

In this column are the CPT or HCPC codes for outpatient & ambulatory services	In this column is the description of each code for outpatient & ambulatory services	In this column is the description of how Allegiance is managing the review for outpatient & ambulatory for services.	In this column are the special handling notes for Allegiance. Pretreatment review/prior authorization is strongly recommended for the CPT or HCPCs listed in this tab. See separate tabs for those Codes with special handling instructions or for those that are not recommended for review (if not found on any tab then assume not recommended).
Code	Description	Review Type	Comments
0001U	RBC DNA HEA 35 AG 11 BLD GRP	Pre-Auth/Cert Required	
0002U	ONC CLRCT 3 UR METAB ALG PLP	Pre-Auth/Cert Required	
0003U	ONC CLRCT 3 UR METAB ALG PLP	Pre-Auth/Cert Required	
0004M	Scoliosis DNA Analysis of 53 SNPs Saliva	Pre-Auth/Cert Required	
0005U	ONCO PRST8 3 GENE UR ALG	Pre-Auth/Cert Required	
0007M	Onc gastro 51 gene nomogram	Pre-Auth/Cert Required	
0008M	Onc breast risk score	Pre-Auth/Cert Required	
0019T	EXTRACORP SHOCK WV TX,MS	Pre-Auth/Cert Required	Code Deleted
0051T	IMPLANT TOTAL HEART SYST	Pre-Auth/Cert Required	
0052T	REPLACE COMPONENT HEART	Pre-Auth/Cert Required	
0053T	REPLACE COMPONENT HEART	Pre-Auth/Cert Required	
0059T	CRYOPRESERVATION, OOCYTE	Pre-Auth/Cert Required	Code Deleted
0071T	U/S LEIOMYOMATA ABLATE <	Pre-Auth/Cert Required	
0072T	U/S LEIOMYOMATA ABLATE >	Pre-Auth/Cert Required	
0085T	BREATH TEST HEART REJECT	Pre-Auth/Cert Required	
0098T	REV ARTIFIC DISC ADDL	Pre-Auth/Cert Required	
0099T	IMPLANT CORNEAL RING	Pre-Auth/Cert Required	Code Deleted
0101T	EXTRACORP SHOCKWV TX,HI	Pre-Auth/Cert Required	
0102T	EXTRACORP SHOCKWV TX,ANE	Pre-Auth/Cert Required	
0103T	HOLOTRANSCOBALAMIN	Pre-Auth/Cert Required	Code Deleted
0111T	RBC MEMBRANES FATTY ACID	Pre-Auth/Cert Required	
0123T	SCLERAL FISTULIZATION	Pre-Auth/Cert Required	Code Deleted
0163T	LUMB ARTIF DISKECTOMY AD	Pre-Auth/Cert Required	
0165T	REVISE LUMB ARTIF DISC A	Pre-Auth/Cert Required	
0169T	PLACE STEREO CATH BRAIN	Pre-Auth/Cert Required	Code Deleted
0171T	LUMBAR SPINE PROCES DIST	Pre-Auth/Cert Required	Code Deleted
0172T	LUMBAR SPINE PROCES ADDL	Pre-Auth/Cert Required	Code Deleted
0174T	CAD CXR WITH INTERP	Pre-Auth/Cert Required	
0175T	CAD CXR REMOTE	Pre-Auth/Cert Required	
0182T	HDR ELEC BRACHYTHERAPY	Pre-Auth/Cert Required	Code deleted 12/31/2015
0190T	PLACE INTRAOC RADIATION	Pre-Auth/Cert Required	
0191T	INSERT ANT SEGMENT DRAIN	Pre-Auth/Cert Required	
0195T	ARTHROD PRESAC INTERBODY	Pre-Auth/Cert Required	
0196T	ARTHROD PRESAC INTERBODY	Pre-Auth/Cert Required	
0198T	OCULAR BLOOD FLOW MEASUR	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
0200T	PERQ SACRAL AUGMT UNILAT	Pre-Auth/Cert Required	
0201T	PERQ SACRAL AUGMT BILAT	Pre-Auth/Cert Required	
0202T	POST VERT ARTHRPLST 1 LU	Pre-Auth/Cert Required	
0207T	CLEAR EYELID GLAND W/HEA	Pre-Auth/Cert Required	
0208T	AUDIOMETRY AIR ONLY	Pre-Auth/Cert Required	
0209T	AUDIOMETRY AIR/BONE	Pre-Auth/Cert Required	
0210T	SPEECH AUDIOMETRY THRESH	Pre-Auth/Cert Required	
0211T	SPEECH AUDIOM THRESH& RE	Pre-Auth/Cert Required	
0212T	COMPARE AUDIOMETRY EVALU	Pre-Auth/Cert Required	
0213T	NJX PARAVERT W/US CER/TH	Pre-Auth/Cert Required	
0214T	NJX PARAVERT W/US CER/TH	Pre-Auth/Cert Required	
0215T	NJX PARVERT W/US CER/THO	Pre-Auth/Cert Required	
0216T	NJX PARAVERT W/US LUMB/S	Pre-Auth/Cert Required	
0217T	NJX PARAVERT W/US LUMB/S	Pre-Auth/Cert Required	
0218T	NJX PARACERT W/US LUMB/S	Pre-Auth/Cert Required	
0219T	PLMT POST FACET IMPLT CE	Pre-Auth/Cert Required	
0220T	PLMT POST FACET IMPLT TH	Pre-Auth/Cert Required	
0221T	PLMT POST FACET IMPLT LU	Pre-Auth/Cert Required	
0222T	PLMT POST FACET IMPLT AD	Pre-Auth/Cert Required	
0228T	NJX TFRML EPRL W/US CER/	Pre-Auth/Cert Required	
0229T	NJX RFRML EPRL W/US CER/	Pre-Auth/Cert Required	
0230T	NJX TFRML EPRL W/US LUMB	Pre-Auth/Cert Required	
0231T	NJX RDEML WPEL W/US LUMB	Pre-Auth/Cert Required	
0232T	NJX PLATELET PLASMA	Pre-Auth/Cert Required	
0233T	SKIN GLYCATION SPECTROSC	Pre-Auth/Cert Required	Code Deleted
0240T	ESOPH MOTILITY 3D TOPOGR	Pre-Auth/Cert Required	Code Deleted
0241T	ESOPH MOTILITY W/STIM/PE	Pre-Auth/Cert Required	Code Deleted
0243T	INTM MSR BRONCHODIL WHEE	Pre-Auth/Cert Required	Code Deleted
0244T	CONT MSR BRONCHODIL WHEE	Pre-Auth/Cert Required	Code Deleted
0253T	INSERT AQUEOUS DRAIN DEV	Pre-Auth/Cert Required	
0254T	EVASC RPR ILIAC ART BIFU	Pre-Auth/Cert Required	
0255T	EVASC RPR ILIAC ART BIFR	Pre-Auth/Cert Required	
0262T	IMPLTJ PULM VLV EVASC APPR	Pre-Auth/Cert Required	Code Deleted
0263T	IM B1 MRW CEL THER CMPL	Pre-Auth/Cert Required	
0264T	IM B1 MRW CEL THER XCL HRVST	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
0265T	IM B1 MRW CEL THER HRVST ONL	Pre-Auth/Cert Required	
0266T	IMPLT/RPL CRTD SNS DEV TOTAL	Pre-Auth/Cert Required	
0267T	IMPLT/RPL CRTD SNS DEV LEAD	Pre-Auth/Cert Required	
0268T	IMPLT/RPL CRTD SNS DEV GEN	Pre-Auth/Cert Required	
0269T	REV/REMLV CRTD SNS DEV TOTAL	Pre-Auth/Cert Required	
0270T	REV/REMLV CRTD SNS DEV LEAD	Pre-Auth/Cert Required	
0271T	REV/REMLV CRTD SNS DEV GEN	Pre-Auth/Cert Required	
0272T	INTERROGATE CRTD SNS DEV	Pre-Auth/Cert Required	
0273T	INTERROGATE CRTD SNS W/PGRMG	Pre-Auth/Cert Required	
0274T	PERQ LAMOT/LAM CRV/THRC	Pre-Auth/Cert Required	
0275T	PERQ LAMOT/LAM LUMBAR	Pre-Auth/Cert Required	
0281T	LAA CLOSURE W/IMPLANT	Pre-Auth/Cert Required	Code Deleted
0282T	PERIPH FIELD STIMUL TRIA	Pre-Auth/Cert Required	Code Deleted
0283T	PERIPH FIELD STIMUL PERM	Pre-Auth/Cert Required	Code Deleted
0284T	PERIPH FIELD STIMUL REVI	Pre-Auth/Cert Required	Code Deleted
0285T	PERIPH FIELD STIMUL ANAL	Pre-Auth/Cert Required	Code Deleted
0286T	NEAR IFR SPECTRSC OF WOU	Pre-Auth/Cert Required	Code Deleted
0288T	ANOSCOPY W/RF DELIVERY	Pre-Auth/Cert Required	Code Deleted
0289T	LASER INC FOR PKP/LKP DO	Pre-Auth/Cert Required	Code Deleted
0290T	LASER INC FOR PKP/LKP RE	Pre-Auth/Cert Required	
0291T	IV OCT FOR PROC INIT VES	Pre-Auth/Cert Required	Code Deleted
0292T	IV OCT FOR PROC ADDL VES	Pre-Auth/Cert Required	Code Deleted
0293T	INS LT ATRL PRESS MONITO	Pre-Auth/Cert Required	
0294T	INS LT ATRL PRESS MONT A	Pre-Auth/Cert Required	
0299T	ESW WOUND HEALING INIT W	Pre-Auth/Cert Required	
0300T	ESW WOUND HEALING ADDL W	Pre-Auth/Cert Required	
0301T	MW THERAPY FOR BREAST TU	Pre-Auth/Cert Required	
0308T	INSERTION OCULAR TEL PROSTHESIS	Pre-Auth/Cert Required	
0309T	ARTHROD PRESAC INTERBODY TECH	Pre-Auth/Cert Required	
0310T	MOTOR FUNCT MAPPING	Pre-Auth/Cert Required	
0312T	VAGUS NERVE BLOCKING THERAPY	Pre-Auth/Cert Required	
0313T	VAGUS NERVE BLOCKING THERAPY	Pre-Auth/Cert Required	
0314T	VAGUS NERVE BLOCKING THERAPY	Pre-Auth/Cert Required	
0315T	VAGUS NERVE BLOCKING THERAPY	Pre-Auth/Cert Required	
0316T	VAGUS NERVE BLOCKING THERAPY	Pre-Auth/Cert Required	

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0317T	VAGUS NERVE BLOCKING THERAPY	Pre-Auth/Cert Required	
0329T	MONITOR IOL PRESSURE ≥ 24 HRS UNILAT	Pre-Auth/Cert Required	
0330T	TEAR FILM IMAGE, UNILAT OR BILAT, W/IN	Pre-Auth/Cert Required	
0333T	VISUAL EVOKED POTENTIAL, AUTOMATED	Pre-Auth/Cert Required	
0335T	EXTRAOSSEOUS JOINT STABLJ	Pre-Auth/Cert Required	
0336T	LAP ABLAT UTERINE FIBROIDS	Pre-Auth/Cert Required	Code Deleted
0337T	ENDOTHEL FXNASSMNT NON-INVAS	Pre-Auth/Cert Required	
0338T	TRANSCATH RENAL SYMP DENERV	Pre-Auth/Cert Required	
0339T	TRANSCATH RENAL SYMP DENERV	Pre-Auth/Cert Required	
0340T	ABLATE PULM TUMORS + EXTNSN	Pre-Auth/Cert Required	
0341T	QUANT PUPILLOMETRY W/ RPRT	Pre-Auth/Cert Required	
0342T	THXP APHERESIS W/ HDL DELIP	Pre-Auth/Cert Required	
0345T	TRANSCATH MTRAL VLVE REPAIR	Pre-Auth/Cert Required	
0346T	ULTRASOUND ELASTOGRAPHY	Pre-Auth/Cert Required	
0347T	INS BONE DEVICE FOR RSA	Pre-Auth/Cert Required	
0348T	RSA SPINE EXAM	Pre-Auth/Cert Required	
0349T	RSA UPPER EXTR EXAM	Pre-Auth/Cert Required	
0350T	RSA LOWER EXTR EXAM	Pre-Auth/Cert Required	
0351T	INTRAOP OCT BRST/NODE SPEC	Pre-Auth/Cert Required	
0352T	OCT BRST/NODE I&R PER SPEC	Pre-Auth/Cert Required	
0353T	INTRAOP OCT BREAST CAVITY	Pre-Auth/Cert Required	
0354T	OCT BREAST SURG CAVITY I&R	Pre-Auth/Cert Required	
0355T	GI TRACT CAPSULE ENDOSCOPY	Pre-Auth/Cert Required	
0356T	INSRT DRUG DEVICE FOR IOP	Pre-Auth/Cert Required	
0358T	BIA WHOLE BODY	Pre-Auth/Cert Required	
0375T	TOTAL DISC ARTHRP ANT APPR	Pre-Auth/Cert Required	
0376T	INSERT ANT SEGMENT DRAIN INT	Pre-Auth/Cert Required	
0377T	ANOSCPY INJ AGENT FOR INCONT	Pre-Auth/Cert Required	
0378T	VISUAL FIELD ASSMNT REV/RPRT	Pre-Auth/Cert Required	
0379T	VIS FIELD ASSMNT TECH SUPPT	Pre-Auth/Cert Required	
0380T	COMP ANIMAT RET IMAG SERIES	Pre-Auth/Cert Required	
0381T	EXT H RATE EPI SZ 14 DAYS	Pre-Auth/Cert Required	
0382T	EXT H RATE SZ 14 DAY RI ONLY	Pre-Auth/Cert Required	
0383T	EXT H RATE SZ UP TO 30 DAYS	Pre-Auth/Cert Required	

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0384T	EXT H RATE SZ UP TO 30 DAYS	Pre-Auth/Cert Required	
0385T	EX H RATE FOR SZ OVR 30 DAY	Pre-Auth/Cert Required	
0386T	EX H RATE SZ 30+ DAY RI ONLY	Pre-Auth/Cert Required	
0387T	LEADLESS C PM INS/RPL VENTR	Pre-Auth/Cert Required	
