



Health Choice of Arizona PRIOR AUTHORIZATION GUIDELINES

It is with great pleasure that Health Choice provides services for members who live in the following counties:

Maricopa, Pima, Yuma, La Paz, Santa Cruz, Apache, Coconino, Mohave and Navajo.



All authorization requests can be faxed to:

Medical - 480-731-9557 or 1-800-323-9652

Pharmacy – 1-866-807-2049

Radiology (MedSolutions)-(<http://www.medsolutionsonline.com>), by phone 1-888-693-3211 or by fax 1-888-693-3210

To check status of a prior authorization request, use our Provider Portal at www.healthchoiceaz.com or by phone for urgent requests or information, call 1-800-322-8670.

Please refer to the HCA Authorizations and Referrals Chapter 6 (www.HealthChoiceAZ.com) of the Provider Manual and the AHCCCS Medical Policy Manual (www.ahcccs.state.az.us) for additional summary detail of covered and excluded services.

All routine requests by non-contracted providers require prior authorization.

Primary Care Physicians (PCP) Services

Only those services listed in Attachment A require prior authorization. Please refer to the HCA Formulary for preferred prescription medication; see also the Pharmacy section of this guideline for injections that require authorization. All unlisted, “by report”, and temporary codes require prior authorization.

Specialist Consultations and Follow-up Care

Please see attachment A for additional information on specific codes that require prior authorization.

Providers referring outside of their service area will need to notify Health Choice Arizona for Approval.

Specialist Category	Consult and Follow up require authorization?	Other services that require prior authorization
Allergy	N	Allergy Immunotherapy and testing
Audiology	N	Cochlear implants & BAHA
Bariatric Surgery	Y	
Cardiology	N	Cardiac rehabilitation Wearable Cardiac Defibrillator
Chiropractic	Y – ages 0-20 Not covered for 21 +	All services require prior authorization
Dental	N – ages 0-20 Y – ages 21+	See Dental specific prior authorization grid
Dermatology	Y	All services require prior authorization
Developmental Pediatrics	Y	All services require prior authorization
Gastroenterology	N	Video capsule endoscopy
Genetics	Y	All services require prior



		authorization
General Surgery	N	Inpatient surgery stays require prior authorization and outpatient surgeries listed on attachment A
Gynecology	N	Sterilization services as outlined by AHCCCS
Hematology	N	See Pharmacy list
Infectious Disease	N	
Laboratory	N	Genetic testing
Maternal Fetal Medicine	Y	All services require prior authorization
Nephrology	N	Hemodialysis/See Pharmacy list
Neurology	N	
Neuropsychiatry	Y	All services require prior authorization
Nutrition/Dietician	Y	All services require prior authorization
Obstetrics	Y	Total OB package/IUD/Impanon
Occupational Therapy	Y	All services require prior authorization
Oncology	N	See Pharmacy list
Ophthalmology	Y	All services require prior authorization
Oral and Maxillofacial surgery	Y	All services require prior authorization
Otolaryngology	N	Cochlear implants & BAHA
Pain Management	Y	All services require prior authorization
Pediatric Sub-Specialties	Y	All services require prior authorization
Physical Medicine Rehabilitation	Y	All services require prior authorization
Physical Therapy	Y	All services require prior authorization
Plastic and Reconstructive Surgery	Y	All services require prior authorization
Podiatry	Y	All services require prior authorization
Psychiatry and other counseling services	Y	All services require authorization (refer to RBHA)
Sleep studies	Y	All services require prior authorization
Speech Therapy	Y	All services require prior authorization
Transplantation	Y	All services require prior authorization
Urology	N	Sterilization
Wound Care Centers	Y	All services require prior authorization



Radiology Services

All high-tech (MRI, MRA, 3-D Imaging, CT scans and PET scans) radiology services as well as OB ultrasounds **require prior authorization** for each service (see codes in **RED** on attachment A). Authorization is obtained through MedSolutions Inc. (MSI). All authorization requests for these radiology services are to be sent to MSI either via their web portal (<http://www.medsolutionsonline.com>), by phone 1-888-693-3211 or by fax 1-888-693-3210.

Ancillary Services and Durable Medical Equipment

The following ancillary services require prior authorization for **each service**.

Ancillary Service	Special instructions
Bone Growth Stimulators	
Cardiac Rehabilitation	
Dialysis - Initial visit only	
Durable Medical Equipment	Any code over \$500 in AHCCCS allowable charge (all requests should be submitted to Preferred Homecare)
Education (i.e. Diabetic; Nutrition; Asthma)	
High Frequency Chest Wall Oscillation vests	
Home Health	
Home Infusion	Contact Preferred Home Care
Hyperbaric Oxygen (HBO)	
Insulin Pumps	
Negative Pressure Wound Therapy	i.e. Wound vacs
Nutritional support [i.e. TPN; special (non-WIC covered) infant formulas; adult nutrient supplements]	
Obstetrical Services	Matria - Alere Homecare
Orthotics and Prosthetics	
Phototherapy (light therapies)	
Pulmonary Rehabilitation	
Vestibular Rehabilitation	
Wearable Cardiac Defibrillator	

Inpatient Hospital Services

All hospital admissions, including acute, observation, rehabilitation and Long Term Care, Skilled Nursing Facilities, hospice and behavioral health services require prior authorization.

All facilities must notify HCA and obtain an authorization prior to or at the time of all admissions.

Plan notification is accepted by and approved through the HCA PA Department. Primary diagnosis ICD codes are required at time of admission authorization request.

In the event that acute inpatient hospitalization services delivered are to evaluate and stabilize an emergency medical condition, concurrent plan notification/authorization is not required for payment of medically necessary, AHCCCS-covered services. However, the plan must be notified of emergent



inpatient services within 10 calendar days of emergent member presentation. HCA strongly recommends that plan notification from the provider occur as quickly as possible to help guarantee full coverage of medical services rendered.

NOTE: For pre-planned, medically reviewed and/or prior-authorized admissions, the facility must call HCA at the time of admission to activate the authorization number when the member presents for admission to the facility.

Outpatient Hospital Services

Only those services listed on Attachment A require prior authorization unless the service is for Acute Observation, Pediatric Congenital Conditions and/or Children’s Rehabilitation Services (CRS) related conditions, then prior authorization is required. Plan notification is requested for outpatient surgical procedures, Hospice, and Maternity Outpatient services (MOPS).

These services are approved through the HCA PA Department. Primary diagnosis ICD codes and procedure CPT codes are required at time of authorization request.

Pharmacy

Common oral medications and Specialty medications

Utilize the HCA formulary as administered by Express Scripts, Inc. and Cura Scripts. See the HCA website, under “Formulary”: www.HealthChoiceAZ.com

Injectable, infusion; and implantables that may be provided in a contracted Provider office with Prior Authorization. Specialty medications – Single source; for all specialty drugs that utilize a sole source “hub” or single specialty drug provider, contact the HCA PA department/Pharmacy Director

*** [NOTE - Oral specialty drugs (i.e. Tarceva; Gleevec) must always be provided by the HCA contracted PBM]**

Synagis (palivizumab)

Utilize the HCA contracted service providers (Los Ninos for Maricopa and Pima counties and the metro area of Flagstaff; Cura Scripts for all other counties) AND the HCA coverage criteria.

