



2023 Medicare Prior Authorization Grid

Please Note:

1. Services not reflected on this authorization grid do not require authorization.
2. All services must be medically necessary, subject to CMS regulations.
3. Payment is based on benefits in effect at the time of service, member eligibility and medical necessity.
4. HMO SNP members require a prior authorization for ALL out-of-network services.
5. PPO Plans do NOT require a prior authorization for out-of-network services.
6. Retroactive requests (services already rendered) need to be submitted as a claim.
7. Prior authorization is not required for emergent inpatient admission; however, authorization of an inpatient or observation stay is required prior to claim payment. Please submit a notification to allow for authorization entry and concurrent review.
8. Codes may not be categorized in an area that you are familiar, please search the entire document.
9. Emergent/Urgent Services do not require prior authorization, please make sure to follow appropriate billing practices to indicate emergency/urgent if applicable.

This first table is a high-level listing of PAs required. Codes by Category can be found on the following pages, listed in alphabetical order by category.

Authorization is required for the following services/procedures
Inpatient Hospital Services
Inpatient Hospital / Inpatient Rehabilitation / Psychiatric Inpatient Hospital / Planned Inpatient Surgeries
Inpatient and Observation Stays
Skilled Nursing Facility Services
All SNF Services
Home Health Services
All Home Health Services
Occupational Therapy Services
Occupational Therapy requires prior authorization after the first 20 visits per plan year
Physical and Speech Therapy Services
Physical Therapy & Speech Therapy require prior authorization after the first 20 visits per plan year (combined)

Cardiac Rehabilitation Services
Cardiac Rehabilitation Services require prior authorization after the first 36 visits per plan year
Pulmonary Rehabilitation Services
Pulmonary Rehabilitation Services require prior authorization after the first 36 visits per plan year
Ambulance Services
Only non-emergency ambulance transportation requires prior authorization
Durable Medical Equipment (DME), Prosthetics/Medical Supplies and Diabetic Supplies and Services
All DME Rentals
DME purchases exceeding \$750.00 (billed amount per line item)
Prosthetics/Medical Supplies purchases exceeding \$750.00 (billed amount per line item)
Diabetic supplies and services exceeding \$750.00 billed amount and for blood glucose monitoring supplies exceeding the following limits: 300 test strips and 300 lancets per 90-day supply for individuals who are non-Insulin dependent 500 test strips and 500 lancets per 90-day supply for individuals who are Insulin dependent 1 lancet device per 6 months for both Insulin dependent and non-Insulin dependent individuals 1 continuous glucose monitor per 6 months for both Insulin dependent and non-Insulin dependent individuals **Preferred Test Strips - OneTouch by LifeScan Or FreeStyle by Abbott's. Preferred Continuous Glucose Monitoring system - FreeStyle Libre (Abbott's) or Dexcom. Non-preferred test strips and monitoring systems require prior authorization, regardless of quantity.
Other Services – SNP Plans Only
97802 Medical nutrition, indiv, initial - up to one hour (4 units) per year
97803 Medical nutrition, indiv, subseq - up to one hour (4 units) per year
97804 Medical nutrition, group - up to 4 hours (16 units total) per year

Cardiovascular

Code	Description
37650	Ligation Of Femoral Vein
37660	Ligation Of Common Iliac Vein
37700	Ligation And Division Of Long Saphenous Vein At Saphenofemoral Junction, Or
37718	Ligation, division, and stripping, short saphenous vein
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37735	Ligation And Division And Complete Stripping Of Long Or Short Saphenous Veins
37760	Ligation Of Perforator Veins, Subfascial, Radical (Linton Type), Including Skin
37761	Ligation Of Perforator Vein(S), Subfascial, Open, Including Ultrasound Guidance
37780	Ligation And Division Of Short Saphenous Vein At Saphenopopliteal Junction
37785	Ligation, Division, And/Or Excision Of Varicose Vein Cluster(S), One Leg
33880	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
33881	Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein; accessory saphenous vein)
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein; accessory saphenous vein), same leg
36470	Injection Of Sclerosing Solution; Single Vein
36471	Injection Of Sclerosing Solution; Multiple Veins, Same Leg
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery

37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery
37790, 37799	Other Artery and Vein Procedures

Diagnostic Radiology	
Code	Description
70496	Ct angiography head
70540	MRI orbit/face/neck w/o dye
70542	MRI orbit/face/neck w/dye
70543	MRI orbt/fac/nck w/o &w/dye
70544	MR Angiography head w/o dye
70545	MR Angiography head w/dye
70546	MR Angiograph head w/o&w/dye
70547	MR Angiography neck w/o dye
70548	MR Angiography neck w/dye
70549	MR Angiograph neck w/o&w/dye
71550	MRI chest w/o dye
71551	MRI chest w/dye
71552	MRI chest w/o & w/dye
71555	MRI angio chest w or w/o dye
72141	MRI neck spine w/o dye
72142	MRI neck spine w/dye
72146	MRI chest spine w/o dye
72147	MRI chest spine w/dye
72148	MRI lumbar spine w/o dye
72149	MRI lumbar spine w/dye
72156	MRI neck spine w/o & w/dye
72157	MRI chest spine w/o & w/dye
72158	MRI lumbar spine w/o & w/dye
72191	CT angiograph pelv w/o&w/dye
72195	MRI pelvis w/o dye
72196	MRI pelvis w/dye
72197	MRI pelvis w/o & w/dye
72240	Myelography neck spine
72255	Myelography thoracic spine
72265	Myelography l-s spine
72270	Myelogphy 2/> spine regions
73218	MRI upper extremity w/o dye
73219	MRI upper extremity w/dye
73220	MRI upper extremity w/o&w/dye
73221	MRI joint upper extremity w/o dye
73222	MRI joint upper extremity w/dye
73223	MRI joint upper extremity w/o&w/dye
70336	Magnetic image jaw joint
73718	MRI lower extremity w/o dye
73719	MRI lower extremity w/dye
73720	MRI lower extremity w/o&w/dye
73721	MRI joint of lower extremity w/o dye

73722	MRI joint of lower extremity w/dye
73723	MRI joint lower extremity w/o&w/dye
74181	MRI abdomen w/o dye
74182	MRI abdomen w/dye
74183	MRI abdomen w/o & w/dye
74185	MRI angio abdom w orw/o dye
75557	Cardiac MRI for morph
75559	Cardiac MRI w/stress img
75561	Cardiac MRI for morph w/dye
75563	Cardiac MRI w/stress img & dye
75565	Cardiac MRI veloc flow mapping
75898	Follow-up angiography
76498	MRI Procedure
77021	MRI guidance ndl plmt rs&i
77022	MRI gdn parnchyma tiss abltj
77046	MRI breast c- unilateral
77047	MRI breast c- bilateral
72198	MRA pelvis w/o & w/dye
72159	MRA spine w/o & w/dye
73225	MRA upr extr w/o & w/dye
73725	MRA ang lwr ext w or w/o dye
77048	MRI Breast c-+ w/cad uni
77049	MRI Breast c-+ w/cad bi
78299	GI nuclear procedure
78399	Musculoskeletal nuclear exam
78459	Heart muscle imaging (pet)
78466	Heart infarct image
78468	Heart infarct image (ef)
78469	Heart infarct image (3d)
78472	Gated heart planar single
78473	Gated heart multiple
78481	Heart first pass single
78483	Heart first pass multiple
78491	Heart image (pet) single
78492	Heart image (pet) multiple
78494	Heart image spect
78496	Heart first pass add-on
78499	Cardiovascular nuclear exam
78579	Lung ventilation imaging
78580	Lung perfusion imaging
78597	Lung perfusion differential
78598	Lung perfusion&ventilation differential
78599	Respiratory nuclear exam
78600	Brain image < 4 views
78601	Brain image w/flow < 4 views
78605	Brain image w/flow < 4 views
78606	Brain image w/flow 4 + views
78607	Brain imaging (3d)
78608	Brain imaging (pet)
78610	Brain flow imaging only
78630	Cerebrospinal fluid scan
78635	CSF ventriculography
78645	CSF shunt evaluation

78647	Cerebrospinal fluid scan
78650	CSF leakage imaging
78660	Nuclear exam of tear flow
78699	Nervous system nuclear exam
78700	Kidney imaging morphol
78701	Kidney imaging with flow
78708	K flow/funct image w/drug
78709	K flow/funct image multiple
78710	Kidney imaging (3d)
78725	Kidney function study
78730	Urinary bladder retention
78740	Ureteral reflux study
78761	Testicular imaging w/flow
78799	Genitourinary nuclear exam
78800	Tumor imaging limited area
78801	Tumor imaging multiple areas
78802	Tumor imaging whole body
78803	Tumor imaging (3d)
78804	Tumor imaging whole body
78805	Abscess imaging limited area
78806	Abscess imaging whole body
78807	Nuclear localization/abscess
78812	Pet image skull-thigh
78813	Pet image full body
78814	Pet image w/CT limited
78999	Nuclear diagnostic exam
79005	Nuclear rx oral admin
79101	Nuclear rx iv admin
79200	Nuclear rx intracav admin
79300	Nuclear rx interstit colloid
79403	Hematopoietic nuclear tx
79440	Nuclear rx intra-articular
79445	Nuclear rx intra-arterial
79999	Nuclear medicine therapy
78015	Thyroid met imaging
78016	Thyroid met imaging/studies
78018	Thyroid met imaging body
78020	Thyroid met uptake
78075	Adrenal cortex & medulla img
78099	Endocrine nuclear procedure
78199	Blood/lymph nuclear exam
78201	Liver imaging