0388T	LEADLESS C PM REMOVE VENTR	Pre-Auth/Cert Required	
0389T	PROG EVAL INPER LEADLS PM	Pre-Auth/Cert Required	
0390T	PERIPROC EVAL INPER LEDLS PM	Pre-Auth/Cert Required	
0391T	INTERGT EVAL INPER LEADLS PM	Pre-Auth/Cert Required	
0392T	Laparoscopy, surgical, esophageal sphincter a	Pre-Auth/Cert Required	
0394T	HDR ELCTRNC SKN SURF BRCHYTX	Pre-Auth/Cert Required	
0395T	HDR ELCTR NTRST/NTRCV BRCHTX	Pre-Auth/Cert Required	
0397T	ERCP W/OPTICAL ENDOMICROSCOPY	Pre-Auth/Cert Required	
0402T	COLLAGEN CROSSLINKING CORNEA	Pre-Auth/Cert Required	
0404T	TRNSCRV UTERIN FIBROID ABLTJ	Pre-Auth/Cert Required	
0405T	OVRSGHT XTRCORP LIV ASST PAT	Pre-Auth/Cert Required	
0406T	SIN NDSC PLMT DRG ELUT MPLNT	Pre-Auth/Cert Required	
0407T	SIN NDSC PLMT DRG ELUT MPLNT	Pre-Auth/Cert Required	
0408T	INSJ/RPLC CARDIAC MODULJ SYS	Pre-Auth/Cert Required	
0409T	INSJ/RPLC CARDIAC MODULJ PLS GN	Pre-Auth/Cert Required	
0410T	INSJ/RPLC CAR MODULJ ATR ELT	Pre-Auth/Cert Required	
0411T	INSJ/RPLC CAR MODULJ VNT ELT	Pre-Auth/Cert Required	
0412T	RMVL CARDIAC MODULJ PLS GEN	Pre-Auth/Cert Required	
0413T	RMVL CAR MODULJ TRANVNS ELT	Pre-Auth/Cert Required	
0414T	RMVL & RPL CAR MODULJ PLS GN	Pre-Auth/Cert Required	
0415T	REPOS CAR MODULJ TRANVNS ELT	Pre-Auth/Cert Required	
0416T	RELOC SKIN POCKET PLS GEN	Pre-Auth/Cert Required	
0417T	PRGRMG EVAL CARDIAC MODULJ	Pre-Auth/Cert Required	
0418T	INTERRO EVAL CARDIAC MODULJ	Pre-Auth/Cert Required	
0421T	WATERJET PROSTATE ABLTJ CMPL	Pre-Auth/Cert Required	
0422T	TACTILE BREAST IMG UNI/BI	Pre-Auth/Cert Required	
0423T	ASSAY SECRETORY TYPE II PLA2	Pre-Auth/Cert Required	
0424T	INSJ/RPLC NSTIM APNEA COMPL	Pre-Auth/Cert Required	
0425T	INSJ/RPLC NSTIM APNEA SEN LD	Pre-Auth/Cert Required	
0426T	INSJ/RPLC NSTIM APNEA STM LD	Pre-Auth/Cert Required	
0427T	INSJ/RPLC NSTIM APNEA PLS GN	Pre-Auth/Cert Required	

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0428T	RMVL NSTIM APNEA PLS GEN	Pre-Auth/Cert Required	
0429T	RMVL NSTIM APNEA SEN LD	Pre-Auth/Cert Required	
0430T	RMVL NSTIM APNEA STIMJ LD	Pre-Auth/Cert Required	
0431T	RMVL/RPLC NSTIM APNEA PLS GN	Pre-Auth/Cert Required	
0432T	REPOS NSTIM APNEA STIMJ LD	Pre-Auth/Cert Required	
0433T	REPOS NSTIM APNEA SENSING LD	Pre-Auth/Cert Required	
0434T	INTERRO EVAL NPGS SLEEP APNEA	Pre-Auth/Cert Required	
0435T	PRGRMG EVAL NPGS APNEA 1 SES	Pre-Auth/Cert Required	
0436T	PRGRMG EVAL NPGS APNEA STUDY	Pre-Auth/Cert Required	
0438T	TPRNL PLMT BIODEGRDABL MATRL	Pre-Auth/Cert Required	
0439T	MYOCDR CONTRAST PRFUJ ECHO	Pre-Auth/Cert Required	
0440T	ABLTJ PERC UXTR/PERPH NRV	Pre-Auth/Cert Required	
0441T	ABLTJ PERC LXTR/PERPH NRV	Pre-Auth/Cert Required	
0442T	ABLTJ PERC PLEX/TRNCL NRV	Pre-Auth/Cert Required	
0443T	R-T SPCTRL ALYS PROSTATE TISS	Pre-Auth/Cert Required	
0444T	1ST PLMT DRUG ELUT OC INS	Pre-Auth/Cert Required	
0445T	SBSQT PLMT DRUG ELUT OC INS	Pre-Auth/Cert Required	
0446T	INSJ IMPLTBL GLUCOSE SENSOR	Pre-Auth/Cert Required	
0447T	RMVL IMPLTBL GLUCOSE SENSOR	Pre-Auth/Cert Required	
0448T	REMLV INSJ IMPLTBL GLUC SENS	Pre-Auth/Cert Required	
0449T	INSJ AQUEOUS DRAIN DEV 1ST	Pre-Auth/Cert Required	
0450T	INSJ AQUEOUS DRAIN DEV EACH	Pre-Auth/Cert Required	
0451T	INSJ/RPLCMT AORTIC VENTR SYS	Pre-Auth/Cert Required	
0452T	INSJ/RPLCMT DEV VASC SEAL	Pre-Auth/Cert Required	
0453T	INSJ/RPLCMT MECH-ELEC NTRFCE	Pre-Auth/Cert Required	
0454T	INSJ/RPLCMT SUBQ ELECTRODE	Pre-Auth/Cert Required	
0455T	REMLV AORTIC VENTR CMPL SYS	Pre-Auth/Cert Required	
0456T	REMLV AORTIC DEV VASC SEAL	Pre-Auth/Cert Required	
0457T	REMLV MECH-ELEC SKIN NTRFCE	Pre-Auth/Cert Required	
0458T	REMLV SUBQ ELECTRODE	Pre-Auth/Cert Required	
0459T	RELOCAJ RPLCMT AORTIC VENTR	Pre-Auth/Cert Required	
0460T	REPOS AORTIC VENTR DEV ELTRD	Pre-Auth/Cert Required	
0461T	REPOS AORTIC CONTRPULSJ DEV	Pre-Auth/Cert Required	
0462T	PRGRMG EVL AORTIC VENTR SYS	Pre-Auth/Cert Required	
0463T	INTERROG AORTIC VENTR SYS	Pre-Auth/Cert Required	

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0464T	VISUAL EP TEST FOR GLAUCOMA	Pre-Auth/Cert Required	
0465T	SUPCHRDJ NJX RXW/O SUPPLY	Pre-Auth/Cert Required	
0466T	INSJ CHWAL RESPIR ELTRD/RA	Pre-Auth/Cert Required	
0467T	REVJ/RPLMNT CH RESPIR ELTRD	Pre-Auth/Cert Required	
0468T	RMVL CHWAL RESPIR ELTRD/RA	Pre-Auth/Cert Required	
0472T	PRGRMG IO RTA ELTRD RA	Pre-Auth/Cert Required	
0473T	REPRGRMG IO RTA ELTRD RA	Pre-Auth/Cert Required	
0474T	INSJ AQUEOUS DRG DEV IO RSVR	Pre-Auth/Cert Required	
0475T	REC FTL CAR SGL 3 CH I&R	Pre-Auth/Cert Required	
0476T	REC FTL CAR SGL ELEC TR DATA	Pre-Auth/Cert Required	
0477T	REC FTL CAR SGL XRTJ ALYS	Pre-Auth/Cert Required	
0478T	REC FTL CAR 3 CH REV I&R	Pre-Auth/Cert Required	
11950	THERAPY FOR CONTOUR DEFE	Pre-Auth/Cert Required	
11951	THERAPY FOR CONTOUR DEFE	Pre-Auth/Cert Required	
11952	THERAPY FOR CONTOUR DEFE	Pre-Auth/Cert Required	
11954	THERAPY FOR CONTOUR DEFE	Pre-Auth/Cert Required	
11960	INSERT TISSUE EXPANDER(S)	Pre-Auth/Cert Required	
11970	REPLACE TISSUE EXPANDER	Pre-Auth/Cert Required	
11971	REMOVE TISSUE EXPANDER(S)	Pre-Auth/Cert Required	
15150	CULT EPIDERM GRFT T/ARM/	Pre-Auth/Cert Required	
15151	CULT EPIDERM GRFT T/A/L	Pre-Auth/Cert Required	
15152	CULT EPIDERM GRAFT T/A/L	Pre-Auth/Cert Required	
15155	CULT EPIDERM GRAFT, F/N/	Pre-Auth/Cert Required	
15156	CULT EPIDRM GRFT F/N/HFG	Pre-Auth/Cert Required	
15157	CULT EPIDERM GRFT F/N/HF	Pre-Auth/Cert Required	
15271	SKIN SUB GRAFT TRNK/ARM/	Pre-Auth/Cert Required	
15272	SKIN SUB GRAFT T/A/L ADD	Pre-Auth/Cert Required	
15273	SKIN SUB GRFT T/ARM/LG	Pre-Auth/Cert Required	
15274	SKN SUB GRFT T/A/L CHILD	Pre-Auth/Cert Required	
15275	SKN SUB GRAFT FACE/NK/HF	Pre-Auth/Cert Required	
15276	SKN SUB GRAFT F/N/HF/G A	Pre-Auth/Cert Required	
15277	SKN SUB GRFT F/N/HF/G CH	Pre-Auth/Cert Required	
15278	SKN SUB GRFT F/N/HF/G CH	Pre-Auth/Cert Required	
15777	ACELLULAR DERM MATRIX IM	Pre-Auth/Cert Required	
15786	ABRASION, LESION, SINGLE	Pre-Auth/Cert Required	

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15787	ABRASION, LESIONS, ADD-O	Pre-Auth/Cert Required	
15819	PLASTIC SURGERY, NECK	Pre-Auth/Cert Required	
15820	REVISION OF LOWER EYELID	Pre-Auth/Cert Required	
15821	REVISION OF LOWER EYELID	Pre-Auth/Cert Required	
15822	REVISION OF UPPER EYELID	Pre-Auth/Cert Required	
15823	REVISION OF UPPER EYELID	Pre-Auth/Cert Required	
15824	REMOVAL OF FOREHEAD WRIN	Pre-Auth/Cert Required	
15825	REMOVAL OF NECK WRINKLES	Pre-Auth/Cert Required	
15828	REMOVAL OF FACE WRINKLES	Pre-Auth/Cert Required	
15829	REMOVAL OF SKIN WRINKLES	Pre-Auth/Cert Required	
15830	EXC SKIN ABD	Pre-Auth/Cert Required	
15832	EXCISE EXCESSIVE SKIN TI	Pre-Auth/Cert Required	
15833	EXCISE EXCESSIVE SKIN TI	Pre-Auth/Cert Required	
15834	EXCISE EXCESSIVE SKIN TI	Pre-Auth/Cert Required	
15835	EXCISE EXCESSIVE SKIN TI	Pre-Auth/Cert Required	
15836	EXCISE EXCESSIVE SKIN TI	Pre-Auth/Cert Required	
15837	EXCISE EXCESSIVE SKIN TI	Pre-Auth/Cert Required	
15838	EXCISE EXCESSIVE SKIN TI	Pre-Auth/Cert Required	
15839	EXCISE EXCESSIVE SKIN TI	Pre-Auth/Cert Required	
15847	EXC SKIN ABD ADD-ON	Pre-Auth/Cert Required	
15876	SUCTION ASSISTED LIPECTO	Pre-Auth/Cert Required	
15877	SUCTION ASSISTED LIPECTO	Pre-Auth/Cert Required	
15878	SUCTION ASSISTED LIPECTO	Pre-Auth/Cert Required	
15879	SUCTION ASSISTED LIPECTO	Pre-Auth/Cert Required	
15999	REMOVAL OF PRESSURE SORE	Pre-Auth/Cert Required	
17999	SKIN TISSUE PROCEDURE	Pre-Auth/Cert Required	
19105	CRYOSURG ABLATE FA, EACH	Pre-Auth/Cert Required	
19281	PERQ DEVICE BREAST 1ST IMAG	Pre-Auth/Cert Required	
19282	PERQ DEVICE BREAST EA IMAG	Pre-Auth/Cert Required	
19283	PERQ DEV BREAST 1ST STRTCTC	Pre-Auth/Cert Required	
19284	PERQ DEV BREAST ADD STRTCTC	Pre-Auth/Cert Required	
19285	PERQ DEV BREAST 1ST US IMAG	Pre-Auth/Cert Required	
19286	PERQ DEV BREAST ADD US IMAG	Pre-Auth/Cert Required	
19287	PERQ DEV BREAST 1ST MR GUIDE	Pre-Auth/Cert Required	
19288	PERQ DEV BREAST ADD MR GUIDE	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
19290	PLACE NEEDLE WIRE, BREAS	Pre-Auth/Cert Required	
19291	PLACE NEEDLE WIRE, BREAS	Pre-Auth/Cert Required	
19295	PLACE BREAST CLIP, PERCU	Pre-Auth/Cert Required	
19296	PLACE PO BREAST CATH FOR	Pre-Auth/Cert Required	
19297	PLACE BREAST CATH FOR RA	Pre-Auth/Cert Required	
19298	PLACE BREAST RAD TUBE/CA	Pre-Auth/Cert Required	
19300	REMOVAL OF BREAST TISSUE	Pre-Auth/Cert Required	
19304	MAST, SUBQ	Pre-Auth/Cert Required	
19307	MAST, MOD RAD	Pre-Auth/Cert Required	
19316	SUSPENSION OF BREAST	Pre-Auth/Cert Required	
19318	REDUCTION OF LARGE BREAS	Pre-Auth/Cert Required	
19324	ENLARGE BREAST	Pre-Auth/Cert Required	
19325	ENLARGE BREAST WITH IMPL	Pre-Auth/Cert Required	
19328	REMOVAL OF BREAST IMPLAN	Pre-Auth/Cert Required	
19330	REMOVAL OF IMPLANT MATER	Pre-Auth/Cert Required	
19340	IMMEDIATE BREAST PROSTHE	Pre-Auth/Cert Required	
19342	DELAYED BREAST PROSTHESI	Pre-Auth/Cert Required	
19350	BREAST RECONSTRUCTION	Pre-Auth/Cert Required	
19355	CORRECT INVERTED NIPPLE(Pre-Auth/Cert Required	
19357	BREAST RECONSTRUCTION	Pre-Auth/Cert Required	
19361	BREAST RECONSTRUCTION	Pre-Auth/Cert Required	
19364	BREAST RECONSTRUCTION	Pre-Auth/Cert Required	
19366	BREAST RECONSTRUCTION	Pre-Auth/Cert Required	
