI-LAYER WOUND MATRIX, PER SQ CM</td>
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<td>ARTHROFLEX, PER SQ CM</td>
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<td>FLEXHD, ALLOPATCHHD, OR MATRIX HD, PER SQ CM</td>
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<td>GRAFIX PRIME, GRAFIXPL PRIME, STRAVIX AND STRAVIXPL, PER SQ CM</td>
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<td>NEOX 1K, PER SQ CM</td>
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<td>Q4149</td>
<td>EXCELLAGEN, 0.1 CC</td>
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<td>Q4150</td>
<td>ALLOWRAP DS OR DRY, PER SQUARE CENTIMETER</td>
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<td>Q4151</td>
<td>AMNIOBAND OR GUARDIAN, PER SQUARE CENTIMETER</td>
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<tr>
<td>Q4152</td>
<td>DERMAPURE, PER SQUARE CENTIMETER</td>
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<td>Q4153</td>
<td>DERMAVEST, PER SQUARE CENTIMETER</td>
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<td>BIOVANCE, PER SQUARE CENTIMETER</td>
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<td>Q4155</td>
<td>NEOXFLO OR CLARIXFLO, 1 MG</td>
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<td>Q4156</td>
<td>NEOX 100, PER SQUARE CENTIMETER</td>
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<td>Q4157</td>
<td>REVITALON, PER SQUARE CENTIMETER</td>
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<td>MARIGEN, PER SQUARE CENTIMETER</td>
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<td>AFFINITY, PER SQUARE CENTIMETER</td>
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<td>BIO-CONNEKT WOUND MATRIX PER</td>
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<td>HELICOLL PER SQUARE CENTIMET</td>
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<td>Q4165</td>
<td>KERAMATRIX PER SQUARE CENTIM</td>
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<td>Q4166</td>
<td>CYTAL PER SQ CM</td>
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<td>TRUSKIN PER SQ CM</td>
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<td>Q4168</td>
<td>AMNIOBAND 1 MG</td>
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<td>ARTACENT WOUND PER SQ CM</td>
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<td>Q4170</td>
<td>CYGNUS PER SQ CM</td>
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<td>Q4171</td>
<td>INTERFYL 1 MG</td>
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<td>Q4173</td>
<td>PALINGEN OR PALINGEN XPLUS PER</td>
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<td>PALINGEN OR PROMATRIX 0.36 MG P</td>
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<td>Q4175</td>
<td>MIRODERM PER SQ CM</td>
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<td>NEOPATCH, PER SQ CM</td>
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<td>Q4177</td>
<td>FLOWERAMNIOFLO, 0.1 CC</td>
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<td>FLOWERAMNIOPATCH, PER SQ CM</td>
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<td>REVITA, PER SQ CM</td>
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<td>Q4182</td>
<td>TRANSCYTE, PER SQ CM</td>
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<td>SURGIGRAFT, PER SQ CM</td>
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<td>Q4184</td>
<td>CELLESTA, PER SQ CM</td>
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<td>Q4185</td>
<td>CELLESTA FLOWABLE AMNION (25 MG PER CC); PER 0.5 CC</td>
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<td>Q4186</td>
<td>EPIFIX, PER SQ CM</td>
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<td>Q4187</td>
<td>EPICORD, PER SQ CM</td>
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<td>Q4188</td>
<td>AMNIOARMOR, PER SQ CM</td>
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<td>Q4189</td>
<td>ARTACENT AC, 1 MG</td>
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<td>Q4190</td>
<td>ARTACENT AC, PER SQ CM</td>
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<td>Q4191</td>
<td>RESTORIGIN, PER SQ CM</td>
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<td>Q4193</td>
<td>COLL-E-DERM, PER SQ CM</td>
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<td>NOVACHOR, PER SQ CM</td>
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<td>Q4195</td>
<td>PURAPLY, PER SQ CM</td>
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<td>PURAPLY AM, PER SQ CM</td>
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<td>Q4198</td>
<td>GENESIS AMNIOTIC MEMBRANE, PER SQ CM</td>
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<td>Q4200</td>
<td>SKINTE, PER SQ CM</td>
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<td>Q4201</td>
<td>MATRION, PER SQ CM</td>
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<td>Q4202</td>
<td>KEROXX (2.5G/CC), 1CC</td>
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<td>Q4203</td>
<td>DERMA-GIDE, PER SQ CM</td>
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<td>XWRAP, PER SQ CM</td>
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<td>HOSPICE CARE PROVIDED IN INPATIENT HOSPITAL</td>
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<td>HOSPICE IN HOSPICE FACILITY</td>
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<td>HOSPICE CARE PROV IN LTC FAC</td>
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<td>HOSPICE IN INPATIENT PSYCH</td>
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<td>HOSPICE OR HOME HEALTH CARE PROVIDED IN PLACE NOT OTHERWISE SPECIFIED (NOS)</td>
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<td>HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY</td>
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<td>Q5101</td>
<td>INJECTION, FILGRASTIM (G-CSF), BIOSIMILAR, 1 MICROGRAM</td>
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<td>Q5102</td>
<td>INJECTION INFLIXIMAB BIOSIMILAR 10 MG</td>
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<td>INJECTION, INFLIXIMAB-DYYB, BIOSIMILAR, (INFLIX)</td>
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<td>INJECTION EPOETIN ALFA BIOSIMILAR 100 UNITS</td>
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<td>Q5110</td>
<td>INJECTION FILGRASTIM-AAFI BIOSIMILAR 1 MCG</td>
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<td>INJECTION PEGFILGRASTIM-CBQV BIOSIMILAR 0.5 MCG</td>