“Specialty” medications (injectable; infusion; implant) which may be provided in a contracted Provider office with authorization:	
Medication description	J Code
ADALIMUMAB (HUMIRA)	J0135
17 ALPHA-HYDROXYPROGESTERONE CAPROATE (GESTIVA)	J3490
ALPHA 1 - PROTEINASE INHIBITOR - HUMAN, 10 MG (PROLASTIN)	J0256
ANIDULAFUNGIN, 1 MG (ERAXIS)	J0348
ABATACEPT 250 MG (ORENCIA)	J0129
BORTEZOMIB, 0.1 MG (VELCADE)	J9041
BEVACIZUMAB, 10 MGA (AVASTIN)	J9035
CETUXIMAB, 10 MG (ERBITUX)	J9055
DALTEPARIN SODIUM (FRAGMIN) * see foot note	J1645
DARBEPOETIN ALFA, 1 MICROGRAM (NON-ESRD USE) (ARANESP)	J0881



DARBEPOETIN ALFA, 1 MICROGRAM (FOR ESRD ON DIALYSIS) (ARANESP)	J0882
DEFEROXAMINE MESYLATE, 500 MG (DESFERAL)	J0895
DESMOPRESSIN INJ. (DDAVP)	J2597
ENFUVRTIDE (FUZEON)	J1324
ENOXAPARIN SODIUM, 10 MG (LOVENOX)* see foot note	J1650
EPOETIN ALFA, 1000 UNITS (FOR ESRD ON DIALYSIS) (EPOGEN/PROCRIT)	J0886
EPOETIN ALFA, 1000 UNITS (FOR NON-ESRD USE) (EPOGEN/PROCRIT)	J0885
EPOPROSTENOL, 0.5 MG ((FLOLAN/GENERIC EPOPROTENOL)	J1325
ETANERCEPT, 25 MG (ENBREL – SPECIALTY PHARMACY DELIVERY)	J1438
ETONOGESTREL IMPLANT, 68 MG (IMPLANON)	J7307
ETOPOSIDE (TOPOSAR)	J9181 & J9182
FACTOR VII & VIII	J7185, J7186, J7187, J 7189 J7190, J7191 & J7197
FILGRASTIM (G-CSF), 300 MCG (NEUPOGEN)	J1440
FILGRASTIM (G-CSF), 480 MCG (NEUPOGEN)	J1441
GANCICLOVIR SODIUM, 500 MG (CYTOVENE)	J1570
GEMCITABINE, 200 MG (GEMZAR)	J9201
HISTRELIN IMPLANT, 50 MG (SUPPRELIN LA/VANTUS)	J9225 J9226
HYALURONIC ACID (SODIUM HYALURONATE) FOR HYALGAN & SUPARTZ PRODUCTS	J7321
HYALURONIC ACID FOR EUFLEXXA	J7323
HYALURONIC ACID FOR ORTHOVISC	J7324
HYALURONIC ACID FOR SYNVISIC / SYNVISIC ONE	J7325
IMIGLUCERASE, PER UNIT (CEREZYME)	J1785
IMMUNE GLOBULIN IM	J1460, J1470, J1480, J1490, J1500, J1510, J1520, J1530, J1540, J1550 & J1560
IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G. POWDER), 500 MG (CARIMUNE)	J1566
IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	J1459, J1561, J1568 & J1569
IMMUNE GLOBULIN, INTRAVENOUS, 500 MG	J1459, J 1572
INFLIXIMAB, 10 MG (REMICADE)	J1745
INTERFERON ALFA -2A (PEGASYS)	J9213
INTERFERON ALFA – 2B (INTRON A/REBTRON KIT)	J9214
INTERFERON BETA-1A (AVONEX)	J1825
IRON DEXTRAN, 50 MG (InFED) HCA PREFERRED IRON PRODUCT	J1750
IRON SUCROSE, 1 MG (VENOFER)	J1756
LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 3.75 MG (ELIGARD/LUPRON, LUPRON-3/LUPRON-4/LUPRON DEPOT)	J1950
LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG (ELIGARD/LUPRON DEPOT)	J9217
LINEZOLID INJ 200MG (ZYVOX)	J2020



MEROPENEM, 100 MG (MERREM)	J2185
NATALIZUMAB, 1 MG (TYSABRI)	J2323
OCTREOTIDE, NON-DEPOT FORM FOR INTRAMUSCULAR INJECTION, 25mcg (SANDOSTATIN)	J2354
OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG (SANDOSTATIN LAR)	J2353
ONDANSETRON HYDROCHLORIDE, PER 1 MG (ZOFTRAN) ** SEE FOOT NOTE	J2405
PALIVIZUMAB 50 MG (SYNAGIS)	J3490
PAMIDRONATE DISODIUM, PER 30 MG (AREDIA)	J2430
PALONOSETRON HCL, 25 MCG (ALOXI) ** SEE FOOT NOTE	J2469
PANITUMUMAB 10 mg (VECTIBIX)	J9303
PEGFILGRASTIM, 6 MG (NEULASTA)	J2505
RENIBIZUMAB, 0.5MG (LUCENTIS)	J2778
RITUXIMAB, 100 MG (RITUXAN)	J9310
SARGRAMOSTIM (GM-CSF), 50 MCG (LEUKINE)	J2820
SOMATROPIN, 1 MG (HUMATROPE/GENOTROPIN NUTROPIN/BIOTROPIN/GENOTROPIN/GENOTROPIN MINIQUICK/NORDITROPIN/NUTROPIN/ NUTROPIN AQ, SAIZEN/SAIZEN SOMATROPIN RDNA/SEROSTIM/SEROSTIM RDNA/ZORBTIVE) (THE HCA FORMULARY COVERS TEV-TROPIN AND SEROSTIM ONLY)	J2941
TERIPARATIDE 250 MCG (FORTEO)	J3110
TESTOSTERONE CYPIONATE, 1 CC, 200 MG (DEPO TESTOSTERONE)	J1080
TESTOSTERONE SUSPENSION, UP TO 50 MG	J3140
TESTOSTERONE CYPIONATE, UP TO 100 MG (DEPO TESTOSTERONE)	J1070
TESTOSTERONE CYPIONATE AND ESTRADIOL CYPIONATE, UP TO 1 ML (DEPO-TESTADIOL)	J1060
TESTOSTERONE ENANTHATE, UP TO 100 MG (DELATESTRYL)	J3120
TESTOSTERONE ENANTHATE, UP TO 200 MG (DELATESTRYL)	J3130
TOBRAMYCIN, INHALATION SOLUTION, 300MG (TOBI)	J7682
TREPROSTINIL, 1 MG (REMODULIN)	J3285
TRIAMCINOLONE, INHALATION SOLUTION, COMPOUNDED PRODUCT, CONCENTRATED FORM, ADMINISTERED THROUGH DME	J7683
ZOLEDRONIC ACID, 1 MG (ZOMETA)	J3487
UNCLASSIFIED DRUGS	J3490
UNCLASSIFIED BIOLOGICS	J3590
UNCLASSIFIED ANTINEOPLASTIC DRUGS	J9999

* Enoxaparin (Lovenox) J1650 and Dalteparin (Fragmin) J1645 are HCA approved (without PA) for up to a 10 day supply or 20 syringes (whichever is less). Therapy for greater than 10 days or 20 syringes, require HCA PA.

** No PA needed when contracted Hematologist/Oncologist administers in office or facility based therapy.



Attachment A – Procedure codes that require Prior Authorizations (by code)

Codes listed in RED are to be sent to MedSolutions for authorization requests.

Procedure	Description
11400	EXCISION, BENIGN LESION I
11401	EXCISION, BENIGN LESION I
11402	EXCISION, BENIGN LESION I
11403	EXCISION, BENIGN LESION I
11404	EXCISION, BENIGN LESION I
11406	EXCISION, BENIGN LESION I
11420	EXCISION, BENIGN LESION I
11421	EXCISION, BENIGN LESION I
11422	EXCISION, BENIGN LESION I
11423	EXCISION, BENIGN LESION I
11424	EXCISION, BENIGN LESION I
11426	EXCISION, BENIGN LESION I
11440	EXCISION, OTHER BENIGN LE
11441	EXCISION, OTHER BENIGN LE
11442	EXCISION, OTHER BENIGN LE
11443	EXCISION, OTHER BENIGN LE
11444	EXCISION, OTHER BENIGN LE
11446	EXCISION, OTHER BENIGN LE
11719	TRIMMING OF NONDYSTROPHIC
11720	DEBRIDEMENT OF NAIL(S) BY
11721	DEBRIDEMENT OF NAIL(S) BY
11900	INJECTION, INTRALESIONAL;
11901	INJECTION, INTRALESIONAL;
11920	TATTOOING, INTRADERMAL IN
11921	TATTOOING, INTRADERMAL IN
11922	TATTOOING, INTRADERMAL IN
15300	ALLOGRAFT SKIN FOR TEMPOR
15301	ALLOGRAFT SKIN FOR TEMPOR
15320	ALLOGRAFT SKIN FOR TEMPOR
15330	ACELLULAR DERMAL ALLOGRAF
15331	ACELLULAR DERMAL ALLOGRAF
15335	ACELLULAR DERMAL ALLOGRAF
15336	ACELLULAR DERMAL ALLOGRAF
15340	TISSUE CULTURED ALLOGENEI
15341	TISSUE CULTURED ALLOGENEI
15360	TISSUE CULTURED ALLOGENEI
15361	TISSUE CULTURED ALLOGENEI
15775	PUNCH GRAFT FOR HAIR TRAN