19367	BREAST RECONSTRUCTION	Pre-Auth/Cert Required	
19368	BREAST RECONSTRUCTION	Pre-Auth/Cert Required	
19369	BREAST RECONSTRUCTION	Pre-Auth/Cert Required	
19370	SURGERY OF BREAST CAPSUL	Pre-Auth/Cert Required	
19371	REMOVAL OF BREAST CAPSUL	Pre-Auth/Cert Required	
19380	REVISE BREAST RECONSTRUC	Pre-Auth/Cert Required	
19396	DESIGN CUSTOM BREAST IMP	Pre-Auth/Cert Required	
19499	BREAST SURGERY PROCEDURE	Pre-Auth/Cert Required	
20527	INJ DUPUYTREN CORD W/ENZ	Pre-Auth/Cert Required	
20910	REMOVE CARTILAGE FOR GRA	Pre-Auth/Cert Required	
20912	REMOVE CARTILAGE FOR GRA	Pre-Auth/Cert Required	
20930	SPINAL BONE ALLOGRAFT	Pre-Auth/Cert Required	Spinal Auth form required

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Code	Description	Review Type	Comments
20936	SPINAL BONE AUTOGRAFT	Pre-Auth/Cert Required	Spinal Auth form required
20937	SPINAL BONE AUTOGRAFT	Pre-Auth/Cert Required	Spinal Auth form required
20938	SPINAL BONE AUTOGRAFT	Pre-Auth/Cert Required	Spinal Auth form required
20975	ELECTRICAL BONE STIMULAT	Pre-Auth/Cert Required	
20999	MUSCULOSKELETAL SURGERY	Pre-Auth/Cert Required	
21025	EXCISION OF BONE, LOWER	Pre-Auth/Cert Required	
21032	REMOVE EXOSTOSIS, MAXILL	Pre-Auth/Cert Required	
21050	REMOVAL OF JAW JOINT	Pre-Auth/Cert Required	
21060	REMOVE JAW JOINT CARTILA	Pre-Auth/Cert Required	
21073	MNPJ OF TMJ W/ANESTH	Pre-Auth/Cert Required	
21076	PREPARE FACE/ORAL PROSTH	Pre-Auth/Cert Required	
21077	PREPARE FACE/ORAL PROSTH	Pre-Auth/Cert Required	
21079	PREPARE FACE/ORAL PROSTH	Pre-Auth/Cert Required	
21080	PREPARE FACE/ORAL PROSTH	Pre-Auth/Cert Required	
21081	PREPARE FACE/ORAL PROSTH	Pre-Auth/Cert Required	
21082	PREPARE FACE/ORAL PROSTH	Pre-Auth/Cert Required	
21083	PREPARE FACE/ORAL PROSTH	Pre-Auth/Cert Required	
21085	PREPARE FACE/ORAL PROSTH	Pre-Auth/Cert Required	
21088	PREPARE FACE/ORAL PROSTH	Pre-Auth/Cert Required	
21089	PREPARE FACE/ORAL PROSTH	Pre-Auth/Cert Required	
21110	INTERDENTAL FIXATION	Pre-Auth/Cert Required	
21120	RECONSTRUCTION OF CHIN	Pre-Auth/Cert Required	
21121	RECONSTRUCTION OF CHIN	Pre-Auth/Cert Required	
21122	RECONSTRUCTION OF CHIN	Pre-Auth/Cert Required	
21123	RECONSTRUCTION OF CHIN	Pre-Auth/Cert Required	
21125	AUGMENTATION, LOWER JAW	Pre-Auth/Cert Required	
21127	AUGMENTATION, LOWER JAW	Pre-Auth/Cert Required	
21137	REDUCTION OF FOREHEAD	Pre-Auth/Cert Required	
21138	REDUCTION OF FOREHEAD	Pre-Auth/Cert Required	
21139	REDUCTION OF FOREHEAD	Pre-Auth/Cert Required	
21141	RECONSTRUCT MIDFACE, LEF	Pre-Auth/Cert Required	
21142	RECONSTRUCT MIDFACE, LEF	Pre-Auth/Cert Required	
21143	RECONSTRUCT MIDFACE, LEF	Pre-Auth/Cert Required	
21145	RECONSTRUCT MIDFACE, LEF	Pre-Auth/Cert Required	
21146	RECONSTRUCT MIDFACE, LEF	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
21147	RECONSTRUCT MIDFACE, LEF	Pre-Auth/Cert Required	
21150	RECONSTRUCT MIDFACE, LEF	Pre-Auth/Cert Required	
21151	RECONSTRUCT MIDFACE, LEF	Pre-Auth/Cert Required	
21154	RECONSTRUCT MIDFACE, LEF	Pre-Auth/Cert Required	
21155	RECONSTRUCT MIDFACE, LEF	Pre-Auth/Cert Required	
21159	RECONSTRUCT MIDFACE, LEF	Pre-Auth/Cert Required	
21160	RECONSTRUCT MIDFACE, LEF	Pre-Auth/Cert Required	
21172	RECONSTRUCT ORBIT/FOREHE	Pre-Auth/Cert Required	
21179	RECONSTRUCT ENTIRE FOREH	Pre-Auth/Cert Required	
21180	RECONSTRUCT ENTIRE FOREH	Pre-Auth/Cert Required	
21181	CONTOUR CRANIAL BONE LES	Pre-Auth/Cert Required	
21182	RECONSTRUCT CRANIAL BONE	Pre-Auth/Cert Required	
21188	RECONSTRUCTION OF MIDFAC	Pre-Auth/Cert Required	
21193	RECONST LWR JAW W/O GRAF	Pre-Auth/Cert Required	
21194	RECONST LWR JAW W/GRAFT	Pre-Auth/Cert Required	
21195	RECONST LWR JAW W/O FIXA	Pre-Auth/Cert Required	
21196	RECONST LWR JAW W/FIXATI	Pre-Auth/Cert Required	
21198	RECONSTR LWR JAW SEGMENT	Pre-Auth/Cert Required	
21199	RECONSTR LWR JAW W/ADVAN	Pre-Auth/Cert Required	
21206	RECONSTRUCT UPPER JAW BO	Pre-Auth/Cert Required	
21208	AUGMENTATION OF FACIAL B	Pre-Auth/Cert Required	
21209	REDUCTION OF FACIAL BONE	Pre-Auth/Cert Required	
21210	FACE BONE GRAFT	Pre-Auth/Cert Required	
21215	LOWER JAW BONE GRAFT	Pre-Auth/Cert Required	
21230	RIB CARTILAGE GRAFT	Pre-Auth/Cert Required	
21235	EAR CARTILAGE GRAFT	Pre-Auth/Cert Required	
21240	RECONSTRUCTION OF JAW JO	Pre-Auth/Cert Required	
21242	RECONSTRUCTION OF JAW JO	Pre-Auth/Cert Required	
21243	RECONSTRUCTION OF JAW JO	Pre-Auth/Cert Required	
21244	RECONSTRUCTION OF LOWER	Pre-Auth/Cert Required	
21245	RECONSTRUCTION OF JAW	Pre-Auth/Cert Required	
21246	RECONSTRUCTION OF JAW	Pre-Auth/Cert Required	
21247	RECONSTRUCT LOWER JAW BO	Pre-Auth/Cert Required	
21248	RECONSTRUCTION OF JAW	Pre-Auth/Cert Required	
21249	RECONSTRUCTION OF JAW	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
21270	AUGMENTATION, CHEEK BONE	Pre-Auth/Cert Required	
21280	REVISION OF EYELID	Pre-Auth/Cert Required	
21282	REVISION OF EYELID	Pre-Auth/Cert Required	
21299	CRANIO/MAXILLOFACIAL SUR	Pre-Auth/Cert Required	
21325	TREATMENT OF NOSE FRACTU	Pre-Auth/Cert Required	
21497	INTERDENTAL WIRING	Pre-Auth/Cert Required	
21499	HEAD SURGERY PROCEDURE	Pre-Auth/Cert Required	
21685	HYOID MYOTOMY & SUSPENSI	Pre-Auth/Cert Required	
21740	RECONSTRUCTION OF STERNU	Pre-Auth/Cert Required	
21742	REPAIR STERN/NUSS W/O SC	Pre-Auth/Cert Required	
21743	REPAIR STERNUM/NUSS W/SC	Pre-Auth/Cert Required	
21899	NECK/CHEST SURGERY PROCE	Pre-Auth/Cert Required	
22010	I&D, P-SPINE, C/T/CERV-T	Pre-Auth/Cert Required	Spinal Auth form required
22015	I&D, P-SPINE, L/S/LS	Pre-Auth/Cert Required	Spinal Auth form required
22100	REMOVE PART OF NECK VERT	Pre-Auth/Cert Required	Spinal Auth form required
22101	REMOVE PART, THORAX VERT	Pre-Auth/Cert Required	Spinal Auth form required
22102	REMOVE PART, LUMBAR VERT	Pre-Auth/Cert Required	Spinal Auth form required
22103	REMOVE EXTRA SPINE SEGME	Pre-Auth/Cert Required	Spinal Auth form required
22110	REMOVE PART OF NECK VERT	Pre-Auth/Cert Required	Spinal Auth form required
22112	REMOVE PART, THORAX VERT	Pre-Auth/Cert Required	Spinal Auth form required
22114	REMOVE PART, LUMBAR VERT	Pre-Auth/Cert Required	Spinal Auth form required
22116	REMOVE EXTRA SPINE SEGME	Pre-Auth/Cert Required	Spinal Auth form required
22206	CUT SPINE 3 COL, THOR	Pre-Auth/Cert Required	Spinal Auth form required
22207	CUT SPINE 3 COL, LUMB	Pre-Auth/Cert Required	Spinal Auth form required
22208	CUT SPINE 3 COL, ADDL SE	Pre-Auth/Cert Required	Spinal Auth form required
22210	REVISION OF NECK SPINE	Pre-Auth/Cert Required	Spinal Auth form required
22212	REVISION OF THORAX SPINE	Pre-Auth/Cert Required	Spinal Auth form required
22214	REVISION OF LUMBAR SPINE	Pre-Auth/Cert Required	Spinal Auth form required
22220	REVISION OF NECK SPINE	Pre-Auth/Cert Required	Spinal Auth form required
22222	REVISION OF THORAX SPINE	Pre-Auth/Cert Required	Spinal Auth form required
22224	REVISION OF LUMBAR SPINE	Pre-Auth/Cert Required	Spinal Auth form required
22226	REVISE, EXTRA SPINE SEGM	Pre-Auth/Cert Required	Spinal Auth form required
22305	TREAT SPINE PROCESS FRAC	Pre-Auth/Cert Required	Code deleted 12/31/2016
22310	TREAT SPINE FRACTURE	Pre-Auth/Cert Required	Spinal Auth form required
22315	TREAT SPINE FRACTURE	Pre-Auth/Cert Required	Spinal Auth form required

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Code	Description	Review Type	Comments
22325	TREAT SPINE FRACTURE	Pre-Auth/Cert Required	Spinal Auth form required
22326	TREAT NECK SPINE FRACTUR	Pre-Auth/Cert Required	Spinal Auth form required
22327	TREAT THORAX SPINE FRACT	Pre-Auth/Cert Required	Spinal Auth form required
22328	TREAT EACH ADD SPINE FX	Pre-Auth/Cert Required	Spinal Auth form required
22505	MANIPULATION OF SPINE	Pre-Auth/Cert Required	Spinal Auth form required
22510	PERQ CERVICOTHORACIC INJECT	Pre-Auth/Cert Required	Spinal Auth form required
22511	PERQ LUMBOSACRAL INJECTION	Pre-Auth/Cert Required	Spinal Auth form required
22512	VERTEBROPLASTY ADDL INJECT	Pre-Auth/Cert Required	Spinal Auth form required
22513	PERQ VERTEBRAL AUGMENTATION	Pre-Auth/Cert Required	Spinal Auth form required
22514	PERQ VERTEBRAL AUGMENTATION	Pre-Auth/Cert Required	Spinal Auth form required
22515	PERQ VERTEBRAL AUGMENTATION	Pre-Auth/Cert Required	Spinal Auth form required
22526	IDET, SINGLE LEVEL	Pre-Auth/Cert Required	Spinal Auth form required
22527	IDET, 1 OR MORE LEVELS	Pre-Auth/Cert Required	Spinal Auth form required
22532	LAT THORAX SPINE FUSION	Pre-Auth/Cert Required	Spinal Auth form required
22533	LAT LUMBAR SPINE FUSION	Pre-Auth/Cert Required	Spinal Auth form required
22534	LAT THOR/LUMB, ADD'L SEG	Pre-Auth/Cert Required	Spinal Auth form required
22548	NECK SPINE FUSION	Pre-Auth/Cert Required	Spinal Auth form required
22551	NECK SPINE FUSE&REMOVE A	Pre-Auth/Cert Required	Spinal Auth form required
22552	ADDL NECK SPINE FUSION	Pre-Auth/Cert Required	Spinal Auth form required
22554	NECK SPINE FUSION	Pre-Auth/Cert Required	Spinal Auth form required
22556	THORAX SPINE FUSION	Pre-Auth/Cert Required	Spinal Auth form required
22558	LUMBAR SPINE FUSION	Pre-Auth/Cert Required	Spinal Auth form required
22585	ADDITIONAL SPINAL FUSION	Pre-Auth/Cert Required	Spinal Auth form required
22586	ARTHRODESIS PRE-SACRAL INTERBODY	Pre-Auth/Cert Required	Spinal Auth form required