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<td>BEVACIZUMAB-BVZR, BIOSIMILAR (ZIRABEV), 10 MG</td>
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<td>INJECTION OF EPO, PER 1000 U</td>
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<td>INJECTION, IMMUNE GLOBULIN,</td>
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<td>Q9950</td>
<td>INJECTION, SULFUR HEXAFLUORIDE LIPID MICROSPHERES, PER ML</td>
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<td>Q9951</td>
<td>LOW OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML</td>
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<tr>
<td>Q9953</td>
<td>INJECTION, IRON-BASED MAGNETIC RESONANCE CONTRAST AGENT, PER ML</td>
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<td>Q9954</td>
<td>ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER 100 ML</td>
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<td>Q9955</td>
<td>INJECTION, PERFLEXANE LIPID MICROSPHERES, PER ML</td>
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<td>Q9956</td>
<td>INJECTION, OCTAFLUOROPROPANE MICROSPHERES, PER ML</td>
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<td>Q9957</td>
<td>INJECTION, PERFLUTREN LIPID MICROSPHERES, PER ML</td>
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<td>Q9958</td>
<td>HIGH OSMOLAR CONTRAST MATERIAL, UP TO 149 MG/ML IODINE CONCENTRATION, PER ML</td>
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<td>Q9959</td>
<td>HIGH OSMOLAR CONTRAST MATERIAL, 150-199 MG/ML IODINE CONCENTRATION, PER ML</td>
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<td>Q9960</td>
<td>HIGH OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML</td>
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<td>Q9961</td>
<td>HIGH OSMOLAR CONTRAST MATERIAL, 250-299 MG/ML IODINE CONCENTRATION, PER ML</td>
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<td>Q9962</td>
<td>HIGH OSMOLAR CONTRAST MATERIAL, 300-349 MG/ML IODINE CONCENTRATION, PER ML</td>
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<td>HIGH OSMOLAR CONTRAST MATERIAL, 350-399 MG/ML IODINE CONCENTRATION, PER ML</td>
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<td>HIGH OSMOLAR CONTRAST MATERIAL, 400 OR GREATER MG/ML IODINE CONCENTRATION, PER ML</td>
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<td>LOW OSMOLAR CONTRAST MATERIAL, 100-199 MG/ML IODINE CONCENTRATION, PER ML</td>
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<td>LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML</td>
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<td>LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML</td>
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<td>Q9968</td>
<td>INJECTION, NONRADIOACTIVE, NONCONTRAST, VISUALIZATION ADJUNCT (E.G., METHYLENE BLUE, ISOSULFAN BLUE), 1 MG</td>
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<td>Q9969</td>
<td>TC-99M FROM NONHIGHLY ENRICHED URANIUM SOURCE, FULL COST RECOVERY ADD-ON, PER STUDY DOSE</td>
<td>Auth Required</td>
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<tr>
<td>Q9972</td>
<td>INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)</td>
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<tr>
<td>Q9973</td>
<td>INJECTION, EPOETIN BETA, 1 MICROGRAM, (NON-ESRD USE)</td>
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<tr>
<td>Q9975</td>
<td>INJ FACTR VIII FC FUSN PROTN</td>
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<tr>
<td>Q9978</td>
<td>NETUPITANT 300 MG &amp; PALO 0.5</td>
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<tr>
<td>Q9982</td>
<td>FLUTEMETAMOL F18 DX P STUDY DO</td>
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<td>Q9983</td>
<td>FLORBETABEN F18 DX P STDY DO TO 8.1 MILLCURIES</td>
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<td>Q9991</td>
<td>INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUB</td>
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<td>Q9992</td>
<td>INJECTION, BUPRENORPHINE EXTENDED-RELEASE (SUB</td>
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<td>R0070</td>
<td>TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND</td>
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<td>PERSONNEL TO HOME OR NURSING HOME, PER TRIP TO</td>
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<td>R0075</td>
<td>TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND</td>
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<td>TRANSPORTATION OF PORTABLE EKG TO FACILITY OR</td>
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<td>S0009</td>
<td>INJECTION BUTORPHANOL TARTRATE</td>
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<td>S0012</td>
<td>BUTORPHANOL TARTRATE, NASAL SPRAY, 25 MG</td>
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<tr>
<td>S0014</td>
<td>TACRINE HCL, 10 MG</td>
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<td>S0016</td>
<td>INJECTION AMIKACIN SULFATE 5</td>
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<tr>
<td>S0017</td>
<td>INJECTION, AMINOCAPROIC ACID, 5 G</td>
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<td>S0020</td>
<td>INJECTION, BUPIVICAINE HCL, 30 ML</td>
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<td>INJECTION, CEFOPERAZONE SODIUM, 1 G</td>
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<td>S0023</td>
<td>INJECTION, CIMETIDINE HCL, 300 MG</td>
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<td>S0028</td>
<td>INJECTION, FAMOTIDINE, 20 MG</td>
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<td>INJECTION, METRONIDAZOLE, 500 MG</td>
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<td>S0032</td>
<td>INJECTION, NAFCILLIN SODIUM, 2 G</td>
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<td>INJECTION, OFLOXACIN, 400 MG</td>
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<td>S0039</td>
<td>INJECTION, SULFAMETHOXAZOLE AND TRIMETHOPRIM, 10 ML</td>
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<td>INJECTION, TICARCEILLIN DISODIUM AND CLAVULANEATE POTASSIUM, 3.1 G</td>
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<td>INJECTION ACYCLOVIR SODIUM 5</td>
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<td>INJECTION AMIKACIN SULFATE 1</td>
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<td>INJECTION, AZTREONAM, 500 MG</td>
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<td>S0074</td>
<td>INJECTION, CEFOTETAN DISODIUM, 500 MG</td>