Procedure	Description
15776	PUNCH GRAFT FOR HAIR TRAN
15780	DERMABRASION; TOTAL FACE
15781	DERMABRASION; SEGMENTAL,
15782	DERMABRASION; REGIONAL, O
15783	DERMABRASION; SUPERFICIAL
15786	ABRASION; SINGLE LESION (
15787	ABRASION; EACH ADDITIONAL
15788	CHEMICAL PEEL, FACIAL; EP
15789	CHEMICAL PEEL, FACIAL; DE
15792	CHEMICAL PEEL, NONFACIAL;
15793	CHEMICAL PEEL, NONFACIAL;
15820	BLEPHAROPLASTY, LOWER EYE
15821	BLEPHAROPLASTY, LOWER EYE
15822	BLEPHAROPLASTY, UPPER EYE
15823	BLEPHAROPLASTY, UPPER EYE
15824	RHYTIDECTOMY; FOREHEAD
15825	RHYTIDECTOMY; NECK WITH P
15826	RHYTIDECTOMY; GLABELLAR F
15828	RHYTIDECTOMY; CHEEK, CHIN
15829	RHYTIDECTOMY; SUPERFICIAL
15830	EXCISION, EXCESSIVE SKIN
15832	EXCISION, EXCESSIVE SKIN
15833	EXCISION, EXCESSIVE SKIN
15834	EXCISION, EXCESSIVE SKIN
15835	EXCISION, EXCESSIVE SKIN
15836	EXCISION, EXCESSIVE SKIN
15837	EXCISION, EXCESSIVE SKIN
15838	EXCISION, EXCESSIVE SKIN
15839	EXCISION, EXCESSIVE SKIN
15847	EXCISION, EXCESSIVE SKIN
15876	SUCTION ASSISTED LIPECTOM
15877	SUCTION ASSISTED LIPECTOM
15878	SUCTION ASSISTED LIPECTOM
15879	SUCTION ASSISTED LIPECTOM
17106	DESTRUCTION OF CUTANEOUS
17107	DESTRUCTION OF CUTANEOUS
17108	DESTRUCTION OF CUTANEOUS
17111	DESTRUCTION (EG, LASER SU



Procedure	Description
17340	CRYOTHERAPY (CO2 SLUSH, L
19112	EXCISION OF LACTIFEROUS D
19120	EXCISION OF CYST, FIBROAD
19125	EXCISION OF BREAST LESION
19126	EXCISION OF BREAST LESION
19300	MAMMOPLASTY,REDUC,REPOSIT
19318	REDUCTION MAMMAPLASTY
19324	MAMMAPLASTY, AUGMENTATION
19325	MAMMAPLASTY, AUGMENTATION
21010	ARTHROTOMY, TEMPOROMANDIB
21050	CONDYLECTOMY, TEMPOROMAND
21060	MENISCECTOMY, PARTIAL OR
21070	CORONOIDECTOMY (SEPARATE
21116	INJECTION PROCEDURE FOR T
21120	GENIOPLASTY; AUGMENTATION
21121	GENIOPLASTY; SLIDING OSTE
21122	GENIOPLASTY; SLIDING OSTE
21123	GENIOPLASTY; SLIDING, AUG
21125	AUGMENTATION, MANDIBULAR
21127	AUGMENTATION, MANDIBULAR
21137	REDUCTION FOREHEAD; CONTO
21138	REDUCTION FOREHEAD; CONTO
21139	REDUCTION FOREHEAD; CONTO
21141	RECONSTRUCTION MIDFACE, L
21142	RECONSTRUCTION MIDFACE, L
21143	RECONSTRUCTION MIDFACE, L
21199	OSTEOTOMY, MANDIBLE, SEGM
21240	ARTHROPLASTY, TEMPOROMAND
21242	ARTHROPLASTY, TEMPOROMAND
21243	ARTHROPLASTY, TEMPOROMAND
21480	CLOSED TREATMENT OF TEMPO
21485	CLOSED TREATMENT OF TEMPO
21490	OPEN TREATMENT OF TEMPORO
28118	OSTECTOMY, CALCANEUS;
29750	WEDGING OF CLUBFOOT CAST
29800	ARTHROSCOPY, TEMPOROMANDI
29804	ARTHROSCOPY, TEMPOROMANDI
29999	UNLISTED PROCEDURE, ARTHR
30400	RHINOPLASTY, PRIMARY; LAT
30410	RHINOPLASTY, PRIMARY; COM
30420	RHINOPLASTY, PRIMARY; INC

Procedure	Description
30430	RHINOPLASTY, SECONDARY; M
30435	RHINOPLASTY, SECONDARY; I
30450	RHINOPLASTY, SECONDARY; M
30460	RHINOPLASTY FOR NASAL DEF
30462	RHINOPLASTY FOR NASAL DEF
32850	DONOR PNEUMONECTOMY(IES)(
32851	LUNG TRANSPLANT, SINGLE;
32852	LUNG TRANSPLANT, SINGLE;
32853	LUNG TRANSPLANT, DOUBLE (
32854	LUNG TRANSPLANT, DOUBLE (
33202	INSERTION OF EPICARDIAL E
33203	INSERTION OF EPICARDIAL E
33206	INSERTION OR REPLACEMENT
33207	INSERTION OR REPLACEMENT
33208	INSERTION OR REPLACEMENT
33210	INSERTION OR REPLACEMENT
33211	INSERTION OR REPLACEMENT
33212	INSERTION OR REPLACEMENT
33213	INSERTION OR REPLACEMENT
33214	UPGRADE OF IMPLANTED PACE
33215	REPOSITIONING OF PREVIOUS
33216	INSERTION OF A TRANSVENOU
33217	INSERTION OF A TRANSVENOU
33218	REPAIR OF SINGLE TRANSVEN
33220	REPAIR OF TWO TRANSVENOUS
33222	REVISION OR RELOCATION OF
33223	REVISION OF SKIN POCKET F
33226	REPOSITIONING OF PREVIOUS
33233	REMOVAL OF PERMANENT PACE
33234	REMOVAL OF TRANSVENOUS PA
33235	REMOVAL OF TRANSVENOUS PA
33236	REMOVAL OF PERMANENT EPIC
33237	REMOVAL OF PERMANENT EPIC
33238	REMOVAL OF PERMANENT TRAN
33240	INSERTION OF SINGLE OR DU
33241	SUBCUTANEOUS REMOVAL OF S
33243	REMOVAL OF SINGLE OR DUAL
33244	REMOVAL OF SINGLE OR DUAL
33249	INSERTION OR REPOSITIONIN
33282	IMPLANTATION OF PATIENT-A
33814	OBLITERATION OF AORTOPULM



Procedure	Description
33935	HEART-LUNG TRANSPLANT WIT
33945	HEART TRANSPLANT, WITH OR
38205	BLOOD-DERIVED HEMATOPOIET
38206	BLOOD-DERIVED HEMATOPOIET
38207	TRANSPLANT PREPARATION OF
38208	TRANSPLANT PREPARATION OF
38209	TRANSPLANT PREPARATION OF
38210	TRANSPLANT PREPARATION OF
38211	TRANSPLANT PREPARATION OF
38212	TRANSPLANT PREPARATION OF
38213	TRANSPLANT PREPARATION OF
38214	TRANSPLANT PREPARATION OF
38215	TRANSPLANT PREPARATION OF
38230	BONE MARROW HARVESTING FO
38240	BONE MARROW OR BLOOD-DERI
38241	BONE MARROW OR BLOOD-DERI
38242	BONE MARROW OR BLOOD-DERI
40700	PLASTIC REPAIR OF CLEFT L
40701	PLASTIC REPAIR OF CLEFT L
40702	PLASTIC REPAIR OF CLEFT L
40720	PLASTIC REPAIR OF CLEFT L
40761	PLASTIC REPAIR OF CLEFT L
41520	FRENOPLASTY (SURGICAL REV
42120	RESECTION OF PALATE OR EX
42145	PALATOPHARYNGOPLASTY (EG,
42160	DESTRUCTION OF LESION, PA
42200	PALATOPLASTY FOR CLEFT PA
42205	PALATOPLASTY FOR CLEFT PA
42210	PALATOPLASTY FOR CLEFT PA
42215	PALATOPLASTY FOR CLEFT PA
42220	PALATOPLASTY FOR CLEFT PA
42225	PALATOPLASTY FOR CLEFT PA
42226	LENGTHENING OF PALATE, AN
42227	LENGTHENING OF PALATE, WI
42299	UNLISTED PROCEDURE, PALAT
42699	UNLISTED PROCEDURE, SALIV
43235	UPPER GASTROINTESTINAL EN
43239	UPPER GASTROINTESTINAL EN
43247	UPPER GASTROINTESTINAL EN
43269	ENDOSCOPIC RETROGRADE CHO
43620	GASTRECTOMY, TOTAL; WITH