22590	SPINE & SKULL SPINAL FUS	Pre-Auth/Cert Required	Spinal Auth form required
22595	NECK SPINAL FUSION	Pre-Auth/Cert Required	Spinal Auth form required
22600	NECK SPINE FUSION	Pre-Auth/Cert Required	Spinal Auth form required
22610	THORAX SPINE FUSION	Pre-Auth/Cert Required	Spinal Auth form required
22612	LUMBAR SPINE FUSION	Pre-Auth/Cert Required	Spinal Auth form required
22614	SPINE FUSION, EXTRA SEGM	Pre-Auth/Cert Required	Spinal Auth form required
22630	LUMBAR SPINE FUSION	Pre-Auth/Cert Required	Spinal Auth form required
22632	SPINE FUSION, EXTRA SEGM	Pre-Auth/Cert Required	Spinal Auth form required
22633	LUMBAR SPINE FUSION COMB	Pre-Auth/Cert Required	Spinal Auth form required
22634	SPINE FUSION EXTRA SEGME	Pre-Auth/Cert Required	Spinal Auth form required
22800	FUSION OF SPINE	Pre-Auth/Cert Required	Spinal Auth form required

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Code	Description	Review Type	Comments
22802	FUSION OF SPINE	Pre-Auth/Cert Required	Spinal Auth form required
22804	FUSION OF SPINE	Pre-Auth/Cert Required	Spinal Auth form required
22808	FUSION OF SPINE	Pre-Auth/Cert Required	Spinal Auth form required
22810	FUSION OF SPINE	Pre-Auth/Cert Required	Spinal Auth form required
22812	FUSION OF SPINE	Pre-Auth/Cert Required	Spinal Auth form required
22818	KYPHECTOMY, 1-2 SEGMENTS	Pre-Auth/Cert Required	Spinal Auth form required
22819	KYPHECTOMY, 3 OR MORE	Pre-Auth/Cert Required	Spinal Auth form required
22830	EXPLORATION OF SPINAL FU	Pre-Auth/Cert Required	Spinal Auth form required
22840	INSERT SPINE FIXATION DE	Pre-Auth/Cert Required	Spinal Auth form required
22841	INSERT SPINE FIXATION DE	Pre-Auth/Cert Required	Spinal Auth form required
22842	INSERT SPINE FIXATION DE	Pre-Auth/Cert Required	Spinal Auth form required
22843	INSERT SPINE FIXATION DE	Pre-Auth/Cert Required	Spinal Auth form required
22844	INSERT SPINE FIXATION DE	Pre-Auth/Cert Required	Spinal Auth form required
22845	INSERT SPINE FIXATION DE	Pre-Auth/Cert Required	Spinal Auth form required
22846	INSERT SPINE FIXATION DE	Pre-Auth/Cert Required	Spinal Auth form required
22847	INSERT SPINE FIXATION DE	Pre-Auth/Cert Required	Spinal Auth form required
22848	INSERT PELV FIXATION DEV	Pre-Auth/Cert Required	Spinal Auth form required
22849	REINSERT SPINAL FIXATION	Pre-Auth/Cert Required	Spinal Auth form required
22850	REMOVE SPINE FIXATION DE	Pre-Auth/Cert Required	Spinal Auth form required
22851	APPLY SPINE PROSTH DEVIC	Pre-Auth/Cert Required	Spinal Auth form required
22852	REMOVE SPINE FIXATION DE	Pre-Auth/Cert Required	Spinal Auth form required
22853	INSJ BIOMECHANICAL DEVICE	Pre-Auth/Cert Required	Spinal Auth form required
22854	INSJ BIOMECHANICAL DEVICE	Pre-Auth/Cert Required	Spinal Auth form required
22855	REMOVE SPINE FIXATION DE	Pre-Auth/Cert Required	Spinal Auth form required
22856	CERV ARTIFIC DISKECTOMY]	Pre-Auth/Cert Required	Spinal Auth form required
22857	LUMBAR ARTIF DISKECTOMY	Pre-Auth/Cert Required	Spinal Auth form required
22858	SECOND LEVEL CER DISKECTOMY	Pre-Auth/Cert Required	Spinal Auth form required
22859	INSJ BIOMECHANICAL DEVICE	Pre-Auth/Cert Required	Spinal Auth form required
22861	REVISE CERV ARTIFIC DISC	Pre-Auth/Cert Required	Spinal Auth form required
22862	REVISE LUMBAR ARTIF DISC	Pre-Auth/Cert Required	Spinal Auth form required
22864	REMOVE CERV ARTIFIC DISC	Pre-Auth/Cert Required	Spinal Auth form required
22865	REMOVE LUMB ARTIF DISC	Pre-Auth/Cert Required	Spinal Auth form required
22867	INSJ STABLJ DEV W/DCMPRN	Pre-Auth/Cert Required	Spinal Auth form required
22868	INSJ STABLJ DEV W/DCMPRN	Pre-Auth/Cert Required	Spinal Auth form required
22869	INSJ STABLJ DEV W/O DCMPRN	Pre-Auth/Cert Required	Spinal Auth form required

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Code	Description	Review Type	Comments
22870	INSJ STABLJ DEV W/O DCMPRN	Pre-Auth/Cert Required	Spinal Auth form required
22899	SPINE SURGERY PROCEDURE	Pre-Auth/Cert Required	Spinal Auth form required
22999	ABDOMEN SURGERY PROCEDUR	Pre-Auth/Cert Required	
24300	MANIPULATE ELBOW W/ANEST	Pre-Auth/Cert Required	
24999	UPPER ARM/ELBOW SURGERY	Pre-Auth/Cert Required	
25259	MANIPULATE WRIST W/ANEST	Pre-Auth/Cert Required	
25675	TREAT WRIST DISLOCATION	Pre-Auth/Cert Required	
25999	FOREARM OR WRIST SURGERY	Pre-Auth/Cert Required	
26341	MANIPULAT PALM CORD POST	Pre-Auth/Cert Required	
26989	HAND/FINGER SURGERY	Pre-Auth/Cert Required	
27194	TREAT PELVIC RING FRACTU	Pre-Auth/Cert Required	Code Deleted
27197	CLSD TX PELVIC RING FX	Pre-Auth/Cert Required	
27198	CLSD TX PELVIC RING FX	Pre-Auth/Cert Required	
27275	MANIPULATION OF HIP JOIN	Pre-Auth/Cert Required	
27279	ARTHRODESIS SACROILIAC JOINT	Pre-Auth/Cert Required	
27280	FUSION OF SACROILIAC JOI	Pre-Auth/Cert Required	
27702	RECONSTRUCT ANKLE JOINT	Pre-Auth/Cert Required	
27703	RECONSTRUCTION, ANKLE JO	Pre-Auth/Cert Required	
27860	FIXATION OF ANKLE JOINT	Pre-Auth/Cert Required	
28293	CORRECTION OF BUNION	Pre-Auth/Cert Required	Code Deleted
28446	OSTEOCHONDRAL TALUS AUTO	Pre-Auth/Cert Required	
28890	HIGH ENERGY ESWT, PLANTA	Pre-Auth/Cert Required	
28899	Unlisted FOOT/TOES SURGERY PROCED	Pre-Auth/Cert Required	
29799	Unlisted CASTING/STRAPPING PROCED	Pre-Auth/Cert Required	
29800	JAW ARTHROSCOPY/SURGERY	Pre-Auth/Cert Required	
29804	JAW ARTHROSCOPY/SURGERY	Pre-Auth/Cert Required	
30150	PARTIAL REMOVAL OF NOSE	Pre-Auth/Cert Required	
30400	RECONSTRUCTION OF NOSE	Pre-Auth/Cert Required	
30410	RECONSTRUCTION OF NOSE	Pre-Auth/Cert Required	
30420	RECONSTRUCTION OF NOSE	Pre-Auth/Cert Required	
30430	REVISION OF NOSE	Pre-Auth/Cert Required	
30435	REVISION OF NOSE	Pre-Auth/Cert Required	
30450	REVISION OF NOSE	Pre-Auth/Cert Required	
30460	REVISION OF NOSE	Pre-Auth/Cert Required	
30462	REVISION OF NOSE	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
30465	REPAIR NASAL STENOSIS	Pre-Auth/Cert Required	
30620	INTRANASAL RECONSTRUCTIO	Pre-Auth/Cert Required	
30999	Unlisted NASAL SURGERY PROCEDURE	Pre-Auth/Cert Required	
31295	SINUS ENDO W/BALLON DIL	Pre-Auth/Cert Required	
31296	SINUS ENDO W/BALLON DIL	Pre-Auth/Cert Required	
31297	SINUS ENDO W/BALLON DIL	Pre-Auth/Cert Required	
31299	Unlisted SINUS SURGERY PROCEDURE	Pre-Auth/Cert Required	
31599	Unlisted LARYNX SURGERY PROCEDURE	Pre-Auth/Cert Required	
31643	DIAG BRONCHOSCOPE/CATHET	Pre-Auth/Cert Required	
31647	BRONCHOSCOPY,BALLOON OCCULSION	Pre-Auth/Cert Required	
31651	BRONCHOSCOPY, EACH ADD'L LOBE	Pre-Auth/Cert Required	
31660	BRONCHOSCOPY, THERMOPLASTY	Pre-Auth/Cert Required	
31661	BRONCHOSCOPY, THERMOPLASTY	Pre-Auth/Cert Required	
31899	Unlisted AIRWAYS SURGICAL PROCEDU	Pre-Auth/Cert Required	
32491	LUNG VOLUME REDUCTION	Pre-Auth/Cert Required	
32553	INS MARK THOR FOR RT PER	Pre-Auth/Cert Required	
32664	THORACOSCOPY, SURGICAL	Pre-Auth/Cert Required	
32850	DONOR PNEUMONECTOMY	Pre-Auth/Cert Required	
32851	LUNG TRANSPLANT, SINGLE	Pre-Auth/Cert Required	
32852	LUNG TRANSPLANT WITH BYP	Pre-Auth/Cert Required	
32853	LUNG TRANSPLANT, DOUBLE	Pre-Auth/Cert Required	
32854	LUNG TRANSPLANT WITH BYP	Pre-Auth/Cert Required	
32855	PREPARE DONOR LUNG, SING	Pre-Auth/Cert Required	
32856	PREPARE DONOR LUNG, DOUB	Pre-Auth/Cert Required	
32999	Unlisted CHEST SURGERY PROCEDURE	Pre-Auth/Cert Required	
33230	INSRT PULSE GEN W/DUAL L	Pre-Auth/Cert Required	
33231	INSRT PULSE GEN W/MULT L	Pre-Auth/Cert Required	
33240	INSERT PULSE GENERATOR	Pre-Auth/Cert Required	
33249	ELTRD/INSERT PACE-DEFIB	Pre-Auth/Cert Required	
33270	INS/REP SUBQ DEFIBRILLATOR	Pre-Auth/Cert Required	
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	Pre-Auth/Cert Required	
33340	PERQ CLSR TCAT L ATR APNDGE	Pre-Auth/Cert Required	
33361	TAVR/TAVI WITH PROSTH VALVE	Pre-Auth/Cert Required	
33362	TAVR/TAVI WITH PROSTH VALVE	Pre-Auth/Cert Required	
33363	TAVR/TAVI WITH PROSTH VALVE	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
33364	TAVR/TAVI WITH PROSTH VALVE	Pre-Auth/Cert Required	
33365	TAVR/TAVI WITH PROSTH VALVE	Pre-Auth/Cert Required	
33366	TAVR/TAVI WITH PROSTH VALVE	Pre-Auth/Cert Required	
33367	TAVR/TAVI WITH PROSTH VALVE	Pre-Auth/Cert Required	
33368	TAVR/TAVI WITH PROSTH VALVE	Pre-Auth/Cert Required	
33369	TAVR/TAVI WITH PROSTH VALVE	Pre-Auth/Cert Required	
33418	REPAIR TCAT MITRAL VALVE	Pre-Auth/Cert Required	
33419	REPAIR TCAT MITRAL VALVE	Pre-Auth/Cert Required	
33477	IMPLANT TCAT PULM VLV PERQ	Pre-Auth/Cert Required	
33548	RESTORE/REMODEL, VENTRIC	Pre-Auth/Cert Required	
33880	ENDOVASC TAA REPR INCL S	Pre-Auth/Cert Required	
33881	ENDOVASC TAA REPR W/O SU	Pre-Auth/Cert Required	
33883	INSERT ENDOVASC PROSTH,	Pre-Auth/Cert Required	
33884	ENDOVASC PROSTH, TAA, AD	Pre-Auth/Cert Required	
33886	ENDOVASC PROSTH, DELAYED	Pre-Auth/Cert Required	
33930	REMOVAL OF DONOR HEART/L	Pre-Auth/Cert Required	
33933	PREPARE DONOR HEART/LUNG	Pre-Auth/Cert Required	
33935	TRANSPLANTATION, HEART/L	Pre-Auth/Cert Required	
33940	REMOVAL OF DONOR HEART	Pre-Auth/Cert Required	
33944	PREPARE DONOR HEART	Pre-Auth/Cert Required	
33945	TRANSPLANTATION OF HEART	Pre-Auth/Cert Required	
33975	IMPLANT VENTRICULAR DEVI	Pre-Auth/Cert Required	
33976	IMPLANT VENTRICULAR DEVI	Pre-Auth/Cert Required	