ENT	
Code	Description
30130	Excision inferior turbinate, partial or complete, any method
30140	Submucous resection inferior turbinate, partial or complete, any method
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty Primary W/Major Septal Repair
30430	Rhinoplasty Secondary Minor Revision

30435	Rhinoplasty Secondary Intermediate Revision
30450	Rhinoplasty Secondary Major Revision
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	Rhinoplasty for Columella Lengthening Tip Septum Osteotomy
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
30520	Septoplasty Or Submucous Resection, With Or Without Cartilage Scoring, Contouring Or Replacement With Graft
30801	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction; superficial)
30802	Ablation, soft tissue of inferior turbinates, unilateral or bilateral, any method (eg, electrocautery, radiofrequency ablation, or tissue volume reduction); intramural (ie, submucosal)
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes
42145	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
69805	Endolymphatic sac operation ; without shunt
69806	Endolymphatic sac operation ; with shunt
69930	Cochlear device implantation, with or without mastoidectomy
69949	Unlisted procedure, inner ear
69711	remove/repair hearing aid
69930	implant cochlear device
92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive
92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited
G0186	Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions)

Genetic Testing	
Code	Description
81162	Brca1 brca2 gene alysis full seq full dup/del alysis
81163	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
81164	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
81165	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
81166	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
81167	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
81171	Aff2 (af4/fmr2 family, member 2 [fmr2]) (eg, fragile x mental retardation 2 [fraxe]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles

81172	Aff2 (af4/fmr2 family, member 2 [fmr2]) (eg, fragile x mental retardation 2 [fraxe]) gene analysis; characterization of alleles (eg, expanded size and methylation status)
81173	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; full gene sequence
81174	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; known familial variant
81177	Atn1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81178	Txn1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81179	Atxn2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81180	Atxn3 (ataxin 3) (eg, spinocerebellar ataxia, machado-joseph disease) gene analysis, evaluation to detect abnormal alleles
81181	Atxn7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81182	Atxn8os (atxn8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81183	Atxn10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81184	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
81185	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; full gene sequence
81186	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; known familial variant
81187	Cnbp (cchc-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81188	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
81189	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; full gene sequence
81190	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; known familial variant(s)
81200	Aspa gene analysis common variants
81201	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; full gene sequence
81202	Apc gene analysis known familial variants
81203	Apc gene analysis duplication/deletion variants
81204	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or methylation status)
81205	Bckdhd gene analysis common variants
81210	Braf (b-raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, v600 variant(s)
81212	Brca1 brca 2 gen alysis 185delag 5385insc 6174delt
81215	Brca1 gene analysis known familial variant
81216	Brca2 gene analysis full sequence analysis
81217	Brca2 gene analysis known familial variant
81219	Calr (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9

81225	Cyp2c19 gene analysis common variants
81227	Cyp2c9 gene analysis common variants
81228	Cytogenom const microarray copy number variants
81229	Cytogenom const microarray copy number&snp var
81233	Btk (bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, c481s, c481r, c481f)
81234	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles
81236	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence
81237	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large b-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)
81239	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)
81241	F5 (coagulation factor v) (eg, hereditary hypercoagulability) gene analysis, leiden variant
81243	Fmr1 analysis eval to detect abnormal alleles
81244	Fmr1 gene analysis characterization of alleles
81250	G6pc gene analysis common variants
81254	Gjb6 (gap junction protein, beta 6, 30kda, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(gjb6-d13s1830)] and 232kb [del(gjb6-d13s1854)])
81255	Hexa gene analysis common variants
81256	Hfe (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, c282y, h63d)
81257	Hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, hb bart hydrops fetalis syndrome, hbh disease), gene analysis; common deletions or variant (eg, southeast)
81260	Ikbkap gene analysis common variants
81271	Htt (huntingtin) (eg, huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
81272	Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [gist], acute myeloid leukemia, melanoma), gene analysis, targeted sequ
81273	Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, d816 variant(s)
81274	Htt (huntingtin) (eg, huntington disease) gene analysis; characterization of alleles (eg, expanded size)
81275	Kras (kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)
81276	Kras (kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities
81284	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles
81285	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)
81286	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; full gene sequence
81288	Mlh1 gene analysis promoter methylation analysis
81289	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; known familial variant(s)

81290	Mcoln1 mucolipin1 gene analysis common variants
81292	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis
81293	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants
81295	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis
81296	Msh2 gene analysis known familial variants
81298	Msh6 (muts homolog 6 [e. Coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis
81299	Msh6 gene analysis known familial variants
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes com
81302	Mecp2 gene analysis full sequence
81303	Mecp2 gene analysis known familial variant
81304	Mecp2 gene analysis duplication/deletion variant
81305	Myd88 (myeloid differentiation primary response 88) (eg, waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.leu265pro (l265p) variant
81306	Nudt15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)
81307	Palb2 (partner and localizer of brca2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence
81308	Palb2 (partner and localizer of brca2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence
81309	Pik3ca (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9, 20)
81312	Pabpn1 (poly[a] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81313	Pca3/klk3 prostate specific antigen ratio
81314	Pdgfra (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [gist]), gene analysis, targeted sequence analysis (eg, exons 12, 18)
81315	Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intro
81316	Pml/raralpha single breakpoint qual/quan
81317	Pms2 (postmeiotic segregation increased 2 [s. Cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis
81318	Pms2 gene analysis known familial variants
81320	Plcg2 (phospholipase c gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, r665w, s707f, l845f)
81321	Pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome) gene analysis; full sequence analysis
81322	Pten gene analysis known familial variant
81323	Duplication/deletion variant
81324	Pmp22 gene anal duplication/deletion analysis

81325	Pmp22 gene analysis full sequence analysis
81326	Pmp22 gene analysis known familial variant
81327	Sept9 gene promoter methylation analysis
81330	Smpd1 gene analysis common variants
81331	Snrpn/ube3a methylation analysis
81332	Serpina1 gene analysis common variants
81333	Tgfbi (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, r124h, r124c, r124l, r555w, r555q)
81336	Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
81337	Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)
81343	Ppp2r2b (protein phosphatase 2 regulatory subunit bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81344	Tbp (tata box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles
81345	Tert (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)
81350	Ugt1a1 gene analysis common variants
81355	Vkorc1 gene analysis common variant(s)
81401	Molecular pathology procedure, level 2 (eg, 2-10 snps, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dy
81402	Molecular pathology procedure, level 3 (eg, >10 snps, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobul
81403	Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10 amplicons using multiplex pcr in 2 or more independent reactions,
81404	Molecular pathology procedure, level 5 (eg, analysis of 2-5 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterizati
81405	Molecular pathology procedure, level 6 (eg, analysis of 6-10 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targ
81406	Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic ar
81407	Molecular pathology procedure level 8
81408	Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis)
81410	Aortic dysfunction or dilation (eg, marfan syndrome, loeys dietz syndrome, ehler danlos syndrome type iv, arterial tortuosity syndrome); genomic sequence analysis panel, must include sequencing of at least 9 genes, including fbn1, tgfb1, tgfb2, col3a1, myh11, acta2, slc2a10, smad3, and mylk
81411	Aortic dysfunction or dilation (eg, marfan syndrome, loeys dietz syndrome, ehler danlos syndrome type iv, arterial tortuosity syndrome); duplication/deletion analysis panel, must include analyses for tgfb1, tgfb2, myh11, and col3a1
81412	Ashkenazi jewish assoc dsrdrs gen seq anal 9 gen
81413	Car ion chnnp1path genomic seq alysis inc 10 gns
81414	Car ion chnnp1path dup/del gn alysis panel 2 genes
81415	Exome sequence analysis
81416	Exome sequence analysis each comparator exome