Procedure	Description
43621	GASTRECTOMY, TOTAL; WITH
43622	GASTRECTOMY, TOTAL; WITH
43644	LAPAROSCOPY, SURGICAL, GA
43645	LAPAROSCOPY, SURGICAL, GA
43659	UNLISTED LAPAROSCOPY PROC
43770	LAPAROSCOPY, SURGICAL, GA
43772	LAPAROSCOPY, SURGICAL, GA
43774	LAPAROSCOPY, SURGICAL, GA
43842	GASTRIC RESTRICTIVE PROCE
43843	GASTRIC RESTRICTIVE PROCE
43846	GASTRIC RESTRICTIVE PROCE
43847	GASTRIC RESTRICTIVE PROCE
43848	REVISION OF GASTRIC RESTR
44132	DONOR ENTERECTOMY (INCLUD
44133	DONOR ENTERECTOMY (INCLUD
44135	INTESTINAL ALLOTRANSPLANT
44136	INTESTINAL ALLOTRANSPLANT
45100	BIOPSY OF ANORECTAL WALL,
45499	UNLISTED LAPAROSCOPY PROC
47135	LIVER ALLOTRANSPLANTATION
47136	LIVER ALLOTRANSPLANTATION
47562	LAPAROSCOPY, SURGICAL; CH
47563	LAPAROSCOPY, SURGICAL; CH
48160	PANCREATECTOMY, TOTAL OR
48550	DONOR PANCREATECTOMY (INC
48554	TRANSPLANTATION OF PANCRE
48556	REMOVAL OF TRANSPLANTED P
49080	PERITONEOCENTESIS, ABDOMI
49081	PERITONEOCENTESIS, ABDOMI
49999	UNLISTED PROCEDURE, ABDOM
50300	DONOR NEPHRECTOMY (INCLUD
50320	DONOR NEPHRECTOMY (INCLUD
50340	RECIPIENT NEPHRECTOMY (SE
50360	RENAL ALLOTRANSPLANTATION
50365	RENAL ALLOTRANSPLANTATION
50370	REMOVAL OF TRANSPLANTED R
50380	RENAL AUTOTRANSPLANTATION
50547	LAPAROSCOPY, SURGICAL; DO
54161	CIRCUMCISION, SURGICAL EX
54163	REPAIR INCOMPLETE CIRCUMC
54360	PLASTIC OPERATION ON PENI



Procedure	Description
54380	PLASTIC OPERATION ON PENI
54385	PLASTIC OPERATION ON PENI
54390	PLASTIC OPERATION ON PENI
54400	INSERTION OF PENILE PROST
54401	INSERTION OF PENILE PROST
54405	INSERTION OF MULTI-COMPON
54406	REMOVAL OF ALL COMPONENTS
54408	REPAIR OF COMPONENT(S) OF
54410	REMOVAL AND REPLACEMENT O
54411	REMOVAL AND REPLACEMENT O
54415	REMOVAL OF NON-INFLATABLE
54416	REMOVAL AND REPLACEMENT O
54417	REMOVAL AND REPLACEMENT O
54680	TRANSPLANTATION OF TESTIS
55970	INTERSEX SURGERY; MALE TO
55980	INTERSEX SURGERY; FEMALE
57292	CONSTRUCTION OF ARTIFICIA
58240	PELVIC EXENTERATION FOR G
58340	CATHETERIZATION AND INTRO
58350	CHROMOTUBATION OF OVIDUCT
58661	LAPAROSCOPY, SURGICAL; WI
58970	FOLLICLE PUNCTURE FOR OOC
58974	EMBRYO TRANSFER, INTRAUTE
58976	GAMETE, ZYGOTE, OR EMBRYO
58999	UNLISTED PROCEDURE, FEMAL
59000	AMNIOCENTESIS; DIAGNOSTIC
59001	AMNIOCENTESIS; THERAPEUTI
59012	CORDOCENTESIS (INTRAUTERI
59015	CHORIONIC VILLUS SAMPLING
59020	FETAL CONTRACTION STRESS
59151	LAPAROSCOPIC TREATMENT OF
59320	CERCLAGE OF CERVIX, DURIN
59400	ROUTINE OBSTETRIC CARE IN
59409	VAGINAL DELIVERY ONLY (WI
59410	VAGINAL DELIVERY ONLY (WI
59414	DELIVERY OF PLACENTA (SEP
59425	ANTEPARTUM CARE ONLY; 4-6
59426	ANTEPARTUM CARE ONLY; 7 O
59430	POSTPARTUM CARE ONLY (SEP
59510	ROUTINE OBSTETRIC CARE IN
59514	CESAREAN DELIVERY ONLY;

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59515	CESAREAN DELIVERY ONLY; I
59525	SUBTOTAL OR TOTAL HYSTERE
59610	ROUTINE OBSTETRIC CARE IN
59612	VAGINAL DELIVERY ONLY, AF
59614	VAGINAL DELIVERY ONLY, AF
59618	ROUTINE OBSTETRIC CARE IN
59620	CESAREAN DELIVERY ONLY, F
59622	CESAREAN DELIVERY ONLY, F
59820	TREATMENT OF MISSED ABORT
59850	INDUCED ABORTION, BY ONE
59851	INDUCED ABORTION, BY ONE
59852	INDUCED ABORTION, BY ONE
59855	INDUCED ABORTION, BY ONE
59856	INDUCED ABORTION, BY ONE
59857	INDUCED ABORTION, BY ONE
59866	MULTIFETAL PREGNANCY REDU
62368	ELECTRONIC ANALYSIS OF PR
63688	REVISION OR REMOVAL OF IM
64402	INJECTION, ANESTHETIC AGE
64447	INJECTION, ANESTHETIC AGE
64718	NEUROPLASTY AND/OR TRANSP
65710	KERATOPLASTY (CORNEAL TRA
65730	KERATOPLASTY (CORNEAL TRA
65750	KERATOPLASTY (CORNEAL TRA
65755	KERATOPLASTY (CORNEAL TRA
67039	VITRECTOMY, MECHANICAL, P
67040	VITRECTOMY, MECHANICAL, P
67311	STRABISMUS SURGERY, RECES
67312	STRABISMUS SURGERY, RECES
67314	STRABISMUS SURGERY, RECES
67316	STRABISMUS SURGERY, RECES
67318	STRABISMUS SURGERY, ANY P
67320	TRANSPOSITION PROCEDURE (
67331	STRABISMUS SURGERY ON PAT
67334	STRABISMUS SURGERY BY POS
67335	PLACEMENT OF ADJUSTABLE S
67340	STRABISMUS SURGERY INVOLV
67343	RELEASE OF EXTENSIVE SCAR
67345	CHEMODENERVATION OF EXTRA
67912	CORRECTION OF LAGOPHTHALM
67916	REPAIR OF ECTROPION; EXCI