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<td>INJECTION, FOSPHENYTOIN SODIUM, 750 MG</td>
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<td>INJECTION OCTREOTIDE ACETATE 1</td>
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<td>S0080</td>
<td>INJECTION, PENTAMIDINE ISETHIONATE, 300 MG</td>
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<td>S0081</td>
<td>INJECTION, PIPERACillin SODIUM, 500 MG</td>
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<td>S0085</td>
<td>INJECTION GATIFLOXACIN 200 MG</td>
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<td>S0087</td>
<td>ALEMTUZUMAB INJECTION 30 MG</td>
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<td>S0088</td>
<td>IMATINIB INJECTION, 100 MG</td>
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<td>S0090</td>
<td>SILDENAfil CITRATE, 25 MG</td>
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<td>GRANISETRON HCL, 1 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0166)</td>
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<td>S0092</td>
<td>INJECTION, HYDROMORPHONE HCL, 250 MG (LOADING DOSE FOR INFUSION PUMP)</td>
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<td>S0093</td>
<td>INJECTION, MORPHINE SULFATE, 500 MG (LOADING DOSE FOR INFUSION PUMP)</td>
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<td>S0104</td>
<td>ZIDOVUDINE, ORAL, 100 MG</td>
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<td>S0106</td>
<td>BUPROPION HCL SUSTAINED RELEASE TABLET, 150 MG, PER BOTTLE OF 60 TABLETS</td>
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<td>S0107</td>
<td>INJECTION, OMALIZUMAB 25 MG</td>
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<td>S0108</td>
<td>MERCAPTOPURINE, ORAL, 50 MG</td>
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<td>METHADONE, ORAL, 5 MG</td>
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<td>S0112</td>
<td>INJECTION DARBEPOETIN ALFA 1 M</td>
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<td>S0114</td>
<td>INJECTION, TREPSTINIL 0.5</td>
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<td>S0117</td>
<td>TRETINOIN, TOPICAL, 5 G</td>
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<td>INJECTION ZICONOTIDE FOR INTRA</td>
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<td>ONDANSETRON, ORAL, 4 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE HCPCS Q CODE)</td>
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<td>S0122</td>
<td>INJECTION, MENOTROPINS, 75 IU</td>
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<td>S0124</td>
<td>INJECTION UROFOLLITROPIN PURIF</td>
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<td>S0126</td>
<td>INJECTION, FOLLITROPIN ALFA, 75 IU</td>
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<td>S0128</td>
<td>INJECTION, FOLLITROPIN BETA, 75 IU</td>
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<td>S0130</td>
<td>INJECTION CHORIONIC GONADOTROP</td>
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<td>S0132</td>
<td>INJECTION, GANIRELIX ACETATE, 250 MCG</td>
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<td>S0135</td>
<td>INJECTION PEGFILGRASTIM 6 MG</td>
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<td>S0136</td>
<td>CLOZAPINE, 25 MG</td>
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<td>S0137</td>
<td>DIDANOSINE (DDI), 25 MG</td>
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<td>S0138</td>
<td>FINASTERIDE, 5 MG</td>
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<td>S0139</td>
<td>MINOXIDIL, 10 MG</td>
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<td>S0140</td>
<td>SAQUINAVIR, 200 MG</td>
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<td>S0142</td>
<td>COLISTIMETHATE SODIUM, INHALATION SOLUTION ADMINISTRATED THROUGH DME, CONCENTRATED FORM, PER MG</td>
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<td>S0145</td>
<td>INJECTION, PEGYLATED INTERFERON ALFA-2A, 180 MCG PER ML</td>
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<td>S0148</td>
<td>INJECTION, PEGYLATED INTERFERON ALFA-2B, 10 MCG</td>
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<td>S0155</td>
<td>STERILE DILUTANT FOR EPOPROSTENOL, 50 ML</td>
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<td>S0156</td>
<td>EXEMESTANE, 25 MG</td>
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<td>S0157</td>
<td>BECAPLERMIN GEL 0.01%, 0.5 GM</td>
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<td>S0158</td>
<td>INJECTION LARONIDASE 0.58 MG</td>
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<td>INJECTION AGALSIDASE BETA 35</td>
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<td>S0160</td>
<td>DEXTROAMPHETAMINE SULFATE, 5 MG</td>
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<td>INJECTION RISPERIDONE LONG ACT</td>
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<td>INJECTION, PANTOPRAZOLE SODIUM, 40 MG</td>
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<td>INJECTION ABARELIX 100 MG</td>
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<td>INJECTION, OLANZAPINE, 2.5 MG</td>
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<td>INJECTION AZACITIDINE 100 MG</td>
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<td>CALCITROL, 0.25 MICROGRAM</td>
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<td>ANASTROZOLE, ORAL, 1MG</td>
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<td>S0171</td>
<td>INJECTION, BUMETANIDE, 0.5 MG</td>
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<td>S0172</td>
<td>CHLORAMBUCIL, ORAL, 2 MG</td>
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<td>DEXAMETHASONE ORAL 4 MG</td>
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<td>S0174</td>
<td>DOLASETRON MESYLA TE, ORAL 50 MG (FOR CIRCUMSTANCES FALLING UNDER THE MEDICARE STATUTE, USE Q0180)</td>
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<td>FLUTAMIDE, ORAL, 125 MG</td>
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<td>HYDROXYUREA, ORAL, 500 MG</td>
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<td>LEVAMISOLE HCL, ORAL, 50 MG</td>
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<td>LOMUSTINE, ORAL, 10 MG</td>
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<td>MEGESTROL ACETATE, ORAL, 20 MG</td>
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<td>PROCARBAZINE HCL, ORAL, 50 MG</td>
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<td>TAMOXIFEN CITRATE, ORAL, 10 MG</td>