33977	REMOVE VENTRICULAR DEVIC	Pre-Auth/Cert Required	
33978	REMOVE VENTRICULAR DEVIC	Pre-Auth/Cert Required	
33979	INSERT INTRACORPOREAL DE	Pre-Auth/Cert Required	
33980	REMOVE INTRACORPOREAL DE	Pre-Auth/Cert Required	
33981	REPLACE VAD PUMP EXT	Pre-Auth/Cert Required	
33982	REPLACE VAD INTRA W/O BP	Pre-Auth/Cert Required	
33983	REPLACE VAD INTRA W/BP	Pre-Auth/Cert Required	
33990	INS VAD, ART ACCESS ONLY	Pre-Auth/Cert Required	
33991	INS VAD, BOTH ART and VENOUS ACCESS	Pre-Auth/Cert Required	
33993	REPOSITION VAD SEPARATE SESSION	Pre-Auth/Cert Required	
33999	CARDIAC SURGERY PROCEDUR	Pre-Auth/Cert Required	
34806	ANEURYSM PRESS SENSOR AD	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
34841	ENDOVASC VISC AORTA 1 GRAFT	Pre-Auth/Cert Required	
34842	ENDOVASC VISC AORTA 2 GRAFT	Pre-Auth/Cert Required	
34843	ENDOVASC VISC AORTA 3 GRAFT	Pre-Auth/Cert Required	
34844	ENDOVASC VISC AORTA 4 GRAFT	Pre-Auth/Cert Required	
34845	VISC & INFRAREN ABD 1 PROSTH	Pre-Auth/Cert Required	
34846	VISC & INFRAREN ABD 2 PROSTH	Pre-Auth/Cert Required	
34847	VISC & INFRAREN ABD 3 PROSTH	Pre-Auth/Cert Required	
34848	VISC & INFRAREN ABD 4+ PROST	Pre-Auth/Cert Required	
35884	REVISE GRAFT W/VEIN	Pre-Auth/Cert Required	
36260	INSERTION OF INFUSION PU	Pre-Auth/Cert Required	
36299	Unlisted VESSEL INJECTION PROCEDU	Pre-Auth/Cert Required	
36514	APHERESIS PLASMA	Pre-Auth/Cert Required	
36516	APHERESIS, SELECTIVE	Pre-Auth/Cert Required	
36522	PHOTOPHERESIS	Pre-Auth/Cert Required	
37241	VASC EMBOLIZE/OCCLUDE VENOUS	Pre-Auth/Cert Required	
37244	VASC EMBOLIZE/OCCLUDE BLEED	Pre-Auth/Cert Required	
37500	ENDOSCOPY LIGATE PERF VE	Pre-Auth/Cert Required	
37501	VASCULAR ENDOSCOPY PROCE	Pre-Auth/Cert Required	
37785	LIGATE/DIVIDE/EXCISE VEI	Pre-Auth/Cert Required	
37790	PENILE VENOUS OCCLUSION	Pre-Auth/Cert Required	
37799	Unlisted VASCULAR SURGERY PROCEDU	Pre-Auth/Cert Required	
38129	LAPAROSCOPE PROC, SPLEEN	Pre-Auth/Cert Required	
38204	BL DONOR SEARCH MANAGEME	Pre-Auth/Cert Required	
38205	HARVEST ALLOGENIC STEM C	Pre-Auth/Cert Required	
38206	HARVEST AUTO STEM CELLS	Pre-Auth/Cert Required	
38207	CRYOPRESERVE STEM CELLS	Pre-Auth/Cert Required	
38208	THAW PRESERVED STEM CELL	Pre-Auth/Cert Required	
38209	WASH HARVEST STEM CELLS	Pre-Auth/Cert Required	
38210	T-CELL DEPLETION OF HARV	Pre-Auth/Cert Required	
38211	TUMOR CELL DEplete OF HA	Pre-Auth/Cert Required	
38212	RBC DEPLETION OF HARVEST	Pre-Auth/Cert Required	
38213	PLATELET DEplete OF HARV	Pre-Auth/Cert Required	
38214	VOLUME DEplete OF HARVES	Pre-Auth/Cert Required	
38215	HARVEST STEM CELL CONCEN	Pre-Auth/Cert Required	
38230	BONE MARROW COLLECTION	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
38232	BONE MARROW HARVEST AUTO	Pre-Auth/Cert Required	
38240	BONE MARROW/STEM TRANSPL	Pre-Auth/Cert Required	
38241	BONE MARROW/STEM TRANSPL	Pre-Auth/Cert Required	
38242	LYMPHOCYTE INFUSE TRANSP	Pre-Auth/Cert Required	
38243	HPC;HPC Boost	Pre-Auth/Cert Required	
38589	LAPAROSCOPE PROC, LYMPHA	Pre-Auth/Cert Required	
38999	Unlisted BLOOD/LYMPH SYSTEM PROCE	Pre-Auth/Cert Required	
39499	Unlisted CHEST PROCEDURE	Pre-Auth/Cert Required	
39599	Unlisted DIAPHRAGM SURGERY PROCED	Pre-Auth/Cert Required	
40799	Unlisted LIP SURGERY PROCEDURE	Pre-Auth/Cert Required	
40899	Unlisted MOUTH SURGERY PROCEDURE	Pre-Auth/Cert Required	
41019	PLACE NEEDLES H&N FOR RT	Pre-Auth/Cert Required	
41512	TONGUE SUSPENSION]	Pre-Auth/Cert Required	
41530	TONGUE BASE VOL REDUCTIO	Pre-Auth/Cert Required	
41599	Unlisted TONGUE AND MOUTH SURGERY	Pre-Auth/Cert Required	
41874	REPAIR TOOTH SOCKET	Pre-Auth/Cert Required	
41899	Unlisted DENTAL SURGERY PROCEDURE	Pre-Auth/Cert Required	
42140	EXCISION OF UVULA	Pre-Auth/Cert Required	
42145	REPAIR PALATE, PHARYNX/U	Pre-Auth/Cert Required	
42160	TREATMENT MOUTH ROOF LES	Pre-Auth/Cert Required	
42299	Unlisted PALATE/UVULA SURGERY	Pre-Auth/Cert Required	
42699	Unlisted SALIVARY SURGERY PROCEDU	Pre-Auth/Cert Required	
42999	Unlisted THROAT SURGERY PROCEDURE	Pre-Auth/Cert Required	
43210	EGD ESOPHAGOGASTRC FNDOPPLSTY	Pre-Auth/Cert Required	
43257	UPPR GI SCOPE W/THRML TX	Pre-Auth/Cert Required	
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	Pre-Auth/Cert Required	
43285	RMVL ESOPHGL SPHNCTR DEV	Pre-Auth/Cert Required	
43289	LAPAROSCOPE PROC, ESOPH	Pre-Auth/Cert Required	
43499	Unlisted ESOPHAGUS SURGERY PROCED	Pre-Auth/Cert Required	
43631	REMOVAL OF STOMACH, PART	Pre-Auth/Cert Required	
43632	REMOVAL OF STOMACH, PART	Pre-Auth/Cert Required	
43633	REMOVAL OF STOMACH, PART	Pre-Auth/Cert Required	
43634	REMOVAL OF STOMACH, PART	Pre-Auth/Cert Required	
43644	LAP GASTRIC BYPASS/ROUX-	Pre-Auth/Cert Required	
43645	LAP GASTR BYPASS INCL SM	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
43647	LAP IMPL ELECTRODE, ANTR	Pre-Auth/Cert Required	
43648	LAP REVISE/REMV ELTRD AN	Pre-Auth/Cert Required	
43659	LAPAROSCOPE PROC, STOM	Pre-Auth/Cert Required	
43770	LAP, PLACE GASTR ADJUST	Pre-Auth/Cert Required	
43771	LAP, REVISE ADJUST GAST	Pre-Auth/Cert Required	
43772	LAP, REMOVE ADJUST GAST	Pre-Auth/Cert Required	
43773	LAP, CHANGE ADJUST GAST	Pre-Auth/Cert Required	
43774	LAP REMOV ADJ GAST BAND/	Pre-Auth/Cert Required	
43775	LAP SLEEVE GASTRECTOMY	Pre-Auth/Cert Required	
43842	V-BAND GASTROPLASTY	Pre-Auth/Cert Required	
43843	GASTROPLASTY W/O V-BAND	Pre-Auth/Cert Required	
43845	GASTROPLASTY DUODENAL SW	Pre-Auth/Cert Required	
43846	GASTRIC BYPASS FOR OBESI	Pre-Auth/Cert Required	
43847	GASTRIC BYPASS INCL SMAL	Pre-Auth/Cert Required	
43848	REVISION GASTROPLASTY	Pre-Auth/Cert Required	
43855	REVISE STOMACH-BOWEL FUS	Pre-Auth/Cert Required	
43860	REVISE STOMACH-BOWEL FUS	Pre-Auth/Cert Required	
43865	REVISE STOMACH-BOWEL FUS	Pre-Auth/Cert Required	
43881	IMPL/REDO ELECTRD, ANTRU	Pre-Auth/Cert Required	
43886	REVISE GASTRIC PORT, OPE	Pre-Auth/Cert Required	
43888	CHANGE GASTRIC PORT, OPE	Pre-Auth/Cert Required	
43999	Unlisted STOMACH SURGERY PROCEDUR	Pre-Auth/Cert Required	
44132	ENTERECTOMY, CADAVER DON	Pre-Auth/Cert Required	
44133	ENTERECTOMY, LIVE DONOR	Pre-Auth/Cert Required	
44135	INTESTINE TRANSPLNT, CAD	Pre-Auth/Cert Required	
44136	INTESTINE TRANSPLANT, LI	Pre-Auth/Cert Required	
44137	REMOVE INTESTINAL ALLOGR	Pre-Auth/Cert Required	
44238	LAPAROSCOPE PROC, INTEST	Pre-Auth/Cert Required	
44705	PREP FECAL MICROBIOTA FOR INSTILL	Pre-Auth/Cert Required	
44715	PREPARE DONOR INTESTINE	Pre-Auth/Cert Required	
44720	PREP DONOR INTESTINE/VEN	Pre-Auth/Cert Required	
44721	PREP DONOR INTESTINE/ART	Pre-Auth/Cert Required	
44799	UNLISTED PROCEDURE INTES	Pre-Auth/Cert Required	
44899	Unlisted BOWEL SURGERY PROCEDURE	Pre-Auth/Cert Required	
44979	LAPAROSCOPE PROC, APP	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
45399	UNLISTED PROCEDURE COLON	Pre-Auth/Cert Required	
45999	Unlisted RECTUM SURGERY PROCEDURE	Pre-Auth/Cert Required	
46601	DIAGNOSTIC ANOSCOPY	Pre-Auth/Cert Required	
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	Pre-Auth/Cert Required	
46707	REPAIR ANORECTAL FIST W/	Pre-Auth/Cert Required	
46999	Unlisted ANUS SURGERY PROCEDURE	Pre-Auth/Cert Required	
47133	REMOVAL OF DONOR LIVER	Pre-Auth/Cert Required	
47135	TRANSPLANTATION OF LIVER	Pre-Auth/Cert Required	
47136	TRANSPLANTATION OF LIVER	Pre-Auth/Cert Required	Code Deleted
47140	PARTIAL REMOVAL, DONOR L	Pre-Auth/Cert Required	
47141	PARTIAL REMOVAL, DONOR L	Pre-Auth/Cert Required	
47142	PARTIAL REMOVAL, DONOR L	Pre-Auth/Cert Required	
47143	PREP DONOR LIVER, WHOLE	Pre-Auth/Cert Required	
47144	PREP DONOR LIVER, 3-SEGM	Pre-Auth/Cert Required	
47145	PREP DONOR LIVER, LOBE S	Pre-Auth/Cert Required	
47146	PREP DONOR LIVER/VENOUS	Pre-Auth/Cert Required	
47147	PREP DONOR LIVER/ARTERIA	Pre-Auth/Cert Required	
47379	LAPAROSCOPE PROCEDURE, L	Pre-Auth/Cert Required	
47399	Unlisted LIVER SURGERY PROCEDURE	Pre-Auth/Cert Required	
47579	LAPAROSCOPE PROC, BILIAR	Pre-Auth/Cert Required	
47999	Unlisted BILE TRACT SURGERY PROCE	Pre-Auth/Cert Required	
48160	PANCREAS REMOVAL/TRANSPL	Pre-Auth/Cert Required	
48550	DONOR PANCREATECTOMY	Pre-Auth/Cert Required	
48551	PREP DONOR PANCREAS	Pre-Auth/Cert Required	
48552	PREP DONOR PANCREAS/VENO	Pre-Auth/Cert Required	
48554	TRANSPL ALLOGRAFT PANCRE	Pre-Auth/Cert Required	
48556	REMOVAL, ALLOGRAFT PANCR	Pre-Auth/Cert Required	
48999	Unlisted PANCREAS SURGERY PROCEDU	Pre-Auth/Cert Required	
49329	LAPARO PROC, ABDOM/PER/OM	Pre-Auth/Cert Required	
49411	INS MARK ABD/PEL FOR PER	Pre-Auth/Cert Required	
49412	INS DEVICE FOR RT GUIDE	Pre-Auth/Cert Required	
49659	LAPARO PROC, HERNIA REPA	Pre-Auth/Cert Required	
49999	Unlisted ABDOMEN SURGERY PROCEDUR	Pre-Auth/Cert Required	
50300	REMOVE CADAVER DONOR KID	Pre-Auth/Cert Required	
50320	REMOVE KIDNEY, LIVING DO	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
50323	PREP CADAVER RENAL ALLOG	Pre-Auth/Cert Required	
50325	PREP DONOR RENAL GRAFT	Pre-Auth/Cert Required	
50327	PREP RENAL GRAFT/VENOUS	Pre-Auth/Cert Required	
50328	PREP RENAL GRAFT/ARTERIA	Pre-Auth/Cert Required	
50329	PREP RENAL GRAFT/URETERA	Pre-Auth/Cert Required	
50340	REMOVAL OF KIDNEY	Pre-Auth/Cert Required	
50360	TRANSPLANTATION OF KIDNE	Pre-Auth/Cert Required	
50365	TRANSPLANTATION OF KIDNE	Pre-Auth/Cert Required	