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67917	REPAIR OF ECTROPION; EXTE
67923	REPAIR OF ENTROPION; EXCI
67924	REPAIR OF ENTROPION; EXTE
67950	CANTHOPLASTY (RECONSTRUCT
69300	OTOPLASTY, PROTRUDING EAR
69433	TYMPANOSTOMY (REQUIRING I
69436	TYMPANOSTOMY (REQUIRING I
69700	CLOSURE POSTAURICULAR FIS
69930	COCHLEAR DEVICE IMPLANTAT
70328	RADIOLOGIC EXAMINATION, T
70330	RADIOLOGIC EXAMINATION, T
70332	TEMPOROMANDIBULAR JOINT A
70336	MAGNETIC RESONANCE (EG, P
70450	COMPUTED TOMOGRAPHY, HEAD
70460	COMPUTED TOMOGRAPHY, HEAD
70470	COMPUTED TOMOGRAPHY, HEAD
70480	COMPUTED TOMOGRAPHY, ORBI
70481	COMPUTED TOMOGRAPHY, ORBI
70482	COMPUTED TOMOGRAPHY, ORBI
70486	COMPUTED TOMOGRAPHY, MAXI
70487	COMPUTED TOMOGRAPHY, MAXI
70488	COMPUTED TOMOGRAPHY, MAXI
70490	COMPUTED TOMOGRAPHY, SOFT
70491	COMPUTED TOMOGRAPHY, SOFT
70492	COMPUTED TOMOGRAPHY, SOFT
70496	COMPUTED TOMOGRAPHIC ANGI
70498	COMPUTED TOMOGRAPHIC ANGI
70540	MAGNETIC RESONANCE (EG, P
70542	MAGNETIC RESONANCE (EG, P
70543	MAGNETIC RESONANCE (EG, P
70544	MAGNETIC RESONANCE ANGIOG
70545	MAGNETIC RESONANCE ANGIOG
70546	MAGNETIC RESONANCE ANGIOG
70547	MAGNETIC RESONANCE ANGIOG
70548	MAGNETIC RESONANCE ANGIOG
70549	MAGNETIC RESONANCE ANGIOG
70551	MAGNETIC RESONANCE (EG, P
70552	MAGNETIC RESONANCE (EG, P
70553	MAGNETIC RESONANCE (EG, P
70554	MAGNETIC RESONANCE IMAGIN
70555	MAGNETIC RESONANCE IMAGIN

Procedure	Description
71250	COMPUTED TOMOGRAPHY, THOR
71260	COMPUTED TOMOGRAPHY, THOR
71270	COMPUTED TOMOGRAPHY, THOR
71275	COMPUTED TOMOGRAPHIC ANGI
71550	MAGNETIC RESONANCE (EG, P
71551	MAGNETIC RESONANCE (EG, P
71552	MAGNETIC RESONANCE (EG, P
71555	MAGNETIC RESONANCE ANGIOG
72125	COMPUTED TOMOGRAPHY, CERV
72126	COMPUTED TOMOGRAPHY, CERV
72127	COMPUTED TOMOGRAPHY, CERV
72128	COMPUTED TOMOGRAPHY, THOR
72129	COMPUTED TOMOGRAPHY, THOR
72130	COMPUTED TOMOGRAPHY, THOR
72131	COMPUTED TOMOGRAPHY, LUMB
72132	COMPUTED TOMOGRAPHY, LUMB
72133	COMPUTED TOMOGRAPHY, LUMB
72141	MAGNETIC RESONANCE (EG, P
72142	MAGNETIC RESONANCE (EG, P
72146	MAGNETIC RESONANCE (EG, P
72147	MAGNETIC RESONANCE (EG, P
72148	MAGNETIC RESONANCE (EG, P
72149	MAGNETIC RESONANCE (EG, P
72156	MAGNETIC RESONANCE (EG, P
72157	MAGNETIC RESONANCE (EG, P
72158	MAGNETIC RESONANCE (EG, P
72159	MAGNETIC RESONANCE ANGIOG
72191	COMPUTED TOMOGRAPHIC ANGI
72192	COMPUTED TOMOGRAPHY, PELV
72193	COMPUTED TOMOGRAPHY, PELV
72194	COMPUTED TOMOGRAPHY, PELV
72195	MAGNETIC RESONANCE (EG, P
72196	MAGNETIC RESONANCE (EG, P
72197	MAGNETIC RESONANCE (EG, P
72198	MAGNETIC RESONANCE ANGIOG
73200	COMPUTED TOMOGRAPHY, UPPE
73201	COMPUTED TOMOGRAPHY, UPPE
73202	COMPUTED TOMOGRAPHY, UPPE
73206	COMPUTED TOMOGRAPHIC ANGI
73218	MAGNETIC RESONANCE (EG, P
73219	MAGNETIC RESONANCE (EG, P



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73220	MAGNETIC RESONANCE (EG, P
73221	MAGNETIC RESONANCE (EG, P
73222	MAGNETIC RESONANCE (EG, P
73223	MAGNETIC RESONANCE (EG, P
73225	MAGNETIC RESONANCE ANGIOG
73700	COMPUTED TOMOGRAPHY, LOWE
73701	COMPUTED TOMOGRAPHY, LOWE
73702	COMPUTED TOMOGRAPHY, LOWE
73706	COMPUTED TOMOGRAPHIC ANGI
73718	MAGNETIC RESONANCE (EG, P
73719	MAGNETIC RESONANCE (EG, P
73720	MAGNETIC RESONANCE (EG, P
73721	MAGNETIC RESONANCE (EG, P
73722	MAGNETIC RESONANCE (EG, P
73723	MAGNETIC RESONANCE (EG, P
73725	MAGNETIC RESONANCE ANGIOG
74150	COMPUTED TOMOGRAPHY, ABDO
74160	COMPUTED TOMOGRAPHY, ABDO
74170	COMPUTED TOMOGRAPHY, ABDO
74175	COMPUTED TOMOGRAPHIC ANGI
74181	MAGNETIC RESONANCE (EG, P
74182	MAGNETIC RESONANCE (EG, P
74183	MAGNETIC RESONANCE (EG, P
74185	MAGNETIC RESONANCE ANGIOG
74261	COMPUTED TOMOGRAPHIC (CT)
74262	COMPUTED TOMOGRAPHIC (CT)
74263	COMPUTED TOMOGRAPHIC (CT)
75557	CARDIAC MAGNETIC RESONANC
75559	CARDIAC MAGNETIC RESONANC
75561	CARDIAC MAGNETIC RESONANC
75563	CARDIAC MAGNETIC RESONANC
75565	CARDIAC MAGNETIC RESONANC
75571	COMPUTED TOMOGRAPHY, HEAR
75572	COMPUTED TOMOGRAPHY, HEAR
75573	COMPUTED TOMOGRAPHY, HEAR
75574	COMPUTED TOMOGRAPHIC ANGI
75635	COMPUTED TOMOGRAPHIC ANGI
75957	ENDOVASCULAR REPAIR OF DE
75958	PLACEMENT OF PROXIMAL EXT
76376	3D RENDERING WITH INTERPR
76377	3D RENDERING WITH INTERPR

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76380	COMPUTED TOMOGRAPHY, LIM
76390	MAGNETIC RESONANCE SPECTR
76496	UNLISTED FLUOROSCOPIC PRO
76497	UNLISTED COMPUTED TOMOGRA
76498	UNLISTED MAGNETIC RESONAN
76499	UNLISTED DIAGNOSTIC RADIO
76506	ECHOENCEPHALOGRAPHY, B-SC
76510	OPHTHALMIC ULTRASOUND, DI
76511	OPHTHALMIC ULTRASOUND, DI
76512	OPHTHALMIC ULTRASOUND, DI
76513	OPHTHALMIC ULTRASOUND, DI
76514	OPHTHALMIC ULTRASOUND, DI
76516	OPHTHALMIC BIOMETRY BY UL
76519	OPHTHALMIC BIOMETRY BY UL
76529	OPHTHALMIC ULTRASONIC FOR
76536	ULTRASOUND, SOFT TISSUES
76604	ULTRASOUND, CHEST, B-SCAN
76645	ULTRASOUND, BREAST(S) (UN
76700	ULTRASOUND, ABDOMINAL, B-
76705	ULTRASOUND, ABDOMINAL, B-
76770	ULTRASOUND, RETROPERITONE
76775	ULTRASOUND, RETROPERITONE
76776	ULTRASOUND, TRANSPLANTED
76800	ULTRASOUND, SPINAL CANAL
76801	ULTRASOUND, PREGNANT UTER
76802	ULTRASOUND, PREGNANT UTER
76805	ULTRASOUND, PREGNANT UTER
76810	ULTRASOUND, PREGNANT UTER
76811	ULTRASOUND, PREGNANT UTER
76812	ULTRASOUND, PREGNANT UTER
76813	ULTRASOUND, PREGNANT UTER
76814	ULTRASOUND, PREGNANT UTER
76815	ULTRASOUND, PREGNANT UTER
76816	ULTRASOUND, PREGNANT UTER
76817	ULTRASOUND, PREGNANT UTER
76818	FETAL BIOPHYSICAL PROFILE
76819	FETAL BIOPHYSICAL PROFILE
76820	DOPPLER VELOCIMETRY, FETA
76821	DOPPLER VELOCIMETRY, FETA
76825	ECHOCARDIOGRAPHY, FETAL,
76826	ECHOCARDIOGRAPHY, FETAL,