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<td>TESTOSTERONE PELLET, 75 MG</td>
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<td>MITEPRISTONE, ORAL, 200 MG</td>
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<td>MISOPROSTOL, ORAL, 200 MCG</td>
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<td>DIALYSIS/STRESS VITAMIN SUPPLEMENT, ORAL, 100 CAPSULES</td>
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<td>S0197</td>
<td>PRENATAL VITAMINS, 30-DAY SUPPLY</td>
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<td>MEDICALLY INDUCED ABORTION B</td>
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<td>S0201</td>
<td>PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM</td>
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<td>S0206</td>
<td>PROCEDURE PERFORMED IN SURGERY</td>
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<td>PARAMED INTERCEPT NON-HOS-BA</td>
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<td>NONEMERGENCY TRANSPORTATION; MILEAGE, PER MILE</td>
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<td>MEDICAL CONFERENCE BY A PHYSICIAN WITH INTERDISCIPLINARY TEAM OF HEALTH PROFESSIONALS OR REPRESENTATIVES OF</td>
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<td>S0221</td>
<td>MED CONF BY PHYS PATIENT PRE</td>
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<td>COMPREHENSIVE GERIATRIC ASSESSMENT AND TREATMENT PLANNING PERFORMED BY ASSESSMENT TEAM</td>
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<td>S0255</td>
<td>HOSPICE REFERRAL VISIT</td>
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<td>S0257</td>
<td>COUNSELING AND DISCUSSION REGARDING ADVANCE DIRECTIVES OR END OF LIFE CARE PLANNING AND DECISIONS, WITH PATIENT</td>
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<td>S0260</td>
<td>HISTORY AND PHYSICAL (OUTPATIENT OR OFFICE) RELATED TO SURGICAL PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR</td>
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<td>S0265</td>
<td>GENETIC COUNSELING, UNDER PHYSICIAN SUPERVISION, EACH 15 MINUTES</td>
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<td>PHYS MGT PT HOME CARE STD MO</td>
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<td>PHYS VST MEMBER HOME OUT CAP</td>
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<td>MEDICAL HOME PROGRAM, COMPREHENSIVE CARE COORDINATION AND PLANNING, INITIAL PLAN</td>
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<td>MEDICAL HOME PROGRAM, COMPREHENSIVE CARE COORDINATION AND PLANNING, MAINTENANCE OF PLAN</td>
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<td>COMPLETED EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) SERVICE (LIST IN ADDITION TO CODE FOR APPROPRIATE</td>
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<td>HOSPITALIST SERVICES (LIST SEPARATELY IN ADDITION TO CODE FOR APPROPRIATE EVALUATION AND MANAGEMENT SERVICE)</td>
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<td>COMP MGMT &amp; CARE COORD ADVANCE</td>
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<td>DISEASE MANAGEMENT PROGRAM; INITIAL ASSESSMENT AND INITIATION OF THE PROGRAM</td>
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<td>DISEASE MANAGEMENT PROGRAM, FOLLOW-UP/REASSESSMENT</td>
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<td>DISEASE MANAGEMENT</td>
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<td>TEL CALLS RN TO DZ MGMT PROG</td>
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<td>LIFESTYLE MODIFICATION PROGRAM FOR MANAGEMENT OF CORONARY ARTERY DISEASE, INCLUDING ALL SUPPORTIVE SERVICES; FIRST</td>
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<td>LIFESTYL MOD MGMT CAD; 2ND/3</td>
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<td>LIFESTYL MOD MGMT COR ART DZ</td>
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<td>TREATMENT PLANNING AND CARE COORDINATION MANAGEMENT FOR CANCER INITIAL TREATMENT</td>
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<td>TX PLAN CARE MGMT CA EST PT</td>
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<td>S0390</td>
<td>ROUTINE FOOT CARE; REMOVAL AND/OR TRIMMING OF CORNS, CALLUSES AND/OR NAILS AND PREVENTIVE MAINTENANCE IN SPECIFIC</td>
<td>Auth Required</td>
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<td>S0395</td>
<td>IMPRESSION CASTING OF A FOOT PERFORMED BY A PRACTITIONER OTHER THAN THE MANUFACTURER OF THE ORTHOTIC</td>
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<td>S0400</td>
<td>GLOBAL FEE TREATMNT KIDNEY S</td>
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<tr>
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<td>DISPOSABLE CONTACT LENSES</td>
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<td>SINGLE VISION PRESCRIP</td>
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<td>BIFOCAL VISION PRESCRIP LENS</td>
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<td>TRIFOCAL VISION PRESCRIP</td>
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<td>NON-PRESCRIPTION LENS (SAFETY)</td>
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<td>DAILY WEAR SPECIALTY LENS</td>
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<td>COLOR CONTACT LENS PER LENS</td>
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<td>SCLERAL LENS LIQUID BANDAGE</td>
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<td>SAFETY EYEGlass FRAMES</td>
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<td>SUNGLASSES FRAMES</td>
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<td>SCREENING PROCTOSCOPY</td>
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<td>ANNUAL GYNECOLOGICAL EXAMINATION; NEW PATIENT</td>
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<td>PHYSICAL EXAM FOR COLLEGE</td>
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<td>CUSTOMIZED ITEM</td>
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<td>S2067</td>
<td>BRST RECN 1 BRST DIEP &amp;/GAP F</td>
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<td>BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DIEP) FLAP OR SUPERFICIAL INFERIOR EPIGASTRIC ARTERY (SIEA)</td>
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<td>CYSTourethroscopy, WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH ENDOSCOPIC LASER TREATMENT OF URETERAL CALCULI INCLUDES</td>
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<td>ADJUSTMENT OF GASTRIC BAND DIAMETER VIA SUBCUTANEOUS PORT BY INJECTION OR ASPIRATION OF SALINE</td>