81417	Exome re-eval of previously obtained exome seq
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy x) genomic sequence analysis panel, circulating cell-free fetal dna in maternal blood, must include analysis of chromosomes 13, 18, and 21
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer); genomic sequence analysis panel, must incl
81433	Hereditary brst ca-related dup/del analysis
81435	Hereditary colon ca dsrdrs gen seq analys 10 gen
81436	Hereditary colon ca dsrdrs dup/del analys 5 gen
81437	Heredtry nurondcrn tum dsrdrs gen seq anal 6 gen
81438	Heredtry nurondcrn tum dsrdrs dup/del analysis
81439	Hereditary cardiomyopathy gen seq analys 5 gen
81442	Noonan spectrum disorders gen seq analys 12 gen
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, ashkenazi jewish-associated disorders [eg, bloom syndrome, canavan disease, fanconi anemia type c, mucopolysaccharidosis type vi, gaucher disease, tay-sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, acadm, arsa, aspa, atp7b, bckdha, bckdha, bldm, cftr, dhcr7, fancc, g6pc, gaa, galt, gba, gbe1, hbb, hexa, ikbkap, mcoln1, pah)
81450	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, dna analysis, and rna analysis when performed, 5-50 genes (eg, braf, cebpa, dnmt3a, ezh2, flt3, idh1, idh2, jak2, kras, kit, mll, nras, npm1, notch1), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed
81455	copy number variants or rearrangements, if performed
81460	Whole mitochondrial genome (eg, leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [melas], myoclonic epilepsy with ragged-red fibers [
81465	Whole mitochondrial genome large deletion analysis panel (eg, kearns-sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if performed
81479	Unlisted molecular pathology procedure
81503	Oncology (ovarian), biochemical assays of five proteins, utilizing serum, algo rithm reported as a risk score
81518	Oncology (breast), mrna, gene expression profiling by real-time rt-pcr of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy
81519	Oncology (breast), mrna, gene expression profiling by real-time rt-pcr of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score
81522	Oncology (breast), mrna, gene expression profiling by rt-pcr of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk score
81525	Oncology colon mrna gene expression 12 genes
81538	Oncology lung ms 8-protein signature
81541	Oncology (prostate), mrna gene expression profiling by real-time rt-pcr of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a disease-specific mortality risk score
81542	Oncology (prostate), mrna, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin- embedded tissue, algorithm reported as metastasis risk score

81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)
81552	Oncology (uveal melanoma), mrna, gene expression profiling by real-time rt-pcr of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed paraffin-embedded tissue, algorithm reported as risk of metastasis
84999	Unlisted chemistry procedure
88271	Molecular cytogenetics dna probe each
88273	Molecular cytogenetics chromol ish 10-30 cll
88275	Molec cytg interphase ish analyze 100-300 cll
88291	Cytogenetics&molec cytogenetics interp&rep
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa, and array cgh, with mrna analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa, and array cgh, with mrna analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], epcam [deletion/duplication only])
S3854	Gene expression profiling panel for use in the management of breast cancer treatment
S3861	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mutation in the family
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability

Hospital and Ambulatory Surgery Center Surgeries/Procedures

Code	Description
15824	Rhytidectomy Forehead
15825	Rhytidectomy Neck W/Platysmal Tightening
15826	Rhytidectomy Glabellar Frown Lines
15828	Rhytidectomy Cheek Chin&Neck
15829	Rhytidectomy Smas Flap
43644	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And Ro
43645	Laparoscopy, Surgical, Gastric Restrictive Procedure; With Gastric Bypass And
43647	Laparoscopy, Surgical; Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum
43659	Unlisted laparoscopy procedure, stomach
43770	Laparoscopy, Surgical, Gastric Restrictive Procedure; Placement Of Adjustable Gast
43771	Laparoscopy, Surgical, Gastric Restrictive Procedure; Revision Of Adjustable Gast
43772	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gast

43773	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal And Replacement Of
43774	Laparoscopy, Surgical, Gastric Restrictive Procedure; Removal Of Adjustable Gast
43330	Esophagomyotomy (Heller type); abdominal approach
43331	Esophagomyotomy (Heller type); thoracic approach
43840	Gastrorrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury
43843	Gstr Rstcv W/O Byp Oth/Thn Ver-Banded Gstp
43845	Gastric Rstcv W/Prtl Gastrectomy 50-100 Cm
43846	Gastric Rstcv W/Byp W/Short Limb 150 Cm/<
43847	Gastric Rstcv W/Byp W/Sm Int Rcnstj Limit Absrj
43848	Revision Open Gastric Restrictive Px Not Device
43881	Implantation Or Replacement Of Gastric Neurostimulator Electrodes, Antrum, Open
43882	Revision Or Removal Of Gastric Neurostimulator Electrodes, Antrum, Open
43886	Gstr Rstcv Px Opn Revj Subq Port Component Only
43887	Gstr Rstcv Px Opn Rmvl Subq Port Component Only
43888	Gstr Rstcv Opn Rmvl&Rplcmt Subq Port
47370	Laparoscopy, surgical, ablation of one or more liver tumor(s) ;radiofrequency
47380	Ablation, open, of one or more liver tumor(s); radiofrequency
47382	Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19300	Mastectomy for gynecomastia
19316	Mastopexy
19318	Reduction Mammoplasty
19324	Mammoplasty Augmentation W/O Prosthetic Implant
19325	Mammoplasty, Augmentation; With Prosthetic Implant
19328	Removal Of Intact Mammary Implant
19330	Removal Of Mammary Implant Material
19340	Immediate Insertion Of Breast Prosthesis Following Mastopexy, Mastectomy Or In
19342	Delayed Insertion Of Breast Prosthesis Following Mastopexy, Mastectomy Or In
19350	Nipple/Areola Reconstruction
19355	Correction Of Inverted Nipples
19357	Breast Reconstruction, Immediate Or Delayed, With Tissue Expander, Including
19361	Breast Reconstruction With Latissimus Dorsi Flap, Without Prosthetic Implant
19364	Breast Reconstruction With Free Flap
19366	Breast Reconstruction With Other Technique
19367	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
19368	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
19369	Breast Reconstruction With Transverse Rectus Abdominis Myocutaneous Flap
19370	Open Periprosthetic Capsulotomy, Breast
19371	Periprosthetic Capsulectomy, Breast
19380	Revision Of Reconstructed Breast
19396	Preparation Moulage Custom Breast Implant
21141	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any
21142	Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any
21143	Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In Any
21145	Reconstruction Midface, Lefort I; Single Piece, Segment Movement In Any
21146	Reconstruction Midface, Lefort I; Two Pieces, Segment Movement In Any

21147	Reconstruction Midface, Lefort I; Three Or More Pieces, Segment Movement In Any
21150	Reconstruction Midface, Lefort Ii; Anterior Intrusion (Eg, Treacher-Collins
21151	Reconstruction Midface, Lefort Ii; Any Direction, Requiring Bone Grafts
21154	Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone
21155	Reconstruction Midface, Lefort Iii (Extracranial), Any Type, Requiring Bone
21159	Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead
21160	Reconstruction Midface, Lefort Iii (Extra And Intracranial) With Forehead
21172	Rcnstj Superior-Lateral Orbital Rim&Lower Fhd
21175	Rcnstj Bifrontal Superior-Lat Orb Rims&Lwr Fhd
21179	Rcnstj Forehead&/Supraorb Rims W/Algrf/Prostc
21180	Rcnstj Forehead&/Supraorbital Rims W/Autograft
21181	Rcnstj Contouring Benign Tumor Crnl Bones Xtrc
21182	Rcnstj Orbit/Fhd/Nasethmd Exc B9 Tum Grf <40Sqcm
21183	Rcnstj Orbit/Fhd/Nasethmd Exc B9 Grf >40 <80Sqcm
21184	Rcnstj Orbit/Fhd/Nasethmd Exc B9 Tum Grf>80Sq Cm
21188	Reconstruction Midface, Osteotomies (Other Than Lefort Type) And Bone Grafts
21193	Rcnstj Mndblr Rami Hrzntl/Ver/C/L Osteot W/O Grf
21194	Rcnstj Mndblr Rami Hrzntl/Ver/C/L Osteot W/Graft
21195	Rcnstj Mndblr Rami&/Body Sgtl Splt W/O Int Rgd
21196	Rcnstj Mndblr Rami&/Bdy Sgtl Splt W/Int Rgd Fixj
21198	Osteotomy,Mandible, Segmental
21199	Osteotomy Mandible Sgmtl W/Genioglossus Advmnt
21206	Osteotomy Maxilla Segmental
21121	Genioplasty Sliding Osteotomy Single Piece
21122	Genioplasty 2/> Sliding Osteotomies
21123	Geniop Sliding Agmntj W/Interposal Bone Grafts
21125	Agmntj Mndblr Body/Angle Prosthetic Material
21127	Agmntj Mndblr Bdy/Angl W/B1 Grf Onlay/Interposal
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal
21120	Genioplasty Augmentation
19499	Unlisted Procedure Breast
21085	Impression and custom preparation; oral surgical splint
21244	Rcnstj Mndbl Xtroral W/Transosteal Bone Plate
21245	Rcnstj Mndbl/Maxl Subpriosteal Implant Partial
21246	Rcnstj Mndbl/Maxl Subpriosteal Implant Complete
21247	Rcnstj Mndblr Condyle W/Bone Cartlg Autografts
21248	Rcnstj Mandible/Maxl Endosteal Implant Partial
21249	Rcnstj Mandible/Maxl Endosteal Implant Complete
21255	Rcnstj Zygmtc Arch/Glenoid Fossa W/Bone Cartlg
21256	Reconstruction Orbit W/Osteotomies&Bone Grafts
21270	Malar Augmentation Prosthetic Material
21275	Secondary Revision Orbitocraniofacial Rcnstj
21280	Medial Canthopexy (Separate Procedure)
21282	Lateral Canthopexy
21295	Reduction Masseter Muscle&Bone Extraoral
21296	Reduction Masseter Muscle&Bone Intraoral
21299	Unlisted Craniofacial&Maxillofacial Procedure
22206	Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, One Ver