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76827	DOPPLER ECHOCARDIOGRAPHY,
76828	DOPPLER ECHOCARDIOGRAPHY,
76830	ULTRASOUND, TRANSVAGINAL
76831	SALINE INFUSION SONOHYS TE
76856	ULTRASOUND, PELVIC (NONOB
76857	ULTRASOUND, PELVIC (NONOB
76870	ULTRASOUND, SCROTUM AND C
76872	ULTRASOUND, TRANSRECTAL;
76873	ULTRASOUND, TRANSRECTAL;
76880	ULTRASOUND, EXTREMITY, NO
76885	ULTRASOUND, INFANT HIPS,
76886	ULTRASOUND, INFANT HIPS,
76970	ULTRASOUND STUDY FOLLOW-U
76975	GASTROINTESTINAL ENDOSCO P
76977	ULTRASOUND BONE DENSITY M
76999	UNLISTED ULTRASOUND PROCE
77012	COMPUTED TOMOGRAPHY GUIDA
77021	MAGNETIC RESONANCE GUIDAN
77058	MAGNETIC RESONANCE IMAGIN
77059	MAGNETIC RESONANCE IMAGIN
77078	COMPUTED TOMOGRAPHY, BONE
77079	COMPUTED TOMOGRAPHY, BONE
77084	MAGNETIC RESONANCE (EG, P
78451	MYOCARDIAL PERFUSION IMAG
78452	MYOCARDIAL PERFUSION IMAG
78453	MYOCARDIAL PERFUSION IMAG
78454	MYOCARDIAL PERFUSION IMAG
78459	MYOCARDIAL IMAGING, POSIT
78466	MYOCARDIAL IMAGING, INFAR
78468	MYOCARDIAL IMAGING, INFAR
78469	MYOCARDIAL IMAGING, INFAR
78472	CARDIAC BLOOD POOL IMAGIN
78473	CARDIAC BLOOD POOL IMAGIN
78481	CARDIAC BLOOD POOL IMAGIN
78483	CARDIAC BLOOD POOL IMAGIN
78491	MYOCARDIAL IMAGING, POSIT
78492	MYOCARDIAL IMAGING, POSIT
78494	CARDIAC BLOOD POOL IMAGIN
78496	CARDIAC BLOOD POOL IMAGIN
78499	UNLISTED CARDIOVASCULAR P
78608	BRAIN IMAGING, POSITRON E

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78609	BRAIN IMAGING, POSITRON E
78645	CEREBROSPINAL FLUID FLOW,
78647	CEREBROSPINAL FLUID FLOW,
78804	RADIOPHARMACEUTICAL LOCAL
78806	RADIOPHARMACEUTICAL LOCAL
78807	RADIOPHARMACEUTICAL LOCAL
78810	TUMOR IMAGING, POSITRON E
78811	TUMOR IMAGING, POSITRON E
78812	TUMOR IMAGING, POSITRON E
78813	TUMOR IMAGING, POSITRON E
78814	TUMOR IMAGING, POSITRON E
78815	TUMOR IMAGING, POSITRON E
78816	TUMOR IMAGING, POSITRON E
79999	RADIOPHARMACEUTICAL THERA
84166	PROTEIN; ELECTROPHORETIC
86005	ALLERGEN SPECIFIC IGE; QU
86343	LEUKOCYTE HISTAMINE RELEA
86486	SKIN TEST; UNLISTED ANTIG
90378	RESPIRATORY SYNCYTIAL VIR
90801	PSYCHIATRIC DIAGNOSTIC IN
90802	INTERACTIVE PSYCHIATRIC D
90804	INDIVIDUAL PSYCHOTHERAPY,
90805	INDIVIDUAL PSYCHOTHERAPY,
90806	INDIVIDUAL PSYCHOTHERAPY,
90807	INDIVIDUAL PSYCHOTHERAPY,
90808	INDIVIDUAL PSYCHOTHERAPY,
90809	INDIVIDUAL PSYCHOTHERAPY,
90810	INDIVIDUAL PSYCHOTHERAPY,
90811	INDIVIDUAL PSYCHOTHERAPY,
90812	INDIVIDUAL PSYCHOTHERAPY,
90813	INDIVIDUAL PSYCHOTHERAPY,
90814	INDIVIDUAL PSYCHOTHERAPY,
90815	INDIVIDUAL PSYCHOTHERAPY,
90816	INDIVIDUAL PSYCHOTHERAPY,
90817	INDIVIDUAL PSYCHOTHERAPY,
90818	INDIVIDUAL PSYCHOTHERAPY,
90819	INDIVIDUAL PSYCHOTHERAPY,
90821	INDIVIDUAL PSYCHOTHERAPY,
90822	INDIVIDUAL PSYCHOTHERAPY,
90823	INDIVIDUAL PSYCHOTHERAPY,
90824	INDIVIDUAL PSYCHOTHERAPY,



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90826	INDIVIDUAL PSYCHOTHERAPY,
90827	INDIVIDUAL PSYCHOTHERAPY,
90828	INDIVIDUAL PSYCHOTHERAPY,
90829	INDIVIDUAL PSYCHOTHERAPY,
90845	PSYCHOANALYSIS
90846	FAMILY PSYCHOTHERAPY (WIT
90847	FAMILY PSYCHOTHERAPY (CON
90849	MULTIPLE-FAMILY GROUP PSY
90853	GROUP PSYCHOTHERAPY (OTHE
90857	INTERACTIVE GROUP PSYCHOT
90862	PHARMACOLOGIC MANAGEMENT,
90865	NARCOSYNTHESIS FOR PSYCHI
90870	ELECTROCONVULSIVE THERAPY
90875	INDIVIDUAL PSYCHOPHYSIOLO
90876	INDIVIDUAL PSYCHOPHYSIOLO
90880	HYPNOTHERAPY
90887	INTERPRETATION OR EXPLANA
90889	PREPARATION OF REPORT OF
90899	UNLISTED PSYCHIATRIC SERV
90901	BIOFEEDBACK TRAINING BY A
90911	BIOFEEDBACK TRAINING, PER
91035	ESOPHAGUS, GASTROESOPHAGE
91110	GASTROINTESTINAL TRACT IM
91299	UNLISTED DIAGNOSTIC GASTR
92002	OPHTHALMOLOGICAL SERVICES
92004	OPHTHALMOLOGICAL SERVICES
92012	OPHTHALMOLOGICAL SERVICES
92014	OPHTHALMOLOGICAL SERVICES
92015	DETERMINATION OF REFRACTI
92018	OPHTHALMOLOGICAL EXAMINAT
92019	OPHTHALMOLOGICAL EXAMINAT
92025	COMPUTERIZED CORNEAL TOPO
92060	SENSORIMOTOR EXAMINATION
92065	ORTHOPTIC AND/OR PLEOPTIC
92070	FITTING OF CONTACT LENS F
92081	VISUAL FIELD EXAMINATION,
92082	VISUAL FIELD EXAMINATION,
92083	VISUAL FIELD EXAMINATION,
92100	SERIAL TONOMETRY (SEPARAT
92120	TONOGRAPHY WITH INTERPRET
92130	TONOGRAPHY WITH WATER PRO