50370	REMOVE TRANSPLANTED KIDN	Pre-Auth/Cert Required	
50380	REIMPLANTATION OF KIDNEY	Pre-Auth/Cert Required	
50547	LAPARO REMOVAL DONOR KID	Pre-Auth/Cert Required	
50549	LAPAROSCOPE PROC, RENAL	Pre-Auth/Cert Required	
50949	LAPAROSCOPE PROC, URETER	Pre-Auth/Cert Required	
52441	CYSTOURETHRO W/IMPLANT	Pre-Auth/Cert Required	
52442	CYSTOURETHRO W/ADDL IMPLANT	Pre-Auth/Cert Required	
53860	TRANSURETHRAL RF TREATME	Pre-Auth/Cert Required	
53899	Unlisted UROLOGY SURGERY PROCEDUR	Pre-Auth/Cert Required	
54125	REMOVAL OF PENIS	Pre-Auth/Cert Required	
54161	CIRCUMCISION	Pre-Auth/Cert Required	
54400	INSERT SEMI-RIGID PROSTH	Pre-Auth/Cert Required	
54401	INSERT SELF-CONTD PROSTH	Pre-Auth/Cert Required	
54405	INSERT MULTI-COMP PENIS	Pre-Auth/Cert Required	
54408	REPAIR MULTI-COMP PENIS	Pre-Auth/Cert Required	
54410	REMOVE/REPLACE PENIS PRO	Pre-Auth/Cert Required	
54416	REMV/REPL PENIS CONTAIN	Pre-Auth/Cert Required	
54417	REMV/REPLC PENIS PROS, C	Pre-Auth/Cert Required	
54660	REVISION OF TESTIS	Pre-Auth/Cert Required	
54699	Unlisted LAPAROSCOPE PROC, TESTIS	Pre-Auth/Cert Required	
55875	TRANSPERI NEEDLE PLACE,	Pre-Auth/Cert Required	
55876	PLACE RT DEVICE/MARKER,	Pre-Auth/Cert Required	
55899	Unlisted GENITAL SURGERY PROCEDUR	Pre-Auth/Cert Required	
55920	PLACE NEEDLES PELVIC FOR	Pre-Auth/Cert Required	
55970	SEX TRANSFORMATION, M TO	Pre-Auth/Cert Required	
55980	SEX TRANSFORMATION, F TO	Pre-Auth/Cert Required	
56620	PARTIAL REMOVAL OF VULVA	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
56805	REPAIR CLITORIS	Pre-Auth/Cert Required	
57110	REMOVE VAGINA WALL, COMP	Pre-Auth/Cert Required	
57155	INSERT UTERI TANDEM/OVO	Pre-Auth/Cert Required	
57156	INS VAG BRACHYTX DEVICE	Pre-Auth/Cert Required	
57291	CONSTRUCTION OF VAGINA	Pre-Auth/Cert Required	
57292	CONSTRUCT VAGINA WITH GR	Pre-Auth/Cert Required	
57335	REPAIR VAGINA	Pre-Auth/Cert Required	
57700	REVISION OF CERVIX	Pre-Auth/Cert Required	
58321	ARTIFICIAL INSEMINATION	Pre-Auth/Cert Required	
58322	ARTIFICIAL INSEMINATION	Pre-Auth/Cert Required	
58346	INSERT HEYMAN UTERI CAPS	Pre-Auth/Cert Required	
58970	RETRIEVAL OF OOCYTE	Pre-Auth/Cert Required	
58974	TRANSFER OF EMBRYO	Pre-Auth/Cert Required	
58976	TRANSFER OF EMBRYO	Pre-Auth/Cert Required	
58578	LAPARO PROC, UTERUS	Pre-Auth/Cert Required	
58579	HYSTEROSCOPE PROCEDURE	Pre-Auth/Cert Required	
58674	LAPS ABLTJ UTERINE FIBROIDS	Pre-Auth/Cert Required	
58679	LAPARO PROC, OVIDUCT-OVA	Pre-Auth/Cert Required	
58750	REPAIR OVIDUCT	Pre-Auth/Cert Required	
58999	Unlisted GENITAL SURGERY PROCEDUR	Pre-Auth/Cert Required	
59897	FETAL INVAS PX W/US	Pre-Auth/Cert Required	
59898	LAPARO PROC, OB CARE/DEL	Pre-Auth/Cert Required	
59899	Unlisted MATERNITY CARE PROCEDURE	Pre-Auth/Cert Required	
60699	Unlisted ENDOCRINE SURGERY PROCED	Pre-Auth/Cert Required	
61796	SRS, CRANIAL LESION SIMP	Pre-Auth/Cert Required	
61797	SRS, CRAN LES SIMPLE, AD	Pre-Auth/Cert Required	
61798	SRS, CRANIAL LESION COMP	Pre-Auth/Cert Required	
61799	SRS, CRAN LES COMPLEX, A	Pre-Auth/Cert Required	
61800	APPLY SRS HEADFRAME ADD-	Pre-Auth/Cert Required	
61880	REVISE/REMOVE NEUROELECT	Pre-Auth/Cert Required	
61885	INSRT/REDO NEUROSTIM 1 A	Pre-Auth/Cert Required	
61886	IMPLANT NEUROSTIM ARRAYS	Pre-Auth/Cert Required	
61888	REVISE/REMOVE NEURORECEI	Pre-Auth/Cert Required	
62263	EPIDURAL LYSIS MULT SESS	Pre-Auth/Cert Required	
62264	EPIDURAL LYSIS ON SINGLE	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
62280	TREAT SPINAL CORD LESION	Pre-Auth/Cert Required	Spinal Auth form required
62290	INJECT FOR SPINE DISK X-	Pre-Auth/Cert Required	Spinal Auth form required
62291	INJECT FOR SPINE DISK X-	Pre-Auth/Cert Required	Spinal Auth form required
62318	INJECT SPINE W/CATH, C/T	Pre-Auth/Cert Required	Spinal Auth form required
62319	INJECT SPINE W/CATH L/S	Pre-Auth/Cert Required	Spinal Auth form required
62350	IMPLANT SPINAL CANAL CAT	Pre-Auth/Cert Required	Spinal Auth form required
62360	INSERT SPINE INFUSION DE	Pre-Auth/Cert Required	Spinal Auth form required
62361	IMPLANT SPINE INFUSION P	Pre-Auth/Cert Required	Spinal Auth form required
62362	IMPLANT SPINE INFUSION P	Pre-Auth/Cert Required	Spinal Auth form required
62365	REMOVE SPINE INFUSION DE	Pre-Auth/Cert Required	Spinal Auth form required
62367	ANALYZE SPINE INFUSION P	Pre-Auth/Cert Required	Spinal Auth form required
62368	ANALYZE SPINE INFUSION P	Pre-Auth/Cert Required	Spinal Auth form required
62369	ANAL SP INF PMP W/REPRG&	Pre-Auth/Cert Required	Spinal Auth form required
62370	ANL SP INF PMP W/MDREPRG	Pre-Auth/Cert Required	Spinal Auth form required
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	Pre-Auth/Cert Required	Spinal Auth form required
63001	REMOVAL OF SPINAL LAMINA	Pre-Auth/Cert Required	Spinal Auth form required
63003	REMOVAL OF SPINAL LAMINA	Pre-Auth/Cert Required	Spinal Auth form required
63005	REMOVAL OF SPINAL LAMINA	Pre-Auth/Cert Required	Spinal Auth form required
63011	REMOVAL OF SPINAL LAMINA	Pre-Auth/Cert Required	Spinal Auth form required
63012	REMOVAL OF SPINAL LAMINA	Pre-Auth/Cert Required	Spinal Auth form required
63015	REMOVAL OF SPINAL LAMINA	Pre-Auth/Cert Required	Spinal Auth form required
63016	REMOVAL OF SPINAL LAMINA	Pre-Auth/Cert Required	Spinal Auth form required
63017	REMOVAL OF SPINAL LAMINA	Pre-Auth/Cert Required	Spinal Auth form required
63020	NECK SPINE DISK SURGERY	Pre-Auth/Cert Required	Spinal Auth form required
63030	LOW BACK DISK SURGERY	Pre-Auth/Cert Required	Spinal Auth form required
63035	SPINAL DISK SURGERY ADD-	Pre-Auth/Cert Required	Spinal Auth form required
63040	LAMINOTOMY, SINGLE CERVI	Pre-Auth/Cert Required	Spinal Auth form required
63042	LAMINOTOMY, SINGLE LUMBA	Pre-Auth/Cert Required	Spinal Auth form required
63043	LAMINOTOMY, ADD'L CERVIC	Pre-Auth/Cert Required	Spinal Auth form required
63044	LAMINOTOMY, ADD'L LUMBAR	Pre-Auth/Cert Required	Spinal Auth form required
63045	REMOVAL OF SPINAL LAMINA	Pre-Auth/Cert Required	Spinal Auth form required
63046	REMOVAL OF SPINAL LAMINA	Pre-Auth/Cert Required	Spinal Auth form required
63047	REMOVAL OF SPINAL LAMINA	Pre-Auth/Cert Required	Spinal Auth form required
63048	REMOVE SPINAL LAMINA ADD	Pre-Auth/Cert Required	Spinal Auth form required
63050	CERVICAL LAMINOPLASTY	Pre-Auth/Cert Required	Spinal Auth form required

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Code	Description	Review Type	Comments
63051	C-LAMINOPLASTY W/GRAFT/P	Pre-Auth/Cert Required	Spinal Auth form required
63055	DECOMPRESS SPINAL CORD	Pre-Auth/Cert Required	Spinal Auth form required
63056	DECOMPRESS SPINAL CORD	Pre-Auth/Cert Required	Spinal Auth form required
63057	DECOMPRESS SPINE CORD AD	Pre-Auth/Cert Required	Spinal Auth form required
63064	DECOMPRESS SPINAL CORD	Pre-Auth/Cert Required	Spinal Auth form required
63066	DECOMPRESS SPINE CORD AD	Pre-Auth/Cert Required	Spinal Auth form required
63075	NECK SPINE DISK SURGERY	Pre-Auth/Cert Required	Spinal Auth form required
63076	NECK SPINE DISK SURGERY	Pre-Auth/Cert Required	Spinal Auth form required
63077	SPINE DISK SURGERY, THOR	Pre-Auth/Cert Required	Spinal Auth form required
63078	SPINE DISK SURGERY, THOR	Pre-Auth/Cert Required	Spinal Auth form required
63081	REMOVAL OF VERTEBRAL BOD	Pre-Auth/Cert Required	Spinal Auth form required
63082	REMOVE VERTEBRAL BODY AD	Pre-Auth/Cert Required	Spinal Auth form required
63085	REMOVAL OF VERTEBRAL BOD	Pre-Auth/Cert Required	Spinal Auth form required
63086	REMOVE VERTEBRAL BODY AD	Pre-Auth/Cert Required	Spinal Auth form required
63087	REMOVAL OF VERTEBRAL BOD	Pre-Auth/Cert Required	Spinal Auth form required
63088	REMOVE VERTEBRAL BODY AD	Pre-Auth/Cert Required	Spinal Auth form required
63090	REMOVAL OF VERTEBRAL BOD	Pre-Auth/Cert Required	Spinal Auth form required
63091	REMOVE VERTEBRAL BODY AD	Pre-Auth/Cert Required	Spinal Auth form required
63101	REMOVAL OF VERTEBRAL BOD	Pre-Auth/Cert Required	Spinal Auth form required
63102	REMOVAL OF VERTEBRAL BOD	Pre-Auth/Cert Required	Spinal Auth form required
63103	REMOVE VERTEBRAL BODY AD	Pre-Auth/Cert Required	Spinal Auth form required
63170	INCISE SPINAL CORD TRACT	Pre-Auth/Cert Required	Spinal Auth form required
63295	REPAIR OF LAMINECTOMY DE	Pre-Auth/Cert Required	Spinal Auth form required
63300	REMOVAL OF VERTEBRAL BOD	Pre-Auth/Cert Required	Spinal Auth form required
63301	REMOVAL OF VERTEBRAL BOD	Pre-Auth/Cert Required	Spinal Auth form required
63302	REMOVAL OF VERTEBRAL BOD	Pre-Auth/Cert Required	Spinal Auth form required
63303	REMOVAL OF VERTEBRAL BOD	Pre-Auth/Cert Required	Spinal Auth form required
63304	REMOVAL OF VERTEBRAL BOD	Pre-Auth/Cert Required	Spinal Auth form required
63305	REMOVAL OF VERTEBRAL BOD	Pre-Auth/Cert Required	Spinal Auth form required
63306	REMOVAL OF VERTEBRAL BOD	Pre-Auth/Cert Required	Spinal Auth form required
63307	REMOVAL OF VERTEBRAL BOD	Pre-Auth/Cert Required	Spinal Auth form required
63308	REMOVE VERTEBRAL BODY AD	Pre-Auth/Cert Required	Spinal Auth form required
63600	REMOVE SPINAL CORD LESIO	Pre-Auth/Cert Required	Spinal Auth form required
63610	STIMULATION OF SPINAL CO	Pre-Auth/Cert Required	Spinal Auth form required
63615	REMOVE LESION OF SPINAL	Pre-Auth/Cert Required	Spinal Auth form required