22207	Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, One Ver
22208	Osteotomy Of Spine, Posterior Or Posterolateral Approach, Three Columns, One Ver
22210	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral Segment;
22212	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral
22214	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral
22216	Osteotomy Of Spine, Posterior Or Posterolateral Approach, One Vertebral
22220	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral
22222	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral
22224	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral
22226	Osteotomy Of Spine, Including Diskectomy, Anterior Approach, Single Vertebral
31830	Revision of tracheostomy scar
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision excessive skin and subcutaneous tissue Thigh
15833	Excision excessive skin and subcutaneous tissue Leg
15834	Excision excessive skin and subcutaneous tissue Hip
15835	Excision excessive skin and subcutaneous tissue Buttock
15836	Excision excessive skin and subcutaneous tissue Arm
15837	Excision excessive skin and subcutaneous tissue Forearm/Hand
15838	Excision excessive skin and subcutaneous tissue Submental Fat Pad
15839	
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication)(List separately in addition to code for primary procedure)
15876	Suction Assisted Lipectomy Head&Neck
15877	Suction Assisted Lipectomy Trunk
15878	Suction Assisted Lipectomy Upper Extremity
15879	Suction Assisted Lipectomy Lower Extremity
48999	Other Procedures on the Pancreas
43870, 43999	Other Procedures on the Stomach
69714	temple bone stimulator implant
69715	temple bone stimulator implant
69720	release facial nerve
69725	release facial nerve
69740	repair facial nerve
69745	repair facial nerve
68700	Plastic repair of canaliculi
21435	Open treatment of craniofacial separation (LeFort III type); complicated, utilizing internal and/or external fixation techniques
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
43279	Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed

21421	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
G0329	Electromagnetic therapy, to one or more areas for chronic stage III and stage IV pressure ulcers, arterial ulcers, diabetic ulcers and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care as part of a therapy plan of care

Neurosurgery	
Code	Description
22100, 22101, 22102, 22103	Partial Excision Of Posterior Vertebral Component (Eg, Spinous Process, Lamina
22110, 22112, 22114, 22116	Partial Excision Of Vertebral Body, For Intrinsic Bony Lesion, Without
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance ; cervicothoracic
22511	Perq Vertebroplasty Uni/Bi Injection Lumbosacral
22512	Vertebroplasty Each Addl Cervicothor/Lumbosacral
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance ; thoracic
22514	Perq Vert Agmntj Cavity Crtj Uni/Bi Cannulj Lmbr
22533	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar
22534	Arthrodesis, Lateral Extracavitary Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Thoracic Or Lumbar, Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic
22558	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Lumbar
22585	Arthrodesis, Anterior Interbody Technique, Including Minimal Discectomy To Prepare Interspace (Other Than For Decompression); Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)
22600	Procedure) 22600 Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Cervical Below C2 Segment
22612	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Lumbar (With Lateral Transverse Technique, When Performed)
22614	Arthrodesis, Posterior Or Posterolateral Technique, Single Level; Each Additional Vertebral Segment (List Separately In Addition To Code For Primary Procedure)

22630	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Lumbar
22632	Arthrodesis, Posterior Interbody Technique, Including Laminectomy And/Or Discectomy To Prepare Interspace (Other Than For Decompression), Single Interspace; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)
22633	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression), Single Interspace And Segment; Lumbar
22634	Arthrodesis, Combined Posterior Or Posterolateral Technique With Posterior Interbody Technique Including Laminectomy And/Or Discectomy Sufficient To Prepare Interspace (Other Than For Decompression); Each Additional Interspace And Segment (List Separately In Addition To Code For Primary Procedure)
22830	Exploration Of Spinal Fusion
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection)
22858	Total disc arthroplasty (Artificial Disc), anterior approach, including discectomy with end plate preparation (Includes Osteophyctomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level, Cervical (List separately in addition to code for primary procedure)
22861	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical
63001	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda Eq
63012	Laminectomy With Removal Of Abnormal Facets And/Or Pars Inter-Articularis With
63003, 63005, 63011, 63015, 63016, 63017	Laminectomy With Exploration And/Or Decompression Of Spinal Cord And/Or Cauda
63020, 63030, 63035	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including Par
63040, 63042, 63043, 63044	Laminotomy (Hemilaminectomy), With Decompression Of Nerve Root(S), Including
63045, 63046, 63047, 63048	Laminectomy, Facetectomy And Foraminotomy (Unilateral Or Bilateral With
63055	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve R
63056, 63057	Transpedicular Approach With Decompression Of Spinal Cord, Equina And/Or Nerve
63075, 63076, 63077, 63078	Removal Of Upper Spine Disc And Release Of Spinal Cord And/Or Nerves
63081, 63082	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Anterior
63085, 63086	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
63087, 63088	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Combined
63090, 63091	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete,
63101	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral Ex

63102, 63103	Vertebral Corpectomy (Vertebral Body Resection), Partial Or Complete, Lateral
63250	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal Co
63251, 63252	Laminectomy For Excision Or Occlusion Of Arteriovenous Malformation Of Spinal
63265, 63266, 63267, 63268	Laminectomy For Excision Or Evacuation Of Intraspinal Lesion Other Than
63270, 63271, 63272, 63273	Laminectomy For Excision Of Intraspinal Lesion Other Than Neoplasm, Intradural;
63275	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Cervical
63276	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Thoracic
63277	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Lumbar
63278	Laminectomy For Biopsy/Excision Of Intraspinal Neoplasm; Extradural, Sacral
63650	Percutaneous Implantation Of Neurostimulator Electrode Array, Epidural
63655	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
63661	Removal Of Spinal Neurostimulator Electrode Percutaneous Array(S), Including Fluoroscopy, When Performed
63633	Revision Including Replacement, When Performed, Of Spinal Neurostimulator Electr
63664	Revision Including Replacement, When Performed, Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via Laminotomy Or Laminectomy, Including Fluoroscopy, When Performed
63685	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver,
63688	Revision Or Removal Of Implanted Spinal Neurostimulator Pulse Generator Or
63663	Revision Including Replacement, When Performed, Of Spinal Neurostimulator Electr
63664	Revision Including Replacement, When Performed, Of Spinal Neurostimulator Electrode Plate/Paddle(S) Placed Via Laminotomy Or Laminectomy, Including Fluoroscopy, When Performed
63685	Insertion Or Replacement Of Spinal Neurostimulator Pulse Generator Or Receiver,
63688	Revision Or Removal Of Implanted Spinal Neurostimulator Pulse Generator Or
22505	Manipulation Procedures on the Spine (Vertebral Column)
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection)
22858	Total disc arthroplasty (Artificial Disc), anterior approach, including discectomy with end plate preparation (Includes Osteophyctomy For Nerve Root Or Spinal Cord Decompression And Microdissection); Second Level, Cervical (List separately in addition to code for primary procedure)
22861	Revision Including Replacement Of Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Single Interspace; Cervical
22899	Other Procedures on the Spine (Vertebral Column)
61850	Twist/Burr Hole Impltj Nstim Eltrd Cortical
61860	Crnec/Crx Impltj Nstim Eltrd Cere Cortical

61863	Strtctc Impltj Nstim Eltrd W/O Record 1St Array
61864	Strtctc Impltj Nstim Eltrd W/O Record Ea Array
61867	Strtctc Impltj Nstim Eltrd W/Record 1St Array
61868	Strtctc Impltj Nstim Eltrd W/Record Ea Array
61870	Crnec Impltj Nstim Eltrd Cerebellar Cortical
61885, 61886	Insertion Or Replacement Of Cranial Neurostimulator Pulse Generator Or
0228T	Njx Anes/Steroid Tfrml Edrl W/Us Cer/Thor 1 Lvl
0229T	Njx Anes/Sterd Tfrml Edrl W/Us Cer/Thor Ea Addl
0230T	Njx Anes/Steroid Tfrml Edrl W/Us Lum/Sac 1 Lvl
0231T	Njx Anes/Steroid Tfrml Edrl W/Us Lum/Sac Ea Addl

Ophthalmology

Code	Description
15820	Blepharoplasty Lower Eyelid
15821	Blepharoplasty Lower Eyelid Herniated Fat Pad
15822	Blepharoplasty, Upper eyelid
15823	Blepharoplasty, Upper Eyelid; With Excessive Skin Weighting Down Lid
67900	Repair eyebrow defect
67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 67912	Repair eyelid defect
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness; up to one-fourth of lid margin
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
68700	Plastic repair of canaliculi