Procedure	Description
92135	SCANNING COMPUTERIZED OPH
92136	OPHTHALMIC BIOMETRY BY PA
92140	PROVOCATIVE TESTS FOR GLA
92225	OPHTHALMOSCOPY, EXTENDED,
92226	OPHTHALMOSCOPY, EXTENDED,
92230	FLUORESCEIN ANGIOSCOPY WI
92235	FLUORESCEIN ANGIOGRAPHY (
92240	INDOCYANINE-GREEN ANGIOGR
92250	FUNDUS PHOTOGRAPHY WITH I
92260	OPHTHALMODYNAMOMETRY
92265	NEEDLE OCULOECTROMYOGRA
92270	ELECTRO-OCULOGRAPHY WITH
92275	ELECTRORETINOGRAPHY WITH
92283	COLOR VISION EXAMINATION,
92284	DARK ADAPTATION EXAMINATI
92285	EXTERNAL OCULAR PHOTOGRAP
92286	SPECIAL ANTERIOR SEGMENT
92287	SPECIAL ANTERIOR SEGMENT
92310	PRESCRIPTION OF OPTICAL A
92311	PRESCRIPTION OF OPTICAL A
92312	PRESCRIPTION OF OPTICAL A
92313	PRESCRIPTION OF OPTICAL A
92314	PRESCRIPTION OF OPTICAL A
92315	PRESCRIPTION OF OPTICAL A
92316	PRESCRIPTION OF OPTICAL A
92317	PRESCRIPTION OF OPTICAL A
92325	MODIFICATION OF CONTACT L
92326	REPLACEMENT OF CONTACT LE
92340	FITTING OF SPECTACLES, EX
92341	FITTING OF SPECTACLES, EX
92342	FITTING OF SPECTACLES, EX
92352	FITTING OF SPECTACLE PROS
92353	FITTING OF SPECTACLE PROS
92354	FITTING OF SPECTACLE MOUN
92355	FITTING OF SPECTACLE MOUN
92358	PROSTHESIS SERVICE FOR AP
92370	REPAIR AND REFITTING SPEC
92371	REPAIR AND REFITTING SPEC
92499	UNLISTED OPHTHALMOLOGICAL
92507	TREATMENT OF SPEECH, LANG
92508	TREATMENT OF SPEECH, LANG



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92601	DIAGNOSTIC ANALYSIS OF CO
92602	DIAGNOSTIC ANALYSIS OF CO
92603	DIAGNOSTIC ANALYSIS OF CO
92604	DIAGNOSTIC ANALYSIS OF CO
92611	MOTION FLUOROSCOPIC EVALU
93015	CARDIOVASCULAR STRESS TES
93016	CARDIOVASCULAR STRESS TES
93017	CARDIOVASCULAR STRESS TES
93018	CARDIOVASCULAR STRESS TES
93303	TRANSTHORACIC ECHOCARDIOG
93304	TRANSTHORACIC ECHOCARDIOG
93306	ECHOCARDIOGRAPHY, TRANSTH
93307	ECHOCARDIOGRAPHY, TRANSTH
93308	ECHOCARDIOGRAPHY, TRANSTH
93312	ECHOCARDIOGRAPHY, TRANSES
93313	ECHOCARDIOGRAPHY, TRANSES
93314	ECHOCARDIOGRAPHY, TRANSES
93315	TRANSESOPHAGEAL ECHOCARDI
93316	TRANSESOPHAGEAL ECHOCARDI
93317	TRANSESOPHAGEAL ECHOCARDI
93318	ECHOCARDIOGRAPHY, TRANSES
93320	DOPPLER ECHOCARDIOGRAPHY,
93321	DOPPLER ECHOCARDIOGRAPHY,
93325	DOPPLER ECHOCARDIOGRAPHY
93350	ECHOCARDIOGRAPHY, TRANSTH
93351	ECHOCARDIOGRAPHY, TRANSTH
93352	USE OF ECHOCARDIOGRAPHIC
93501	RIGHT HEART CATHETERIZATI
93508	CATHETER PLACEMENT IN COR
93510	LEFT HEART CATHETERIZATIO
93511	LEFT HEART CATHETERIZATIO
93514	LEFT HEART CATHETERIZATIO
93524	COMBINED TRANSSEPTAL AND
93526	COMBINED RIGHT HEART CATH
93527	COMBINED RIGHT HEART CATH
93528	COMBINED RIGHT HEART CATH
93529	COMBINED RIGHT HEART CATH
93530	RIGHT HEART CATHETERIZATI
93531	COMBINED RIGHT HEART CATH
93532	COMBINED RIGHT HEART CATH
93533	COMBINED RIGHT HEART CATH

Procedure	Description
93539	INJECTION PROCEDURE DURIN
93540	INJECTION PROCEDURE DURIN
93543	INJECTION PROCEDURE DURIN
93544	INJECTION PROCEDURE DURIN
93545	INJECTION PROCEDURE DURIN
93555	INJECTION PROCEDURE DURIN
93556	IMAGING SUPERVISION, INTE
93620	IMAGING SUPERVISION, INTE
93621	COMPREHENSIVE ELECTROPHYS
93622	COMPREHENSIVE ELECTROPHYS
93623	PROGRAMMED STIMULATION AN
93797	PHYSICIAN SERVICES FOR OU
93798	PHYSICIAN SERVICES FOR OU
93875	NON-INVASIVE PHYSIOLOGIC
93880	DUPLEX SCAN OF EXTRACRANI
93882	DUPLEX SCAN OF EXTRACRANI
93886	TRANSCRANIAL DOPPLER STUD
93888	TRANSCRANIAL DOPPLER STUD
93890	TRANSCRANIAL DOPPLER STUD
93892	TRANSCRANIAL DOPPLER STUD
93893	TRANSCRANIAL DOPPLER STUD
93922	NONINVASIVE PHYSIOLOGIC S
93923	NON-INVASIVE PHYSIOLOGIC
93924	NON-INVASIVE PHYSIOLOGIC
93925	DUPLEX SCAN OF LOWER EXTR
93926	DUPLEX SCAN OF LOWER EXTR
93930	DUPLEX SCAN OF UPPER EXTR
93931	DUPLEX SCAN OF UPPER EXTR
93965	NON-INVASIVE PHYSIOLOGIC
93970	DUPLEX SCAN OF EXTREMITY
93971	DUPLEX SCAN OF EXTREMITY
93975	DUPLEX SCAN OF ARTERIAL I
93976	DUPLEX SCAN OF ARTERIAL I
93978	DUPLEX SCAN OF AORTA, INF
93979	DUPLEX SCAN OF AORTA, INF
93980	DUPLEX SCAN OF ARTERIAL I
93981	DUPLEX SCAN OF ARTERIAL I
93990	DUPLEX SCAN OF HEMODIALYS
95004	PERCUTANEOUS TESTS (SCRAT
95010	PERCUTANEOUS TESTS (SCRAT
95015	INTRACUTANEOUS (INTRADERM



Procedure	Description
95024	INTRACUTANEOUS (INTRADERM
95027	INTRACUTANEOUS (INTRADERM
95044	PATCH OR APPLICATION TEST
95052	PHOTO PATCH TEST(S) (SPEC
95056	PHOTO TESTS
95060	OPHTHALMIC MUCOUS MEMBRAN
95065	DIRECT NASAL MUCOUS MEMBR
95075	INGESTION CHALLENGE TEST
95115	PROFESSIONAL SERVICES FOR
95117	PROFESSIONAL SERVICES FOR
95120	PROFESSIONAL SERVICES FOR
95125	PROFESSIONAL SERVICES FOR
95130	PROFESSIONAL SERVICES FOR
95131	PROFESSIONAL SERVICES FOR
95132	PROFESSIONAL SERVICES FOR
95133	PROFESSIONAL SERVICES FOR
95134	PROFESSIONAL SERVICES FOR
95144	PROFESSIONAL SERVICES FOR
95145	PROFESSIONAL SERVICES FOR
95146	PROFESSIONAL SERVICES FOR
95147	PROFESSIONAL SERVICES FOR
95148	PROFESSIONAL SERVICES FOR
95149	PROFESSIONAL SERVICES FOR
95165	PROFESSIONAL SERVICES FOR
95170	PROFESSIONAL SERVICES FOR
95180	RAPID DESENSITIZATION PRO
95251	AMBULATORY CONTINUOUS GLU
95805	MULTIPLE SLEEP LATENCY OR
95806	SLEEP STUDY, SIMULTANEOUS
95807	SLEEP STUDY, SIMULTANEOUS
95808	POLYSOMNOGRAPHY; SLEEP ST
95810	POLYSOMNOGRAPHY; SLEEP ST
95811	POLYSOMNOGRAPHY; SLEEP ST
95819	ELECTROENCEPHALOGRAM (EEG
96105	ASSESSMENT OF APHASIA (IN
96111	DEVELOPMENTAL TESTING; EX
96413	CHEMOTHERAPY ADMINISTRATI
97001	PHYSICAL THERAPY EVALUATI
97002	PHYSICAL THERAPY RE-EVALU
97003	OCCUPATIONAL THERAPY EVAL
97004	OCCUPATIONAL THERAPY RE-E