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<td>S2325</td>
<td>HIP CORE DECOMPRESSION</td>
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<td>CHEMOPDENERVATION OF MUSCLE</td>
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<td>FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANSFUSION SYNDROME</td>
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<td>SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)</td>
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<td>STAT LABORATORY REQUEST (SITUATIONS OTHER THAN S3601)</td>
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<td>EMERGENCY STAT LABORATORY CHARGE FOR PATIENT WHO IS HOMEBOUND OR RESIDING IN A NURSING FACILITY</td>
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<td>HIV-1 ANTIBODY TESTING OF ORAL MUCOSAL TRANSUDATE</td>
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<td>SALIVA TEST HORMONE LEVEL</td>
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<td>GENETIC TESTING FOR AMYOTROPHIC LATERAL SCLEROSIS (ALS)</td>
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<td>GENETIC TESTING FOR RETINOBLASTOMA</td>
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<td>GENETIC TESTING FOR VON HIPPEL-LINDAU DISEASE</td>
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<td>GENETIC TESTING FOR ALPHA-THALASSEMIA</td>
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<td>GENETIC TESTING FOR HEMOGLOBIN E BETA-THALASSEMIA</td>
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<td>GENETIC TESTING FOR NIEMANN-PICK DISEASE</td>
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<td>GENETIC TESTING FOR SICKLE CELL ANEMIA</td>
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<td>DNA ANALYSIS FOR APOE EPSILON 4 ALLELE FOR SUSCEPTIBILITY TO ALZHEIMER’S DISEASE</td>
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<td>GENETIC TESTING FOR MYOTONIC MUSCULAR DYSTROPHY</td>
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<td>GENE EXPRESSION PROFILING PANEL FOR USE IN THE MANAGEMENT OF BREAST CANCER TREATMENT</td>
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<td>GENETIC TESTING FOR DETECTION OF MUTATIONS IN THE PRESENILIN - 1 GENE</td>
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<td>GENETIC TESTING, SODIUM CHANNEL, VOLTAGE-GATED, TYPE V, ALPHA SUBUNIT (SCN5A) AND VARIANTS FOR SUSPECTED BRUGADA SYNDROME</td>
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<td>5% DEXTROSE WITH POTASSIUM CHLORIDE, 1000 ML</td>
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<td>CAMISOLE POST-MASTECTOMY</td>
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<td>INSULIN SYRINGES 100 ANY SIZ</td>
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<td>S8930</td>
<td>E-STIM AUR ACP PNT;EA 15 MIN</td>
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<td>S8940</td>
<td>EQUESTRIAN/hippotherapy PER</td>
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<td>PHYSICAL MEDICINE TREATMENT (C</td>
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<td>S8948</td>
<td>APPLICATION OF A MODALITY (REQUIRING CONSTANT PROVIDER ATTENDANCE) TO ONE OR MORE AREAS; LOW-LEVEL LASER; EACH 15</td>
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<td>COMPLEX LYMPHEDEMA THERAPY, EACH 15 MINES</td>
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<td>HOME UTERINE MONITOR W/NURSE</td>
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<td>ULTRAFiltration MONITOR</td>
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<td>OMNICARDIOGRAM/CARDIOINTEGRAM</td>
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<td>ESWL FOR GALL STONES</td>
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<td>PROCUREN OR OTHER GROWTH</td>
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<td>THERAPY (E.G., PENTAMIDINE); ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES,</td>
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<td>GLOBAL FEE URGENT CARE CENTERS</td>
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<td>SERVICES PROVIDED IN AN URGENT CARE CENTER (LIST IN ADDITION TO CODE FOR SERVICE)</td>
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<td>VERTEBRAL AXIAL DECOMPRESSION, PER SESSION</td>
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<td>CANOLITH REPOSITIONING PER V</td>
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<td>HOME VISIT FOR WOUND CARE</td>
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<td>HOME VISIT PHOTOTHERAPY</td>
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<td>TELEMONITORING OF PATIENT IN THEIR HOME, INCLUDING ALL NECESSARY EQUIPMENT; COMPUTER SYSTEM, CONNECTIONS, AND</td>
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<td>BACK SCHOOL PER VISIT</td>
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<td>HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PROVIDING CARE IN THE HOME; PER HOUR</td>
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<td>S9123</td>
<td>NURSE, PER HOUR (USE FOR GENERAL NURSING CARE)</td>
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<td>PRACTICAL NURSE, PER HOUR</td>
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<td>RESpite CARE, IN THE HOME, PER DIEM</td>
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<td>HOSPICE CARE, IN THE HOME, PER DIEM</td>
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<td>DIABETIC MANAGEMENT PROGRAM, FOLLOW-UP VISIT TO NON-MD PROVIDER</td>
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<td>INSULIN PUMP INITIATION, INSTRUCTION IN INITIAL USE OF PUMP (PUMP NOT INCLUDED)</td>
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<td>S9150</td>
<td>EVALUATION BY OCCULARIST</td>
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<td>S9152</td>
<td>SPEECH THERAPY, RE-EVALUATION</td>
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<td>S9208</td>
<td>INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE</td>
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<td>S9209</td>
<td>HM OF PRETERM RUPTURE OF MEM</td>
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<td>S9211</td>
<td>HOME MANAGEMENT OF GESTATIONAL HYPERTENSION, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES,</td>
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<td>HOME MANAGEMENT OF POSTPARTUM HYPERTENSION, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE</td>