Oral Surgery

Code	Description
21240	Arthrp Temporomandibular Joint W/Wo Autograft
21242	Arthroplasty Temporomandibular Jt W/Allograft
21243	Arthrp Tmprmand Joint W/Prosthetic Replacement
21208	Osteoplasty Facial Bones Augmentation
21209	Osteoplasty Facial Bones Reduction

Orthopedic

Code	Description
23334	Removal Of Prosthesis, Includes Debridement And Synovectomy When Performed; Hume

23335	Removal Of Prosthesis, Includes Debridement And Synovectomy When Performed; Hume
23455	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty
23472	Arthroplasty, Glenohumeral Joint; Total Shoulder (Glenoid And Proximal Humeral
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
23800	Arthrodesis Glenohumeral Joint
23802	Arthrodesis Glenohumeral Jt W/Autogenous Graft
23921	Disarticulation of shoulder; secondary closure or scar revision
24925	Amputation, arm through humerus; secondary closure or scar revision
25441	Arthroplasty W/Prosthetic Rplcmt Distal Radius
25442	Arthroplasty W/Prosthetic Rplcmt Distal Ulna
25443	Arthroplasty W/Prosthetic Rplcmt Scaphoid Carpal
25444	Arthroplasty W/Prosthetic Replacement Lunate
25445	Arthroplasty W/Prosthetic Replacement Trapezium
25446	Arthrp W/Prosc Rplcmt Dstl Rds&Prtl/Carpus
25447	Arthrp Interpos Intercarpal/Metacarpal Joints
25907	Amputation, forearm, through radius and ulna; secondary closure or scar revision
25922	Disarticulation through wrist; secondary closure or scar revision
25929	Transmetacarpal amputation; secondary closure or scar revision
26530	Arthroplasty Metacarpophalangeal Joint Each
26531	Arthrp Mtcarphngl Jt W/Prosc Implt Ea Jt
26535	Arthroplasty Interphalangeal Joint Each
26536	Arthroplasty Interphalangeal Jt W/Prosthetic Ea
27125	Hemiarthroplasty Hip Partial
27130	Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft
27132	Conversion Of Previous Hip Surgery To Total Hip Arthroplasty, With Or Without
27134	Revision Of Total Hip Arthroplasty; Both Components, With Or Without Autograft
27137	Revision Of Total Hip Arthroplasty; Acetabular Component Only, With Or Without
27138	Revision Of Total Hip Arthroplasty; Femoral Component Only, With Or Without
27412	Autologous chondrocyte implantation, knee
27415	Osteochondral allograft, knee, open
27427	Ligamentous Reconstruction Knee Extra-Articular
27428	Ligamentous Reconstruction Knee Intra-Articular
27429	Ligmous Rcnstj Agmntj Kne Intra-Articular Xtr
27437	Arthroplasty, Patella; Without Prosthesis
27438	Arthroplasty, Patella; With Prosthesis
27440	Arthroplasty, Knee, Tibial Plateau;
27441	Arthroplasty, Knee, Tibial Plateau; With Debridement And Partial Synovectomy
27442	Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee;
27443	Arthroplasty, Femoral Condyles Or Tibial Plateau(S), Knee; With Debridement And
27445	Arthroplasty, Knee, Hinge Prosthesis (Eg, Walldius Type)

27446	Arthroplasty, Knee, Condyle And Plateau; Medial Or Lateral Compartment
27447	Arthroplasty, Knee, Condyle And Plateau; Medial And Lateral Compartments With
27486	Revision Of Total Knee Arthroplasty, With Or Without Allograft; One Component
27487	Revision Of Total Knee Arthroplasty, With Or Without Allograft; Femoral And
27594	Amputation, thigh, through femur, any level; secondary closure or scar revision
27700	Arthroplasty, Ankle;
27702	Arthroplasty, Ankle; With Implant (Total Ankle)
27703	Arthroplasty, Ankle; Revision, Total Ankle
27884	Amputation, leg, through tibia and fibula; secondary closure or scar revision
28899	Unlisted procedure, foot or toes
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy
29868	Arthroscopy, knee, surgical meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral

Pain Management

Code	Description
62326	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal); without imaging guidance
62327	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
62350	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
62351	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy
62360	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump
62362	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
64408	Injection Anesthetic Agent Vagus Nerve
64410	Injection Anesthetic Agent Phrenic Nerve
64413	Injection Anesthetic Agent Cervical Plexus
64415	Njx aa&/strd brach plexus
64416	Injection, anesthetic agent; brachial plexus, continuous infusion by catheter (including catheter placement)
64417	Njx aa&/strd axillary nrv
64445	Njx aa&/strd sciatic nerve
64448	Njx aa&/strd fem nerve nfs
64451	Njx aa&/strd nrv nrvtg si jt
64455	Njx aa&/strd pltr com dg nrv

64461	Paravertebral Block (Pvb) (Paraspinous Block), Thoracic; Single Injection Site (Includes Imaging Guidance, When Performed)
64462	Paravertebral Block (Pvb) (Paraspinous Block), Thoracic; Second And Any Additional Injection Site(S) (Includes Imaging Guidance, When Performed)
64463	Paravertebral Block (Pvb) (Paraspinous Block), Thoracic; Continuous Infusion By Catheter (Includes Imaging Guidance, When Performed)
64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
64480	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level
64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
64484	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s)
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral, single level
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral, second level
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral, third and any additional level(s)
64505	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64510	Injection, anesthetic agent stellate ganglion (cervical sympathetic)
64517	Injection, anesthetic agent superior hypogastric plexus
64520	Injection, anesthetic agent lumbar or thoracic (paravertebral sympathetic)
64530	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64553	Percutaneous Implantation Of Neurostimulator Electrode Array; Cranial Nerve
64555	Percutaneous Implantation Of Neurostimulator Electrode Array; Peripheral Nerve
64561	Percutaneous Implantation Of Neurostimulator Electrode Array; Sacral Nerve
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming
64568	Incision For Implantation Of Cranial Nerve (Eg, Vagus Nerve) Neurostimulator Electrode Array And Pulse Generator
64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
64580	Incision For Implantation Of Neurostimulator Electrode Array; Neuromuscular
64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
64585	Revision Or Removal Of Peripheral Neurostimulator Electrode Array
64590	Insertion Or Replacement Of Peripheral Or Gastric Neurostimulator Pulse Generato
64595	Revision Or Removal Of Peripheral Or Gastric Neurostimulator Pulse Generator Or
64600	Dstrj Trigeminal Nrv Supraorb Infraorb Branch

64605	Dstrj Neurolytic Trigeminal Nrv 2/3 Div Branch
64610	Dstrj Neurlytic Trigem Nrv 2/3 Div Radio Monitor
64615	Chemodenerv musc migraine
64620	Dstrj Neurolytic Agent Intercostal Nerve
64630	Dstrj Neurolytic Agent Pudendal Nerve
64633	Dstr Nrolytc Agnt Parverteb Fct Sngl Crvcl/Thora
64634	Dstr Nrolytc Agnt Parverteb Fct Addl Crvcl/Thora
64635	Dstr Nrolytc Agnt Parverteb Fct Sngl Lmbr/Sacral
64636	Dstr Nrolytc Agnt Parverteb Fct Addl Lmbr/Sacral
64640	Dstrj Neurolytic Agent Other Peripheral Nerve
64680	Dstrj Neurolytic W/Wo Rad Monitor Celiac Plexus
64681	Dstrj Nulyt W/Worad Mntr Superior Hypogstr Plexus
64999	Unlisted procedure, nervous system
62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
62322	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal); without imaging guidance
62323	Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
62324	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic; without imaging guidance
62325	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)

Part B Drugs

Please find our Prior Authorization and Step Therapy Guidelines on our website under Part B Drug Prior Authorizations