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Code	Description	Review Type	Comments
63620	SRS, SPINAL LESION]	Pre-Auth/Cert Required	Spinal Auth form required
63621	SRS, SPINAL LESION, ADDL	Pre-Auth/Cert Required	Spinal Auth form required
63650	IMPLANT NEUROELECTRODES	Pre-Auth/Cert Required	Spinal Auth form required
63655	IMPLANT NEUROELECTRODES	Pre-Auth/Cert Required	Spinal Auth form required
63661	REMOVE SPINE ELTRD PERQ	Pre-Auth/Cert Required	Spinal Auth form required
63662	REMOVE SPINE ELTRD PLATE	Pre-Auth/Cert Required	Spinal Auth form required
63663	REVISE SPINE ELTRD PERQ	Pre-Auth/Cert Required	Spinal Auth form required
63664	REVISE SPINE ELTRD PLATE	Pre-Auth/Cert Required	Spinal Auth form required
63685	INSRT/REDO SPINE N GENER	Pre-Auth/Cert Required	Spinal Auth form required
63688	REVISE/REMOVE NEURORECEI	Pre-Auth/Cert Required	Spinal Auth form required
63746	REMOVAL OF SPINAL SHUNT	Pre-Auth/Cert Required	Spinal Auth form required
64505	N BLOCK, SPENOPALATINE G	Pre-Auth/Cert Required	Spinal Auth form required
64508	N BLOCK, CAROTID SINUS S	Pre-Auth/Cert Required	Spinal Auth form required
64553	IMPLANT NEUROELECTRODES	Pre-Auth/Cert Required	Spinal Auth form required
64555	IMPLANT NEUROELECTRODES	Pre-Auth/Cert Required	Spinal Auth form required
64560	IMPLANT NEUROELECTRODES	Pre-Auth/Cert Required	Spinal Auth form required
64561	IMPLANT NEUROELECTRODES	Pre-Auth/Cert Required	Spinal Auth form required
64565	IMPLANT NEUROELECTRODES	Pre-Auth/Cert Required	Spinal Auth form required
64566	NEUROELTRD STIM POST TIB	Pre-Auth/Cert Required	Spinal Auth form required
64568	INC FOR VAGUS N ELECT IM	Pre-Auth/Cert Required	Spinal Auth form required
64569	REVISE/REPL VAGUS N ELTR	Pre-Auth/Cert Required	Spinal Auth form required
64570	REMOVE VAGUS N ELTRD	Pre-Auth/Cert Required	Spinal Auth form required
64573	IMPLANT NEUROELECTRODES CRANIAL	Pre-Auth/Cert Required	Spinal Auth form required
64575	IMPLANT NEUROELECTRODES	Pre-Auth/Cert Required	Spinal Auth form required
64577	IMPLANT NEUROELECTRODES	Pre-Auth/Cert Required	Spinal Auth form required
64580	IMPLANT NEUROELECTRODES	Pre-Auth/Cert Required	Spinal Auth form required
64585	REVISE/REMOVE NEUROELECT	Pre-Auth/Cert Required	Spinal Auth form required
64581	IMPLANT NEUROELECTRODES	Pre-Auth/Cert Required	Spinal Auth form required
64590	INSRT/REDO PERPH N GENER	Pre-Auth/Cert Required	Spinal Auth form required
64595	REVISE/REMOVE NEURORECEI	Pre-Auth/Cert Required	Spinal Auth form required
64600	INJECTION TREATMENT OF N	Pre-Auth/Cert Required	Spinal Auth form required
64605	INJECTION TREATMENT OF N	Pre-Auth/Cert Required	Spinal Auth form required
64610	INJECTION TREATMENT OF N	Pre-Auth/Cert Required	Spinal Auth form required
64611	CHEMODENERV SALIV GLANDS	Pre-Auth/Cert Required	Spinal Auth form required
64612	DESTROY NERVE, FACE MUSC	Pre-Auth/Cert Required	Spinal Auth form required

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Code	Description	Review Type	Comments
64613	DESTROY NERVE, NECK MUSC	Pre-Auth/Cert Required	Spinal Auth form required
64614	DESTROY NERVE, EXTREM MU	Pre-Auth/Cert Required	Spinal Auth form required
64615	CHEMODENERVATION OF MUSCLE; BIL	Pre-Auth/Cert Required	Spinal Auth form required
64616	CHEMODENERV MUSC NECK DYSTON	Pre-Auth/Cert Required	Spinal Auth form required
64620	INJECTION TREATMENT OF N	Pre-Auth/Cert Required	Spinal Auth form required
64622	DESTR PARAVERTEBRL NERVE	Pre-Auth/Cert Required	Spinal Auth form required
64623	DESTR PARAVERTEBRAL N AD	Pre-Auth/Cert Required	Spinal Auth form required
64626	DESTR PARAVERTEBRL NERVE	Pre-Auth/Cert Required	Spinal Auth form required
64627	DESTR PARAVERTEBRAL N AD	Pre-Auth/Cert Required	Spinal Auth form required
64630	INJECTION TREATMENT OF N	Pre-Auth/Cert Required	Spinal Auth form required
64632	N BLOCK INJ, COMMON DUCT	Pre-Auth/Cert Required	Spinal Auth form required
64804	REMOVE SYMPATHETIC NERVE	Pre-Auth/Cert Required	
64999	NERVOUS SYSTEM SURGERY	Pre-Auth/Cert Required	
65710	CORNEAL TRANSPLANT	Pre-Auth/Cert Required	
65760	REVISION OF CORNEA	Pre-Auth/Cert Required	
65765	REVISION OF CORNEA	Pre-Auth/Cert Required	
65767	CORNEAL TISSUE TRANSPLAN	Pre-Auth/Cert Required	
65771	RADIAL KERATOTOMY	Pre-Auth/Cert Required	
65772	CORRECTION OF ASTIGMATIS	Pre-Auth/Cert Required	
65785	IMPLTJ NTRSTRML CRNL RNG SEG	Pre-Auth/Cert Required	
66174	TRANSLUM DIL EYE CANAL	Pre-Auth/Cert Required	
66175	TRANSLUM DIL EYE CANAL W	Pre-Auth/Cert Required	
66179	AQUEOUS SHUNT EYE W/O GRAFT	Pre-Auth/Cert Required	
66183	INSERT ANT DRAINAGE DEVICE	Pre-Auth/Cert Required	
66999	EYE SURGERY PROCEDURE	Pre-Auth/Cert Required	
67299	EYE SURGERY PROCEDURE	Pre-Auth/Cert Required	
67399	EYE MUSCLE SURGERY PROCE	Pre-Auth/Cert Required	
67599	ORBIT SURGERY PROCEDURE	Pre-Auth/Cert Required	
67900	REPAIR BROW DEFECT	Pre-Auth/Cert Required	
67901	REPAIR EYELID DEFECT	Pre-Auth/Cert Required	
67902	REPAIR EYELID DEFECT	Pre-Auth/Cert Required	
67903	REPAIR EYELID DEFECT	Pre-Auth/Cert Required	
67904	REPAIR EYELID DEFECT	Pre-Auth/Cert Required	
67906	REPAIR EYELID DEFECT	Pre-Auth/Cert Required	
67908	REPAIR EYELID DEFECT	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
67909	REVISE EYELID DEFECT	Pre-Auth/Cert Required	
67911	REVISE EYELID DEFECT	Pre-Auth/Cert Required	
67999	REVISION OF EYELID	Pre-Auth/Cert Required	
68899	TEAR DUCT SYSTEM SURGERY	Pre-Auth/Cert Required	
69300	REVISE EXTERNAL EAR	Pre-Auth/Cert Required	
69399	OUTER EAR SURGERY PROCED	Pre-Auth/Cert Required	
69714	IMPLANT TEMPLE BONE W/ST	Pre-Auth/Cert Required	
69715	TEMPLE BNE IMPLNT W/STIM	Pre-Auth/Cert Required	
69717	TEMPLE BONE IMPLANT REVI	Pre-Auth/Cert Required	
69718	REVISE TEMPLE BONE IMPLA	Pre-Auth/Cert Required	
69799	MIDDLE EAR SURGERY PROCE	Pre-Auth/Cert Required	
69930	IMPLANT COCHLEAR DEVICE	Pre-Auth/Cert Required	
69949	INNER EAR SURGERY PROCED	Pre-Auth/Cert Required	
69979	TEMPORAL BONE SURGERY	Pre-Auth/Cert Required	
76499	RADIOGRAPHIC PROCEDURE	Pre-Auth/Cert Required	
76873	ECHOGRAP TRANS R, PROS S	Pre-Auth/Cert Required	
76950	ECHO GUIDANCE RADIOThERA	Pre-Auth/Cert Required	Code Deleted
76965	ECHO GUIDANCE RADIOThERA	Pre-Auth/Cert Required	
77014	CT SCAN FOR THERAPY GUID	Pre-Auth/Cert Required	
77261	RADIATION THERAPY PLANNI	Pre-Auth/Cert Required	
77262	RADIATION THERAPY PLANNI	Pre-Auth/Cert Required	
77263	RADIATION THERAPY PLANNI	Pre-Auth/Cert Required	
77280	SET RADIATION THERAPY FI	Pre-Auth/Cert Required	
77285	SET RADIATION THERAPY FI	Pre-Auth/Cert Required	
77290	SET RADIATION THERAPY FI	Pre-Auth/Cert Required	
77293	RESPIRATOR MOTION MGMT SIMUL	Pre-Auth/Cert Required	
77295	SET RADIATION THERAPY FI	Pre-Auth/Cert Required	
77299	RADIATION THERAPY PLANNI	Pre-Auth/Cert Required	
77300	RADIATION THERAPY DOSE P	Pre-Auth/Cert Required	
77301	RADIOTHERAPY DOSE PLAN,	Pre-Auth/Cert Required	
77305	TELETX ISODOSE PLAN SIMP	Pre-Auth/Cert Required	Code deleted 12/31/2014
77306	TELETHX ISODOSE PLAN SIMPLE	Pre-Auth/Cert Required	
77307	TELETHX ISODOSE PLAN CPLX	Pre-Auth/Cert Required	
77316	BRACHYTX ISODOSE PLAN SIMPLE	Pre-Auth/Cert Required	
77317	BRACHYTX ISODOSE INTERMED	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
77318	BRACHYTX ISODOSE COMPLEX	Pre-Auth/Cert Required	
77321	SPECIAL TELETX PORT PLAN	Pre-Auth/Cert Required	
77331	SPECIAL RADIATION DOSIME	Pre-Auth/Cert Required	
77332	RADIATION TREATMENT AID(Pre-Auth/Cert Required	
77333	RADIATION TREATMENT AID(Pre-Auth/Cert Required	
77334	RADIATION TREATMENT AID(Pre-Auth/Cert Required	
77336	RADIATION PHYSICS CONSUL	Pre-Auth/Cert Required	
77338	DESIGN MLC DEVICE FOR IM	Pre-Auth/Cert Required	
77370	RADIATION PHYSICS CONSUL	Pre-Auth/Cert Required	
77371	SRS, MULTISOURCE	Pre-Auth/Cert Required	
77372	SRS, LINEAR BASED	Pre-Auth/Cert Required	
77373	SBRT DELIVERY	Pre-Auth/Cert Required	
77385	NTSTY MODUL RAD TX DLVR SMPL	Pre-Auth/Cert Required	
77386	NTSTY MODUL RAD TX DLVR CPLX	Pre-Auth/Cert Required	
77387	GUIDANCE FOR RADIAJ TX DLVR	Pre-Auth/Cert Required	
77399	EXTERNAL RADIATION DOSIM	Pre-Auth/Cert Required	
77401	RADIATION TREATMENT DELI	Pre-Auth/Cert Required	
77402	RADIATION TREATMENT DELI	Pre-Auth/Cert Required	
77407	RADIATION TREATMENT DELI	Pre-Auth/Cert Required	
77412	RADIATION TREATMENT DELI	Pre-Auth/Cert Required	
77417	RADIOLOGY PORT FILM(S)	Pre-Auth/Cert Required	
77418	RADIATION TX DELIVERY, I	Pre-Auth/Cert Required	
77422	NEUTRON BEAM TX, SIMPLE	Pre-Auth/Cert Required	
77423	NEUTRON BEAM TX, COMPLEX	Pre-Auth/Cert Required	
77424	IO RAD TX DELIVERY BY X-	Pre-Auth/Cert Required	
77425	IO RAD TX DELIVER BY ELC	Pre-Auth/Cert Required	
77427	RADIATION TX MANAGEMENT,	Pre-Auth/Cert Required	
77431	RADIATION THERAPY MANAGE	Pre-Auth/Cert Required	
77432	STEREOTACTIC RADIATION T	Pre-Auth/Cert Required	
77435	SBRT MANAGEMENT	Pre-Auth/Cert Required	
77469	IO RADIATION TX MANAGEME	Pre-Auth/Cert Required	
77470	SPECIAL RADIATION TREATM	Pre-Auth/Cert Required	
77499	RADIATION THERAPY MANAGE	Pre-Auth/Cert Required	
77520	PROTON TRMT, SIMPLE W/O	Pre-Auth/Cert Required	
77522	PROTON TRMT, SIMPLE W/CO	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
77523	PROTON TRMT, INTERMEDIAT	Pre-Auth/Cert Required	