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<td>HOME MANAGEMENT OF PREECLAMPSIA, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE</td>
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<td>S9214</td>
<td>HOME MANAGEMENT OF GESTATIONAL DIABETES, INCLUDES ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE</td>
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<td>S9216</td>
<td>NURSING SERVICES AND ALL NECES</td>
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<td>NURSING SERVICES AND ALL NECES</td>
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<td>HOME INFUSION THERAPY, PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE</td>
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<td>HOME INFUSION THERAPY, CONTINUOUS (24 HOURS OR MORE) PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL</td>
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<td>THAN 24 HOURS) PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL</td>
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<td>MANAGEMENT INFUSION; ADMINISTRATIVE</td>
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<td>INFUSION; ADMINISTRATIVE SERVICES</td>
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<td>HOME INFUSION THERAPY, INTERMITTENT (LESS THAN 24 HOURS) CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL</td>
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<td>S9335</td>
<td>HOME THERAPY HEMODIALYSIS</td>
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<td>HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT INFUSION THERAPY (E.G., Heparin), ADMINISTRATIVE SERVICES,</td>
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<td>HOME THERAPY; PERITONEAL DIALYSIS, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION</td>
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<td>S9340</td>
<td>ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION,</td>
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<td>HOME THERAPY; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE</td>
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<td>HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION, AND</td>
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<td>HOME INFUSION THERAPY, ANTI-HEMOPHILIC AGENT INFUSION THERAPY (E.G., FACTOR VIII); ADMINISTRATIVE SERVICES, PROFESSIONAL</td>
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<td>Home infusion therapy, alpha-1-proteinase inhibitor (E.g., Prolastin); administrative services, professional pharmacy services, care</td>
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<td>S9347</td>
<td>Hit unintruded long-term IV/SU</td>
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<td>S9348</td>
<td>Sympathomimetic/inotropic agent infusion</td>
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<td>Home infusion therapy, tocolytic</td>
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<td>S9351</td>
<td>Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional pharmacy services, care</td>
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<td>Home infusion therapy, continuous insulin infusion therapy; administrative services, professional pharmacy services, care</td>
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<td>Home infusion therapy, chelation therapy; administrative services, professional pharmacy services, care coordination, and</td>
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<td>S9357</td>
<td>Home infusion therapy, enzyme replacement intravenous therapy; (E.g., imiglucerase); administrative services</td>
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<td>Home infusion therapy, antitumor necrosis factor intravenous therapy; (E.g., infliximab); administrative services, care</td>
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<td>Home infusion therapy, diuretic</td>
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<td>Home infusion therapy, antispasmodic Tx; per D</td>
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<td>S9362</td>
<td>Home infusion therapy, total parental nutrition (TPN); administrative services, professional pharmacy services, care</td>
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<td>Nourishment (TPN); administrative services, professional pharmacy services, care</td>
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<td>Nourishment (TPN); 1 liter per day, administrative services, professional</td>
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<td>S9366</td>
<td>Nourishment (TPN); more than 1 liter but no more</td>
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<td>S9367</td>
<td>Nourishment (TPN); more than 2 liters but no more</td>
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<td>S9368</td>
<td>Home infusion therapy, total parenteral nutrition (TPN); more than 3 liters per day, administrative services professional</td>
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<td>Injection therapy; administrative services, professional</td>
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<td>Injection therapy (E.g., heparin); no auth needed</td>
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<td>S9371</td>
<td>Administrative services, professional</td>
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<td>One liter per day, administrative services, professional pharmacy services, care</td>
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<td>More than one liter but no more than two liters per day, admsr services,</td>
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<td>More than two liters but no more than three liters per day, administrative</td>
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<td>Hit hydration Tx; &gt;3 liters</td>
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<td>Otherwise classified; administrative services, professional</td>
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<td>Delivery or svc to high risk A</td>
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<td>Anticoagulant clinic incl all s</td>
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<td>Administered orally, providing 100% of</td>
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<td>MODIFIED SOLID FOOD SUPPLMNT</td>
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<td>MEDICAL FOODS FOR INBORN ERRORS OF METABOLISM</td>