Code	Description	Guideline: Step Therapy (ST) or Prior Authorization (PA)	Associated ATRIO Clinical Review Form (if applicable)	Step Therapy Status (if applicable)
C9146	Injection, Elahere	PA	Elahere	N/A
C9148	Injection, Teclistamab	PA	Anti-Neoplastic: Multiple Myeloma	N/A
C9399	Unclassified drugs or biologicals	PA	N/A	N/A
J0129	Injection, Abatacept (Orencia)	PA	Anti-Rheumatic	N/A
J0172	Aducanumab-avwa (Aduhelm)	PA	Alzheimer's Drugs	Non- preferred
J0178	Aflibercept Injection	PA/ST	Ophthalmic (VEGF) Inhibitors	Non- preferred
J0179	Injection, Brolocizumab-dbll	PA/ST	Ophthalmic (VEGF) Inhibitors	Non- preferred
J0180	Agalsidase Beta Injection	PA	Enzymes and Enzymatics	N/A
J0202	Injection, Alemtuzumab	PA	Anti-Neoplastic: B Cell Lymphoma	N/A
J0218	Xenpozyme (olipudase alfa-rpcp)	PA	Acid Sphingomyelinase Deficiency	N/A
J0221	Lumizyme Injection	PA	Enzymes and Enzymatics	N/A
J0222	Injection, Patisiran	PA	Amyloidosis	N/A
J0223	Injection Givosiran	PA	Givosiran	N/A
J0256	Alpha 1 Proteinase Inhibitor	PA	Alpha-1 Proteinase Inhibitors	N/A
J0257	Glassia Injection	PA	Enzymes and Enzymatics	N/A
J0364	Apomorphine	PA	Dopamine Agonists	N/A
J0480	Injection, Basiliximab	PA	Transplant	N/A
J0485	Belatacept Injection	PA	Immunologic	N/A
J0490	Belimumab Injection	PA	Immunologic	N/A
J0517	Injection, Benralizumab (Fasenra)	PA/ST	Asthma	*Preferred
J0565	Injection, Bezlotoxumab	PA	Anti-Infective	N/A
J0570	Buprenorphine Implant	PA	Opioid Agonist	N/A
J0584	Injection, Burosumab-twza	PA	Mineral Deficiency	N/A
J0585	Injection, Onabotulinumtoxina	PA	Neuro-Muscular Blockers	N/A
J0586	Abobotulinumtoxina	PA	Neuro-Muscular Blockers	N/A
J0587	Injection Rimabotulinumtoxinb	PA	Neuro-Muscular Blockers	N/A
J0588	Incobotulinumtoxin a	PA	Neuro-Muscular Blockers	N/A
J0592	Injection, Buprenorphine Hydrochloride	PA	Opioid Agonist	N/A

J0596	Injection, Ruconest	PA/ST	Angioedema	Non-preferred
J0597	C-1 Esterase, Berinert	PA/ST	Angioedema	Non-preferred
J0598	C-1 Esterase, Cinryze	PA/ST	Angioedema	Non-preferred
J0638	Canakinumab Injection	PA	Ilaris	N/A
J0717	Certolizumab Pegol Injection	PA/ST	Anti-Psoriatic	*Preferred
J0775	Collagenase, Clost Hist Injection	PA	Enzymes and Enzymatics	N/A
J0881	Darbepoetin Alfa, Non-ESRD	PA/ST	Erythropoiesis Stimulating Agents	Non-preferred
J0882	Darbepoetin Alfa, ESRD Use	PA/ST	Erythropoiesis Stimulating Agents	Non-preferred
J0885	Epoetin Alfa, Non-ESRD	PA/ST	Erythropoiesis Stimulating Agents	Non-preferred
J0886	Injection, Epoetin Alfa (for ESRD on Dialysis)	PA/ST	Erythropoiesis Stimulating Agents	Non-preferred
J0887	Epoetin Beta ESRD use	PA/ST	Erythropoiesis Stimulating Agents	Non-preferred
J0888	Epoetin Beta Non-ESRD	PA/ST	Erythropoiesis Stimulating Agents	Non-preferred
J0896	Injection luspatercept-aamt	PA	Anemia	N/A
J0897	Denosumab Injection	PA/ST	Bone Resorption Inhibitors	Non-preferred
J1290	Ecallantide Injection	PA/ST	Angioedema	Non-preferred
J1300	Eculizumab Injection	PA/ST	Complement Inhibitor	Non-preferred
J1301	Injection, Edaravone	PA	ALS Agents	N/A
J1303	Injection, Ravulizumab-cwvz	PA/ST	Complement Inhibitor	*Preferred
J1322	Elosulfase Alfa, Injection	PA	Enzymes and Enzymatics	N/A
J1325	Injection, Epoprostenol	PA/ST	Pulmonary Arterial Hypertension	*Preferred
J1411	Hemgenix (etranacogene dezaparvovec-drlb)	PA	Coagulant-Hemophilia A	N/A
J1439	Injection Ferric Carboxymaltos	PA	Iron Salts	N/A
J1442	Injection Filgrastim Excl Biosimil	PA/ST	Colony Stimulating Factors: Short	Non-preferred
J1443	Injection, Ferric Pyrophosphate Citrate Solution, Iron	PA	Iron Salts	N/A
J1447	Injection tbo Filgrastim	PA/ST	Colony Stimulating Factors: Short	Non-preferred

J1454	Injection, Fosnetupitant, Palonoset	PA	Anti-Emetic	N/A
J1458	Galsulfase Injection	PA	Enzymes and Enzymatics	N/A
J1459	Injection IVIG Privigen	PA/ST	IVIG	*Preferred
J1460	Gamma Globulin, IM	PA/ST	IVIG	Non-preferred
J1551	Injection, Immune Globulin (Cutaquig)	PA/ST	IVIG	Non-preferred
J1554	Immune Globulin (Asceniv)	PA/ST	IVIG	Non-preferred
J1555	Immune Globulin (Cuvitru)	PA/ST	IVIG	Non-preferred
J1556	Injection, Imm Glob Bivigam	PA/ST	IVIG	Non-preferred
J1557	Immune Globulin, (Gammaplex)	PA/ST	IVIG	Non-preferred
J1558	Immune Globulin (Xembify)	PA/ST	IVIG	Non-preferred
J1559	Immune Globulin (Hizentra)	PA/ST	IVIG	Non-preferred
J1560	Gamma Globulin, IM	PA/ST	IVIG	Non-preferred
J1561	Gamunex-c/gammaked	PA/ST	IVIG	*Preferred
J1562	Immune Globulin (Vivaglobin)	PA/ST	IVIG	Non-preferred
J1566	Immune Globulin, Powder	PA/ST	IVIG	Non-preferred
J1568	Octagam Injection	PA/ST	IVIG	*Preferred
J1569	Gammagard Liquid Injection	PA/ST	IVIG	Non-preferred
J1571	Hepagam B IM Injection	PA	IVIG: Hep B	N/A
J1572	Flebogamma Injection	PA/ST	IVIG	*Preferred
J1573	Hepatitis B IM Globulin	PA	IVIG	N/A
J1575	Hyqvia Immunoglobulin	PA/ST	IVIG	Non-preferred
J1599	Immune Globulin	PA/ST	IVIG	Non-preferred
J1602	Golimumab for IV Use	PA/ST	Anti-Psoriatic	*Preferred
J1675	Histrelin	PA	Gonadatropin	N/A
J1743	Idursulfase Injection	PA	Metabolic Drugs	N/A
J1744	Icatibant	PA/ST	Angioedema	*Preferred
J1745	Infliximab not Biosimil	PA/ST	Infliximab	Non-preferred
J1747	Injection, spesolimab-sbzo (Spevigo)	PA/ST	Anti-Psoriatic	Non-preferred
J1786	Imuglucerase Injection	PA	Enzymes and Enzymatics	N/A
J1930	Lanreotide Injection	PA/ST	Somatostatic Agents	Non-preferred
J1931	Laronidase Injection	PA	Enzymes and Enzymatics	N/A
J2182	Injection, Mepolizumab, (Nucala)	PA/ST	Asthma	Non-preferred
J2278	Ziconotide Injection	PA	Analgesic	N/A

J2323	Natalizumab Injection	PA	Immune Modulators	N/A
J2327	Injection, risankizumab-rzaa (Skyrizi)	PA/ST	Anti-Psoriatic	Non-preferred
J2350	Injection, Ocrelizumab	PA	Multiple Sclerosis	N/A
J2353	Octreotide Injection, Depot	PA/ST	Somatostatin Agents	*Preferred
J2357	Injection, Omalizumab (Xolair)	PA/ST	Asthma	Non-preferred
J2502	Pasireotide Long Acting	PA	Growth Hormone Antagonist	N/A
J2503	Pegaptanib Sodium Injection	PA/ST	Ophthalmic (VEGF) Inhibitors	Non-preferred
J2505	Injection, Pegfilgrastim	PA/ST	Colony Stimulating Factors: Long	Non-preferred
J2506	Injection, Pegfilgrast ex bio (Neulasta)	PA/ST	Colony Stimulating Factors: Long	Non-preferred
J2507	Pegloticase Injection	PA	Gout	N/A
J2562	Plerixafor Injection	PA	Hematological	N/A
J2777	Injection, Faricimab-svoa, (Vabysmo)	PA/ST	Ophthalmic (VEGF) Inhibitors	Non-preferred
J2778	Ranibizumab Injection	PA/ST	Ophthalmic (VEGF) Inhibitors	Non-preferred
J2779	Injection, Ranibizumab, via Intravitreal Implant (Susvimo)	PA/ST	Ophthalmic (VEGF) Inhibitors	Non-preferred
J2783	Rasburicase	PA	Enzymes and Enzymatics	N/A
J2786	Injection, Reslizumab (Cinqair)	PA/ST	Asthma	*Preferred
J2796	Romiplostim Injection	PA	Hematological	N/A
J2820	Sargramostim Injection	PA	Colony Stimulating Factors: (Leukine)	N/A
J2860	Siltuximab	PA	Castleman's Disease	N/A
J3032	Injection, Eptinezumab-jjmr	PA	Vyepti	N/A
J3060	Injection. Taliglucerase Alfa	PA	Enzymes and Enzymatics	N/A
J3111	Injection, Romosozumab-aqqg	PA/ST	Bone Resorption Inhibitors	Non-preferred
J3241	Injection, Teprotumumab-trbw	PA	Thyroid Eye Disease	N/A
J3245	Injection, Tildrakizumab	PA/ST	Anti-Psoriatic	Non-preferred
J3262	Tocilizumab Injection	PA	Immunologic	N/A
J3285	Treprostinil Injection	PA/ST	Pulmonary Arterial Hypertension	*Preferred