Procedure	Description
97012	APPLICATION OF A MODALITY
97014	APPLICATION OF A MODALITY
97016	APPLICATION OF A MODALITY
97018	APPLICATION OF A MODALITY
97026	APPLICATION OF A MODALITY
97026	APPLICATION OF A MODALITY
97032	APPLICATION OF A MODALITY
97032	APPLICATION OF A MODALITY
97033	APPLICATION OF A MODALITY
97033	APPLICATION OF A MODALITY
97035	APPLICATION OF A MODALITY
97036	APPLICATION OF A MODALITY
97039	UNLISTED MODALITY (SPECIF
97110	THERAPEUTIC PROCEDURE, ON
97112	THERAPEUTIC PROCEDURE, ON
97113	THERAPEUTIC PROCEDURE, ON
97116	THERAPEUTIC PROCEDURE, ON
97139	UNLISTED THERAPEUTIC PROC
97140	MANUAL THERAPY TECHNIQUES
97150	THERAPEUTIC PROCEDURE(S),
97530	THERAPEUTIC ACTIVITIES, D
97532	DEVELOPMENT OF COGNITIVE
97533	SENSORY INTEGRATIVE TECHN
97535	SELF-CARE/HOME MANAGEMENT
97537	COMMUNITY/WORK REINTEGRAT
97542	WHEELCHAIR MANAGEMENT/PRO
97545	WORK HARDENING/CONDITIONI
97597	REMOVAL OF DEVITALIZED TI
97598	REMOVAL OF DEVITALIZED TI
97602	REMOVAL OF DEVITALIZED TI
97750	PHYSICAL PERFORMANCE TEST
97799	UNLISTED PHYSICAL MEDICIN
97802	MEDICAL NUTRITION THERAPY
97803	MEDICAL NUTRITION THERAPY
97804	MEDICAL NUTRITION THERAPY
98940	CHIROPRACTIC MANIPULATIVE
98941	CHIROPRACTIC MANIPULATIVE
98942	CHIROPRACTIC MANIPULATIVE
98943	CHIROPRACTIC MANIPULATIVE
99183	PHYSICIAN ATTENDANCE AND
99477	INITIAL HOSPITAL CARE, PE



Procedure	Description
99500	HOME VISIT FOR PRENATAL M
99501	HOME VISIT FOR POSTNATAL
99502	HOME VISIT FOR NEWBORN CA
99503	HOME VISIT FOR RESPIRATOR
99504	HOME VISIT FOR MECHANICAL
99505	HOME VISIT FOR STOMA CARE
99506	HOME VISIT FOR INTRAMUSCU
99507	HOME VISIT FOR CARE AND M
99508	HOME VISIT FOR POLYSOMNOG
99509	HOME VISIT FOR ASSISTANCE
99510	HOME VISIT FOR INDIVIDUAL
99511	HOME VISIT FOR FECAL IMPA
99512	HOME VISIT FOR HEMODIALYS
99539	UNLISTED HOME VISIT SERVI
99551	HOME INFUSION FOR PAIN MA
99552	HOME INFUSION FOR PAIN MA
99553	HOME INFUSION FOR TOCOLYT
99554	HOME INFUSION FOR HEMATOP
99555	HOME INFUSION FOR CHEMOTH
99556	HOME INFUSION FOR ANTIBIO
99557	HOME INFUSION OF CONTINUO
99558	HOME INFUSION OF IMMUNOTH
99559	HOME INFUSION OF PERITONE
99560	HOME INFUSION OF ENTERAL
99561	HOME INFUSION OF HYDRATIO
99562	HOME INFUSION OF TOTAL PA
99563	HOME ADMINISTRATION OF AE
99564	HOME INFUSION FOR ANTI-HE
99565	HOME INFUSION OF ALPHA-1-
99566	HOME INFUSION FOR UNINTER
99567	HOME INFUSION OF SYMPATHO
99568	HOME INFUSION OF MISCELLA
99569	HOME INFUSION, EACH ADDIT
99600	UNLISTED HOME VISIT SERVI
99601	HOME INFUSION/SPECIALTY D
99602	HOME INFUSION/SPECIALTY D
0159T	COMPUTER AIDED DETECTION,
A4432	OSTOMY POUCH, URINARY; FO
A4641	SUPPLY OF RADIOPHARMACEUT
A4642	SUPPLY OF SATUMOMAB PENDE
A9500	SUPPLY OF RADIOPHARMACEUT

Procedure	Description
A9501	TECHNETIUM TC-99M TEBOROX
A9502	SUPPLY OF RADIOPHARMACEUT
A9503	SUPPLY OF RADIOPHARMACEUT
A9504	SUPPLY OF RADIOPHARMACEUT
A9505	MILLICURIE RADIOPHARMACET
A9507	SUPPLY OF RADIOPHARMACEUT
A9508	MILLICURIE RADIOPHARMACUT
A9509	IODINE I-123 SODIUM IODID
A9510	SUPPLY OF RADIOPHARMACEUT
A9512	MILLICURE RADIOPHARMACEUT
A9516	PER 100 RADIOPHARMACEUT
A9521	SUPPLY OF RADIOPHARMACEUT
A9524	PER 5 MICROCURI RADIOPHAR
A9526	SUPPLY OF RADIOPHARMACEUT
A9528	MILLICURIERADIOPHARMACEUT
A9529	MILLICURIERADIOPHARMACEUT
A9531	MICROCURIERADIOPHARMACEUT
A9532	PER 5 MICROCURIES RADIOPH
A9536	TECHNETIUM TC-99M DEPPEOT
A9537	TECHNETIUM TC-99M MEBROFE
A9538	TECHNETIUM TC-99M PYRPHO
A9539	TECHNETIUM TC-99M PENTETA
A9540	TECHNETIUM TC-99M MACROAG
A9541	TECHNETIUM TC-99M SULFUR
A9544	IODINE I-131 TOSITUMOMAB,
A9546	COBALT CO-57/58, CYANOCOB
A9547	INDIUM IN-111 OXYQUINOLIN
A9548	INDIUM IN-111 PENTETATE,
A9550	TECHNETIUM TC-99M SODIUM
A9551	TECHNETIUM TC-99M SUCCIME
A9552	FLUORODEOXYGLUCOSE F-18 F
A9553	CHROMIUM CR-51 SODIUM CHR
A9554	IODINE I-125 SODIUM IOTHA
A9555	RUBIDIUM RB-82, DIAGNOSTI
A9556	GALLIUM GA-67 CITRATE, DI
A9557	TECHNETIUM TC-99M BICISAT
A9558	XENON XE-133 GAS, DIAGNOS
A9559	COBALT CO-57 CYANOCOBALAM
A9560	TECHNETIUM TC-99M LABELED
A9561	TECHNETIUM TC-99M OXIDRON
A9562	TECHNETIUM TC-99M MERTIAT



Procedure	Description
A9566	TECHNETIUM TC-99M FANOLES
A9567	TECHNETIUM TC-99M PENTETA
A9568	TECHNETIUM TC-99M ARCITUM
A9569	TECHNETIUM TC-99M EXAMETA
A9570	INDIUM IN-111 LABELED AUT
A9571	INDIUM IN-111 LABELED AUT
A9572	INDIUM IN-111 PENTETREOTI
A9576	INJECTION, GADOTERIDOL, (
A9577	INJECTION, GADOBENATE DIM
A9578	INJECTION, GADOBENATE DIM
A9579	INJECTION, GADOLINIUM-BAS
A9580	SODIUM FLUORIDE F-18, DIA
A9700	SUPPLY OF INJECTABLE CONT
C8902	MAGNETIC RESONANCE ANGIOG
C8920	MAGNETIC RESONANCE ANGIOG
E2220	MANUAL WHEELCHAIR ACCESSO
G0369	PHARMACY SUPPLY FEE FOR T
K0639	LUMBAR-SACRAL ORTHOSIS, S
Q9951	LOW OSMOLAR CONTRAST MATE
Q9953	INJECTION, IRON-BASED MAG
Q9955	INJECTION PERFLEXANE LIPI
Q9956	INJECTION, OCTAFLOUROPROP
Q9957	INJECTION, PERFLUTREN LIP
Q9965	LOW OSMOLAR CONTRAST MATE
Q9966	LOW OSMOLAR CONTRAST MATE
Q9967	LOW OSMOLAR CONTRAST MATE
S0091	GRANISETRON HYDROCHLORIDE
S0181	ONDANSETRON HYDROCHLORIDE
S5135	COMPANION CARE, ADULT (E.
S5136	COMPANION CARE, ADULT (E.
S9470	NUTRITIONAL COUNSELING, D
T1021	HOME HEALTH AIDE OR CERTI