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<td>CHILDBIRTH PREP/LAMAZE CLASS</td>
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<td>CHILDBIRTH REFRESHER CLASSES, NONPHYSICIAN PROVIDER, PER SESSION</td>
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<td>CESAREAN BIRTH CLASSES NON-P</td>
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<td>VBAC CLASSES NON-PHYSIAN P</td>
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<td>ASTHMA EDUCATION, NON-PHYSIAN PROVIDER, PER SESSION</td>
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<td>BIRTHING CLASSES, NON-PHYSIAN PROVIDER, PER SESSION</td>
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<td>LACTATION CLASSES, NON-PHYSIAN PROVIDER, PER SESSION</td>
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<td>PARENTING CLASSES NON-PHYSIAN</td>
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<td>NON-PHYSIAN PROVIDER, INDIVIDUAL, PER SESSION</td>
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<td>PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSIAN PROVIDER, GROUP, PER SESSION</td>
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<td>INFANT SAFETY CLASSES NON-PH</td>
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<td>WEIGHT MANAGEMENT CLASSES, NONPHYSIAN PROVIDER, PER SESSION</td>
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<td>PROVIDER, PER SESSION</td>
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<td>STRESS MGMT CLASSES NON-PH</td>
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<td>NUTRITIONAL COUNSELING, DIETITIAN VISIT</td>
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<td>CARDIAC REHABILITATION PROGRAM, NON-PHYSIAN PROVIDER, PER DIEM</td>
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<td>ENTEROSTOMAL THERAPY BY A REGISTERED NURSE CERTIFIED IN ENTEROSTOMAL THERAPY, PER DIEM</td>
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<td>S9475</td>
<td>Ambulatory Setting Substance Abuse Treatment or Detoxification Services, Per Diem</td>
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<td>S9476</td>
<td>Vestibular Rehabilitation Program, Nonphysician Provider, Per Diem</td>
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<td>S9480</td>
<td>Intensive Outpatient Psychiatric Services, Per Diem</td>
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<td>S9482</td>
<td>Family Stabilization Services, Per 15 Minutes</td>
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<td>S9484</td>
<td>Crisis Intervention Mental Health Services, Per Hour</td>
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<td>Crisis Intervention Mental Health Services, Per Diem</td>
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<td>Infusion; Administrative Services, Professional Pharmacy Services, Care</td>
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<td>S9494</td>
<td>OR Antifungal Therapy; Administrative Services, Professional</td>
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<td>S9497</td>
<td>OR Antifungal Therapy; Once Every 3 Hours; Administrative Services,</td>
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<td>Home Infusion Therapy, Antibiotic, Antiviral, OR Antifungal Therapy; Once Every 24 Hours; Administrative Services,</td>
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<td>OR Antifungal Therapy; Once Every 12 Hours; Administrative Services,</td>
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<td>S9502</td>
<td>OR Antifungal Therapy; Once Every 8 Hours, Administrative Services,</td>
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<td>S9503</td>
<td>OR Antifungal; Once Every 6 Hours; Administrative Services,</td>
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<td>S9504</td>
<td>OR Antifungal; Once Every 4 Hours; Administrative Services,</td>
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<td>Specimen(s), Single Home Bound, Nursing Home, or Skilled Nursing Facility Patient</td>
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<td>Injection Therapy (E.G., Erythropoietin, G-CSF, GM-CSF); Administrative Services,</td>
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<td>S9538</td>
<td>Home Transfusion of Blood</td>
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<td>Classified, Including Administrative Services, Professional Pharmacy Services,</td>
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<td>Admin of Meds Intramuscular</td>
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<td>Home Infusion of Blood Product</td>
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*Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization.*
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<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization</td>
</tr>
<tr>
<td>V5160</td>
<td>DISPENSING FEE, BINAURAL</td>
<td>Auth</td>
<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization</td>
</tr>
<tr>
<td>V5171</td>
<td>HEARING AID CONTRALAT ROUT DEV</td>
<td>Auth</td>
<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization</td>
</tr>
<tr>
<td>V5172</td>
<td>HEARING AID CONTRALAT ROUT DEV</td>
<td>Auth</td>
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</tr>
<tr>
<td>V5181</td>
<td>HEARING AID CONTRALATERAL ROUT</td>
<td>Auth</td>
<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Auth Required</td>
<td>Remarks</td>
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<td>V5190</td>
<td>HEARING AID CONTRALATERAL RTE</td>
<td>Auth Required</td>
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</tr>
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<td>V5200</td>
<td>DISPENSING FEE CONTRALATERAL M</td>
<td>Auth Required</td>
<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization</td>
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<tr>
<td>V5211</td>
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<td>V5212</td>
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<td>Auth Required</td>
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<td>V5213</td>
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<td>V5221</td>
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<td>V5230</td>
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<td>V5240</td>
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<tr>
<td>V5241</td>
<td>DISPENSING FEE, MONAURAL HEA</td>
<td>Auth Required</td>
<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization</td>