J3357	Ustekinumab sub cu Injection	PA/ST	Anti-Psoriatic	Non-preferred
J3358	Ustekinumab, IV Injection	PA/ST	Anti-Psoriatic	Non-preferred
J3380	Injection, Vedolizumab	PA	GI Biologics	N/A
J3385	Velaglucerase Alfa	PA	Enzymes and Enzymatics	N/A
J3396	Verteporfin Injection	PA	Ophthalmic: Other	N/A
J3399	Idecabtagene Vicleucel (Zolgensma)	PA	Anti-Neoplastic: Multiple Myeloma	N/A
J3590	Unclassified Biologics	*	*	*
J7170	Injection, Emicizumab-kxwh	PA	Coagulants	N/A
J7175	Injection, Factor x, (human), 1iu	PA	Anti-Hemophilic: Factor X	N/A
J7178	Injection Human Fibrinogen con nos	PA	Anti-Hemophilic: Factor I	N/A
J7179	Vonvendi Injection 1 iu vwf:rc0	PA	Vonvendi	N/A
J7180	Factor xiii Anti-Hem Factor	PA	Anti-Hemophilic: Factor XIII	N/A
J7181	Factor xiii Recomb a-subunit	PA	Anti-Hemophilic: Factor XIII	N/A
J7182	Factor viii Recomb Novoeight	PA	Anti-Hemophilic: Factor VIII	N/A
J7183	Wilate Injection	PA	Anti-Hemophilic: Factor VIII + VWF	N/A
J7185	Xyntha Injection	PA	Anti-Hemophilic: Factor VIII	N/A
J7186	Antihemophilic viii/vwf comp	PA	Anti-Hemophilic: Factor VIII + VWF	N/A
J7187	Humate-p, inj	PA	Anti-Hemophilic: Factor VIII + VWF	N/A
J7188	Factor viii Recomb Obizur	PA	Anti-Hemophilic: Factor VIII	N/A
J7189	Factor viia Recomb Novoseven	PA	Anti-Hemophilic: Factor VII	N/A
J7190	Factor viii	PA	Anti-Hemophilic: Factor VIII	N/A
J7191	Factor viii (Antihemophilic Factor (Porcine))	PA	Anti-Hemophilic: Factor VIII	N/A
J7192	Factor viii Recombinant nos	PA	Anti-Hemophilic: Factor VIII	N/A
J7193	Factor ix Non-Recombinant	PA	Anti-Hemophilic: Factor IX	N/A
J7194	Factor ix Complex	PA	Anti-Hemophilic: Factor IX	N/A
J7195	Factor ix Recombinant nos	PA	Anti-Hemophilic: Factor IX	N/A
J7196	Injection, Antithrombin Recombinant	PA	Anti-Hemophilic: Factor III	N/A

J7197	Antithrombin iii Injection	PA	Anti-Hemophilic: Factor III	N/A
J7198	Anti-Inhibitor	PA	Coagulants	N/A
J7199	Hemophilia Clotting Factor, not otherwise classified	PA	N/A	N/A
J7200	Factor ix Recombinan Rixubis	PA	Anti-Hemophilic: Factor IX	N/A
J7201	Factor ix Alprolix Recomb	PA	Anti-Hemophilic: Factor IX	N/A
J7202	Factor ix Idelvion	PA	Anti-Hemophilic: Factor IX	N/A
J7203	Factor ix Recomb Gly Rebinyn	PA	Anti-Hemophilic: Factor IX	N/A
J7205	Factor viii fc Fusion Recomb	PA	Anti-Hemophilic: Factor VIII	N/A
J7207	Factor viii Pegylated Recomb	PA	Anti-Hemophilic: Factor VIII	N/A
J7208	Injection Jivi	PA	Anti-Hemophilic: Factor VIII	N/A
J7209	Factor viii Nuwiq Recomb	PA	Anti-Hemophilic: Factor VIII	N/A
J7210	Injection, Afstyla,	PA	Anti-Hemophilic: Factor VIII	N/A
J7211	Injection, Kovaltry,	PA	Anti-Hemophilic: Factor VIII	N/A
J7316	Injection, Ocriplasmin	PA	Vitreomacular Adhesion	N/A
J7324	Hyaluronan or derivative (Orthovisc)	PA/ST	Viscosupplements	Non-preferred
J7325	Hyaluronan or Derivative (Synvisc)	PA/ST	Viscosupplements	Non-preferred
J7327	Hyaluronan or Derivative, (Monovisc)	PA/ST	Viscosupplements	Non-preferred
J7330	Autologous Cultured Chondrocytes, Implant	PA	Knee Cartilage	N/A
J7336	Capsaicin Patch	PA	Analgesic	N/A
J7504	Antithymocyte Globulin, Equine	PA	Immune Globulins	N/A
J7511	Antithymocyte Globulin, Rabbit	PA	Immune Globulins	N/A
J7686	Treprostinil, Non-comp Unit	PA/ST	Pulmonary Arterial Hypertension	Non-preferred
J9019	Erwinaze Injection	PA	Anti-Neoplastic: Lymphoid	N/A
J9021	Injection, Asparaginase, Recombinant, (Rylaze)	PA	Anti-Neoplastic: Lymphoid	N/A
J9022	Injection, Atezolizumab	PA	Anti-Neoplastic: Tecentriq	N/A
J9023	Injection, Avelumab	PA	Anti-Neoplastic: Renal	N/A

J9029	Nadofaragene firadenovec-vncg (Adstiladrin)	PA	Adstiladrin	N/A
J9033	Injection, Treanda	PA	Anti-Neoplastic: Lymphoid	N/A
J9034	Injection, Bendeka	PA	Anti-Neoplastic: Lymphoid	N/A
J9039	Injection, Blinatumomab	PA	Anti-Neoplastic: B Cell Lymphoma	N/A
J9041	Injection, Velcade	PA	Anti-Neoplastic: Mantle Cell Lymphoma	N/A
J9042	Brentuximab Vedotin inj	PA	Anti-Neoplastic: Adcetris	N/A
J9043	Cabazitaxel Injection	PA	Anti-Neoplastic: Prostate Cancer	N/A
J9047	Injection, Carfilzomib	PA	Anti-Neoplastic: Multiple Myeloma	N/A
J9055	Cetuximab Injection	PA	Anti-Neoplastic: Colorectal	N/A
J9061	Injection, Amivantamab-vmjw	PA	Anti-Neoplastic: NSCLC	N/A
J9119	Injection, cemiplimab-rwlc (Libtayo)	PA	Libtayo	N/A
J9144	Daratumumab hyaluronidase (Darzalex Faspro)	PA	Anti-Neoplastic: Multiple Myeloma	N/A
J9145	Injection, Daratumumab	PA	Anti-Neoplastic: Multiple Myeloma	N/A
J9155	Degarelix Injection	PA	Anti-Neoplastic: Prostate Cancer	N/A
J9173	Injection, Durvalumab	PA	Anti-Neoplastic: NSCLC	N/A
J9176	Injection, Elotuzumab	PA	Anti-Neoplastic: Multiple Myeloma	N/A
J9177	Injection enfortumab vedotin-ejfv (Padcev)	PA	Padcev	N/A
J9179	Eribulin Mesylate Injection	PA	Anti-Neoplastic: Liposarcoma	N/A
J9203	Gemtuzumab Ozogamicin	PA	Anti-Neoplastic: AML	N/A
J9207	Ixabepilone Injection	PA	Anti-Neoplastic: Breast Cancer	N/A
J9225	Vantas Implant	PA	Gonadotropin	N/A
J9226	Supprelin la Implant	PA	Gonadotropin	N/A
J9228	Ipilimumab Injection	PA	Anti-Neoplastic: Yervoy	N/A
J9229	Injection Inotuzumab Ozogam	PA	Anti-Neoplastic: B Cell Lymphoma	N/A
J9264	Paclitaxel protein bound	PA	Anti-Neoplastic: Breast Cancer	N/A

J9266	Pegaspargase injection	PA	Anti-Neoplastic: Lymphoid	N/A
J9268	Pentostatin injection	PA	Anti-Neoplastic: T-Cell / Hairy Lymphoma	N/A
J9271	Injection, Pembrolizumab	PA	Anti-Neoplastic: Keytruda	N/A
J9272	Injection dostarlimab-gxly (Jemperli)	PA	Jemperli	N/A
J9299	Injection, Nivolumab	PA	Anti-Neoplastic: Opdivo	N/A
J9301	Obinutuzumab Injection	PA	Anti-Neoplastic: Lymphoid	N/A
J9302	Ofatumumab Injection	PA	Anti-Neoplastic: Lymphoid	N/A
J9303	Panitumumab Injection	PA	Anti-Neoplastic: Colorectal	N/A
J9305	Injection Pemetrexed nos	PA	Anti-Neoplastic: NSCLC	N/A
J9306	Injection, Pertuzumab	PA	Anti-Neoplastic: Breast Cancer	N/A
J9307	Pralatrexate Injection	PA	Anti-Neoplastic: T-Cell / Hairy Lymphoma	N/A
J9308	Injection, Ramucirumab	PA	Anti-Neoplastic: NSCLC	N/A
J9309	Injection, Polatuzumab Vedotin	PA	Anti-Neoplastic: B Cell Lymphoma	N/A
J9311	Injection, Rituximab, Hyaluronidase	PA/ST	Rituximab	Non- preferred
J9312	Injection, Rituximab	PA/ST	Rituximab	Non- preferred
J9315	Romidepsin Injection	PA	Anti-Neoplastic: T-Cell / Hairy Lymphoma	N/A
J9316	Injection pertuzumab trastuzumab and hyaluronidase-zzxf (Phesgo)	PA	Trastuzumab	N/A
J9317	Injection sacituzumab govitecan- hziy (Trodelvy)	PA	Trodelvy	N/A
J9330	Temsirolimus Injection	PA	Anti-Neoplastic: Renal	N/A
J9332	Injection, efgartigimod alfa-fcab (Vyvgart)	PA/ST	Anti-Acetylcholine Receptor Agents	Non- preferred
J9352	Injection Trabectedin	PA	Anti-Neoplastic: Liposarcoma	N/A

J9354	Injection, Ado-Trastuzumab emt	PA/ST	Trastuzumab	Non-preferred
J9355	Injection Trastuzumab Excl Biosimi	PA/ST	Trastuzumab	Non-preferred
J9356	Injection. Herceptin Hylecta	PA/ST	Trastuzumab	Non-preferred
J9357	Valrubicin Injection	PA	Anti-Neoplastic: Valstar	N/A
J9358	Inj fam-trastu deru-nxki (Enhertu)	PA	Trastuzumab	
J9359	Injection, loncastuximab Tesirine-lpyl	PA	Anti-Neoplastic: B Cell Lymphoma	N/A
J9395	Injection, Fulvestrant	PA	Anti-Neoplastic: Breast Cancer	N/A
J9999	Chemotherapy NOC	PA		
Q0138	Injection, Ferumoxytol (Non-ESRD use)	PA	Iron Salts	N/A
Q0139	Injection, Ferumoxytol (ESRD on Dialysis)	PA	Iron Salts	N/A
Q2043	Sipuleucel-t auto cd54+	PA	Anti-Neoplastic: Prostate Cancer	N/A
Q2055	Idecabtagene Vicleucel	PA	Anti-Neoplastic: Multiple Myeloma	N/A
Q4074	Iloprost Non-comp Unit Dose	PA/ST	Pulmonary Arterial Hypertension	Non-preferred
Q4081	Epoetin Alfa (ESRD on Dialysis)	PA/ST	Erythropoiesis Stimulating Agents	*Preferred
Q5101	Injection, Filgrastim-sndz, Biosimilar, (Zarxio)	PA/ST	Colony Stimulating Factors: Short	*Preferred
Q5103	Infliximab-dyyb, (Inflectra)	PA/ST	Infliximab	Non-preferred
Q5105	Injection, Epoetin Alfa-epbx, Biosim	PA/ST	Erythropoiesis Stimulating Agents	*Preferred
Q5106	Injection, Epoetin Alfa-epbx, Biosimilar, (Retacrit) (Non-ESRD use)	PA/ST	Erythropoiesis Stimulating Agents	*Preferred
Q5108	Injection, Fulphila (Pegfilgrastim-jmdb)	PA/ST	Colony Stimulating Factors: Long	Non-preferred
Q5110	Injection, Filgrastim-aafi, biosimilar, (Nivestym)	PA/ST	Colony Stimulating Factors: Short	Non-preferred
Q5111	Injection, UDENYCA (Pegfilgrastim-cbqv)	PA/ST	Colony Stimulating Factors: Long	Non-preferred

Q5112	Injection, Trastuzumab-dttb, Biosimilar, (Ontruzant)	PA/ST	Trastuzumab	*Preferred
Q5113	Injection, Trastuzumab-pkrb, Biosimilar, (Herzuma)	PA/ST	Trastuzumab	*Preferred
Q5114	Injection trastuzumab-dkst biosimilar (Ogivri)	PA/ST	Trastuzumab	*Preferred
Q5115	Injection, Rituximab-abbs, Biosimilar, (Truxima)	PA/ST	Rituximab	Non-preferred
Q5116	Injection, Trastuzumab-qyyp, Biosimilar, (Trazimera)	PA/ST	Trastuzumab	*Preferred
Q5117	Injection, Trastuzumab-anns, Biosimilar, (Kanjinti)	PA/ST	Trastuzumab	*Preferred
Q5119	Injection, Rituximab-pvvr, Biosimilar, (Ruxience)	PA/ST	Rituximab	*Preferred
Q5120	Injection, Pegfilgrastim-bmez	PA/ST	Colony Stimulating Factors: Long	*Preferred
Q5122	Injection, NYVEPRIA (Pegfilgrastim-apgf)	PA/ST	Colony Stimulating Factors: Long	*Preferred
Q5123	Injection, Rituximab-arrx, Biosimilar, (Riabni)	PA/ST	Rituximab	*Preferred
Q5124	Injection, Ranibizumab-nuna, Biosimilar, (Byooviz)	PA/ST	Ophthalmic (VEGF) Inhibitors	Non-preferred
Q5125	Injection, Filgrastim-ayow, Biosimilar, (Releuko)	PA/ST	Colony Stimulating Factors: Short	Non-preferred
Q5127	Pegfilgrastim-fpgk (Stimufend)	PA/ST	Colony Stimulating Factors: Long	Non-preferred
Q5130	Pegfilgrastim-pbbk (Fylnetra)	PA/ST	Colony Stimulating Factors: Long	*Preferred
Q9991	BuprenorphXR	PA	Opioid Agonist	N/A
Q9992	Buprenorphine XR	PA	Opioid Agonist	N/A
S0189	TESTOPEL	PA	Androgens	N/A
*Not yet coded by CMS	Pegcetacoplan Injection, for Intravitreal Use (Syfovre™)	PA	Syfovre	N/A
*Not yet coded by CMS	Mosunetuzumab-axgb (Lunsumio)	PA	Anti-Neoplastic: Lymphoid	N/A

Radiation Therapy	
Code	Description
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion

61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session
G6017	Infra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (e.g., 3D positional tracking, gating, 3D surface tracking), each fraction of treatment
77301	Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
77520	Proton treatment delivery; simple, without compensation
77522	Proton treatment delivery; simple, with compensation
77523	Proton treatment delivery; complex
77525	Proton treatment delivery; complex
77761	Intracavitary radiation source application; simple
77762	Intracavitary radiation source application; intermediate
77763	Intracavitary radiation source application; complex
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel

77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions
77770	Remote afterloading high dose radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
77771	Remote afterloading high dose radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
77772	Remote afterloading high dose radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
77778	Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed
77799	Unlisted procedure, clinical brachytherapy
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment
32998	Ablation therapy for reduction or eradication of one or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, radiofrequency, unilateral
92974	Transcatheter placement of radiation delivery device for subsequent coronary intravascular brachytherapy (List separately in addition to code for primary procedure)
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed

Urology	
Code	Description
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy
53852	Transurethral destruction of prostate tissue by radiofrequency thermotherapy
53899	Unlisted procedure, urinary system
55860	Exposure of prostate, any approach, for insertion of radioactive substance;
55862	Exposure of prostate, any approach, for insertion of radioactive substance; with lymph node biopsy(s) (limited pelvic lymphadenectomy)
55865	Exposure of prostate, any approach, for insertion of radioactive substance; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
55899	Unlisted procedure, male genital system

57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
58578	Unlisted laparoscopy procedure, uterus
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency
Urology	
Code	Description
50080	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; up to 2 cm
50081	Percutaneous nephrostolithotomy or pyelostolithotomy, with or without dilation, endoscopy, lithotripsy, stenting, or basket extraction; over 2 cm
50590	Lithotripsy, extracorporeal shock wave
50592	Ablation, one or more renal tumor(s), percutaneous, unilateral, radiofrequency
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52648	Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)
53445	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53850	Transurethral destruction of prostate tissue; by microwave thermotherapy