</tr>
<tr>
<td>V5242</td>
<td>HEARING AID, ANALOG, MONAURA</td>
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<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization</td>
</tr>
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<td>V5243</td>
<td>HEARING AID, ANALOG, MONAURA</td>
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<tr>
<td>Code</td>
<td>Description</td>
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<td>V5244</td>
<td>HEARING AID, DIGITALLY PROGR</td>
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<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization</td>
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<tr>
<td>V5245</td>
<td>HEARING AID, DIGITALLY PROGR</td>
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<td>V5246</td>
<td>HEARING AID, DIGITALLY PROGR</td>
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<td>V5247</td>
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<td>V5248</td>
<td>HEARING AID, ANALOG, BINAURA</td>
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<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization</td>
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<tr>
<td>V5249</td>
<td>HEARING AID, ANALOG, BINAURA</td>
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<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization</td>
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<td>V5250</td>
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<td>V5251</td>
<td>HEARING AID, DIGITALLY PROGR</td>
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<td>V5252</td>
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<td>V5254</td>
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<td>V5256</td>
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<td>Code</td>
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<td>V5257</td>
<td>HEARING AID, DIGITAL, MONAUR</td>
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<td>V5258</td>
<td>HEARING AID, DIGITAL, BINAUR</td>
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<td>V5259</td>
<td>HEARING AID, DIGITAL, BINAUR</td>
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<td>V5260</td>
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<td>V5261</td>
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<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization.</td>
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<td>V5262</td>
<td>HEARING AID, DISPOSABLE, ANY</td>
<td>Auth Required</td>
<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization.</td>
</tr>
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<td>V5263</td>
<td>HEARING AID, DISPOSABLE, ANY</td>
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<td>V5264</td>
<td>EAR MOLD/INSERT, NOT DISPOSABLE</td>
<td>Auth Required</td>
<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization.</td>
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<td>V5265</td>
<td>EAR MOLD/INSERT, DISPOSABLE,</td>
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<tr>
<td>V5266</td>
<td>BATTERY FOR USE IN HEARING D</td>
<td>Auth Required</td>
<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization.</td>
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<tr>
<td>V5267</td>
<td>HA/ALD/SUPP/ACCESS NOT O/W S</td>
<td>Auth Required</td>
<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization.</td>
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<td>V5268</td>
<td>ASSISTIVE LISTENING DEVICE,</td>
<td>Auth Required</td>
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<tr>
<td>V5269</td>
<td>ASSISTIVE LISTENING DEVICE,</td>
<td>Auth Required</td>
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<td>V5270</td>
<td>ASSISTIVE LISTENING DEVICE,</td>
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<td>V5271</td>
<td>ASSISTIVE LISTENING DEVICE,</td>
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<td>V5272</td>
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<td>V5273</td>
<td>ASSISTIVE LISTENING DEVICE,</td>
<td>Auth Required</td>
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<td>V5274</td>
<td>ASSISTIVE LEARNING DEVICE, N</td>
<td>Auth Required</td>
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<tr>
<td>V5275</td>
<td>EAR IMPRESSION, EACH</td>
<td>Auth Required</td>
<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization.</td>
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<td>V5281</td>
<td>ALD PERS FM/DM SYS MONAURL A</td>
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<td>V5282</td>
<td>ALD PERS FM/DM SYS BINAURL A</td>
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<td>Code</td>
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<td>V5283</td>
<td>ALD PERS FM/DM NCK LOOP INDU</td>
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<td>V5284</td>
<td>ALD PERS FM/DM EAR LEVEL REC</td>
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<td>V5285</td>
<td>ALD PERS FM/DM DIR AUDIO INP</td>
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<td>V5286</td>
<td>ALD PERS BLUE TOOTH FM/DM RE</td>
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<td>V5287</td>
<td>ALD PERS FM/DM RECEIVER NOS</td>
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<td>V5288</td>
<td>ALD PERS FM/DM TRANSMITTER A</td>
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<td>V5289</td>
<td>ALD PERS FM/DM ADPTR/BOOT CP</td>
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<td>V5290</td>
<td>ALD TRANSMITT MICROPHONE ANY</td>
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<td>V5298</td>
<td>HEARING AID NOT OTHERWISE CL</td>
<td>Auth Required</td>
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<tr>
<td>V5299</td>
<td>HEARING SERVICE, MISCELLANEO</td>
<td>Auth Required</td>
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<tr>
<td>V5336</td>
<td>REPAIR/MODIFICATION OF AUGME</td>
<td>Auth Required</td>
<td>Members age 21 years and older require prior authorization; members under the age of 21 do not require authorization</td>
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<td>V5362</td>
<td>SPEECH SCREENING</td>
<td>No Auth Needed</td>
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<td>V5363</td>
<td>LANGUAGE SCREENING</td>
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<td>DYSPHAGIA SCREENING</td>
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