77525	PROTON TREATMENT, COMPLE	Pre-Auth/Cert Required	
77600	HYPERTHERMIA TREATMENT	Pre-Auth/Cert Required	
77605	HYPERTHERMIA TREATMENT	Pre-Auth/Cert Required	
77610	HYPERTHERMIA TREATMENT	Pre-Auth/Cert Required	
77615	HYPERTHERMIA TREATMENT	Pre-Auth/Cert Required	
77620	HYPERTHERMIA TREATMENT	Pre-Auth/Cert Required	
77750	INFUSE RADIOACTIVE MATER	Pre-Auth/Cert Required	
77761	APPLY INTRCAV RADIAT SIM	Pre-Auth/Cert Required	
77762	APPLY INTRCAV RADIAT INT	Pre-Auth/Cert Required	
77763	APPLY INTRCAV RADIAT COM	Pre-Auth/Cert Required	
77767	HDR RDNCL SKN SURF BRACHYTX	Pre-Auth/Cert Required	
77768	HDR RDNCL SKN SURF BRACHYTX	Pre-Auth/Cert Required	
77770	HDR RDNCL NTRSTL/ICAV BRCHTX	Pre-Auth/Cert Required	
77771	HDR RDNCL NTRSTL/ICAV BRCHTX	Pre-Auth/Cert Required	
77772	HDR RDNCL NTRSTL/ICAV BRCHTX	Pre-Auth/Cert Required	
77776	APPLY INTERSTIT RADIAT S	Pre-Auth/Cert Required	Code Deleted
77777	APPLY INTERSTIT RADIAT I	Pre-Auth/Cert Required	Code Deleted
77778	APPLY INTERSTIT RADIAT C	Pre-Auth/Cert Required	
77785	HDR BRACHYTX, 1 CHANNEL]	Pre-Auth/Cert Required	Code Deleted
77786	HDR BRACHYTX, 2-12 CHANN	Pre-Auth/Cert Required	Code Deleted
77787	HDR BRACHYTX OVER 12 CHA	Pre-Auth/Cert Required	Code Deleted
77789	APPLY SURFACE RADIATION	Pre-Auth/Cert Required	
77790	RADIATION HANDLING	Pre-Auth/Cert Required	
77799	RADIUM/RADIOISOTOPE THER	Pre-Auth/Cert Required	
78199	BLOOD/LYMPH NUCLEAR EXAM	Pre-Auth/Cert Required	
78399	MUSCULOSKELETAL NUCLEAR	Pre-Auth/Cert Required	
81161	DMD DELETION ANALYSIS	Pre-Auth/Cert Required	
81162	BRCA1&2 SEQ & FULL DUP/DEL	Pre-Auth/Cert Required	
81170	ABL1 GENE	Pre-Auth/Cert Required	
81201	APC GENE ANALYSIS	Pre-Auth/Cert Required	
81202	APC GENE ANALYSIS	Pre-Auth/Cert Required	
81203	APC GENE ANALYSIS	Pre-Auth/Cert Required	
81210	BRAF GENE	Pre-Auth/Cert Required	
81211	BRCA1&2 SEQ & COM DUP/DE	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
81212	BRCA1&2 185&5385&6174 VA	Pre-Auth/Cert Required	
81213	BRCA1&2 UNCOM DUP/DEL VA	Pre-Auth/Cert Required	
81214	BRCA1 FULL SEQ & COM DUP	Pre-Auth/Cert Required	
81215	BRCA1 GENE KNOWN FAM VAR	Pre-Auth/Cert Required	
81216	BRCA2 GENE FULL SEQUENCE	Pre-Auth/Cert Required	
81217	BRCA2 GENE KNOWN FAM VAR	Pre-Auth/Cert Required	
81219	CALR GENE COM VARIANTS	Pre-Auth/Cert Required	
81223	CFTR GENE FULL SEQUENCE	Pre-Auth/Cert Required	
81226	CYP2D6 GENE COM VARIANTS	Pre-Auth/Cert Required	
81228	CYTOGEN MICRARRAY COPY N	Pre-Auth/Cert Required	
81229	CYTOGEN M ARRAY COPY NO&	Pre-Auth/Cert Required	
81240	F2 GENE	Pre-Auth/Cert Required	
81241	F5 GENE	Pre-Auth/Cert Required	
81243	FMR1 GENE DETECTION	Pre-Auth/Cert Required	
81244	FMR1 GENE CHARACTERIZATI	Pre-Auth/Cert Required	
81246	FLT3 GENE ANALYSIS	Pre-Auth/Cert Required	
81252	GJB2 GENE ANALYSIS	Pre-Auth/Cert Required	
81253	GJB2 GENE ANALYSIS	Pre-Auth/Cert Required	
81254	GJB6 GENE ANALYSIS	Pre-Auth/Cert Required	
81280	LONG QT SYND GENE FULL S	Pre-Auth/Cert Required	Code Deleted
81281	LONG QT SYND KNOWN FAM V	Pre-Auth/Cert Required	Code Deleted
81282	LONG QT SYN GENE DUP/DLT	Pre-Auth/Cert Required	Code Deleted
81288	MLH1 GENE	Pre-Auth/Cert Required	
81292	MLH1 GENE FULL SEQ	Pre-Auth/Cert Required	
81293	MLH1 GENE KNOWN VARIANTS	Pre-Auth/Cert Required	
81294	MLH1 GENE DUP/DELETE VAR	Pre-Auth/Cert Required	
81295	MSH2 GENE FULL SEQ	Pre-Auth/Cert Required	
81296	MSH2 GENE KNOWN VARIANTS	Pre-Auth/Cert Required	
81297	MSH2 GENE DUP/DELETE VAR	Pre-Auth/Cert Required	
81298	MSH6 GENE FULL SEQ	Pre-Auth/Cert Required	
81299	MSH6 GENE KNOWN VARIANTS	Pre-Auth/Cert Required	
81300	MSH6 GENE DUP/DELETE VAR	Pre-Auth/Cert Required	
81301	MICROSATELLITE INSTABILI	Pre-Auth/Cert Required	
81302	MECP2 GENE FULL SEQ	Pre-Auth/Cert Required	
81304	MECP2 GENE DUP/DELET VAR	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
81313	PCA3/KLK3 ANTIGEN	Pre-Auth/Cert Required	
81317	PMS2 GENE FULL SEQ ANALY	Pre-Auth/Cert Required	
81318	PMS2 KNOWN FAMILIAL VARI	Pre-Auth/Cert Required	
81319	PMS2 GENE DUP/DELET VARI	Pre-Auth/Cert Required	
81327	SEPT9 (Septin9) (eg, colorectal cancer) methy	Pre-Auth/Cert Required	
81400	MOPATH PROCEDURE LEVEL 1	Pre-Auth/Cert Required	
81401	MOPATH PROCEDURE LEVEL 2	Pre-Auth/Cert Required	
81402	MOPATH PROCEDURE LEVEL 3	Pre-Auth/Cert Required	
81403	MOPATH PROCEDURE LEVEL 4	Pre-Auth/Cert Required	
81404	MOPATH PROCEDURE LEVEL 5	Pre-Auth/Cert Required	
81405	MOPATH PROCEDURE LEVEL 6	Pre-Auth/Cert Required	
81406	MOPATH PROCEDURE LEVEL 7	Pre-Auth/Cert Required	
81407	MOPATH PROCEDURE LEVEL 8	Pre-Auth/Cert Required	
81408	MOPATH PROCEDURE LEVEL 9	Pre-Auth/Cert Required	
81410	AORTIC DYSFUNCTION/DILATION	Pre-Auth/Cert Required	
81411	AORTIC DYSFUNCTION/DILATION	Pre-Auth/Cert Required	
81412	ASHKENAZI JEWISH ASSOC DIS	Pre-Auth/Cert Required	
81413	CAR ION CHNNLPATH INC 10 GNS	Pre-Auth/Cert Required	
81414	CAR ION CHNNLPATH INC 2 GNS	Pre-Auth/Cert Required	
81415	EXOME SEQUENCE ANALYSIS	Pre-Auth/Cert Required	
81416	EXOME SEQUENCE ANALYSIS	Pre-Auth/Cert Required	
81417	EXOME RE-EVALUATION	Pre-Auth/Cert Required	
81422	FETAL CHRMOML MICRODELTA	Pre-Auth/Cert Required	
81425	GENOME SEQUENCE ANALYSIS	Pre-Auth/Cert Required	
81426	GENOME SEQUENCE ANALYSIS	Pre-Auth/Cert Required	
81427	GENOME RE-EVALUATION	Pre-Auth/Cert Required	
81430	HEARING LOSS SEQUENCE ANALYS	Pre-Auth/Cert Required	
81431	HEARING LOSS DUP/DEL ANALYS	Pre-Auth/Cert Required	
81432	HRDTRY BRST CA-RLATD DSORDRS	Pre-Auth/Cert Required	
81433	HRDTRY BRST CA-RLATD DSORDRS	Pre-Auth/Cert Required	
81434	HEREDITARY RETINAL DISORDERS	Pre-Auth/Cert Required	
81435	HEREDITARY COLON CANCER	Pre-Auth/Cert Required	
81436	HEREDITARY COLON CA SYND	Pre-Auth/Cert Required	
81437	HEREDTRY NURONDCRN TUM DSRDR	Pre-Auth/Cert Required	
81438	HEREDTRY NURONDCRN TUM DSRDR	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
81439	INHERITED CARDMYPTHY 5 GNS	Pre-Auth/Cert Required	
81440	MITOCHONDRIAL GENE	Pre-Auth/Cert Required	
81442	NOONAN SPECTRUM DISORDERS	Pre-Auth/Cert Required	
81445	TARGETED GENOMIC SEQ ANALYS	Pre-Auth/Cert Required	
81450	TARGETED GENOMIC SEQ ANALYS	Pre-Auth/Cert Required	
81455	TARGETED GENOMIC SEQ ANALYS	Pre-Auth/Cert Required	
81460	WHOLE MITOCHONDRIAL GENOME	Pre-Auth/Cert Required	
81465	WHOLE MITOCHONDRIAL GENOME	Pre-Auth/Cert Required	
81470	X-LINKED INTELLECTUAL DBLT	Pre-Auth/Cert Required	
81471	X-LINKED INTELLECTUAL DBLT	Pre-Auth/Cert Required	
81479	UNLISTED MOLECULAR PATH PROC	Pre-Auth/Cert Required	
81490	AUTOIMMUNE RHEUMATOID ARTHR	Pre-Auth/Cert Required	
81493	COR ARTERY DISEASE MRNA	Pre-Auth/Cert Required	
81500	ONC ASSAYS TWO PROTEINS CA-125 HE4	Pre-Auth/Cert Required	
81503	ONC ASSAYS FIVE PROTEINS	Pre-Auth/Cert Required	
81504	ONCOLOGY ISSUE OF ORIGIN	Pre-Auth/Cert Required	
81519	ONCOLOGY BREAST MRNA	Pre-Auth/Cert Required	
81525	ONCOLOGY COLON MRNA	Pre-Auth/Cert Required	
81535	ONCOLOGY GYNECOLOGIC	Pre-Auth/Cert Required	
81536	ONCOLOGY GYNECOLOGIC	Pre-Auth/Cert Required	
81538	ONCOLOGY LUNG	Pre-Auth/Cert Required	
81539	ONCOLOGY PROSTATE PROB SCORE	Pre-Auth/Cert Required	
81540	ONCOLOGY TUM UNKNOWN ORIGIN	Pre-Auth/Cert Required	
81545	ONCOLOGY THYROID	Pre-Auth/Cert Required	
81595	CARDIOLOGY HRT TRNSPL MRNA	Pre-Auth/Cert Required	
81599	UNLISTED MULTIANALYTE ASSAY	Pre-Auth/Cert Required	
83006	GROWTH STIMULATION GENE 2	Pre-Auth/Cert Required	
84999	CLINICAL CHEMISTRY TEST	Pre-Auth/Cert Required	
85999	HEMATOLOGY PROCEDURE	Pre-Auth/Cert Required	
86486	SKIN TEST, NOS ANTIGEN	Pre-Auth/Cert Required	
86849	IMMUNOLOGY PROCEDURE	Pre-Auth/Cert Required	
86950	LEUKACYTE TRANSFUSION	Pre-Auth/Cert Required	
88299	CYTOGENETIC STUDY	Pre-Auth/Cert Required	
88189	FLOWCYTOMETRY/READ, 16 &	Pre-Auth/Cert Required	
88375	OPTICAL ENDOMICROSCOPIC IMAGE	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
88749	IN VIVO LAB SERVICE	Pre-Auth/Cert Required	
89240	PATHOLOGY LAB PROCEDURE	Pre-Auth/Cert Required	
89250	CULTR OOCYTE/EMBRYO <4 D	Pre-Auth/Cert Required	
89251	CULTR OOCYTE/EMBRYO <4 D	Pre-Auth/Cert Required	
89253	EMBRYO HATCHING	Pre-Auth/Cert Required	
89254	OOCYTE IDENTIFICATION	Pre-Auth/Cert Required	
89255	PREPARE EMBRYO FOR TRANS	Pre-Auth/Cert Required	
89257	SPERM IDENTIFICATION	Pre-Auth/Cert Required	
89258	CRYOPRESERVATION; EMBRYO	Pre-Auth/Cert Required	
89260	SPERM ISOLATION, SIMPLE	Pre-Auth/Cert Required	
89261	SPERM ISOLATION, COMPLEX	Pre-Auth/Cert Required	
89264	IDENTIFY SPERM TISSUE	Pre-Auth/Cert Required	
89268	INSEMINATION OF OOCYTES	Pre-Auth/Cert Required	
89272	EXTENDED CULTURE OF OOCY	Pre-Auth/Cert Required	
89280	ASSIST OOCYTE FERTILIZAT	Pre-Auth/Cert Required	
89281	ASSIST OOCYTE FERTILIZAT	Pre-Auth/Cert Required	
89290	BIOPSY, OOCYTE POLAR BOD	Pre-Auth/Cert Required	
89291	BIOPSY, OOCYTE POLAR BOD	Pre-Auth/Cert Required	
89300	SEMEN ANALYSIS W/HUHNER	Pre-Auth/Cert Required	
89310	SEMEN ANALYSIS W/COUNT	Pre-Auth/Cert Required	
89320	SEMEN ANALYSIS, COMPLETE	Pre-Auth/Cert Required	
89321	SEMEN ANALYSIS & MOTILIT	Pre-Auth/Cert Required	
89322	SEMEN ANAL, STRICT CRITE	Pre-Auth/Cert Required	
89325	SPERM ANTIBODY TEST	Pre-Auth/Cert Required	
89329	SPERM EVALUATION TEST	Pre-Auth/Cert Required	
89331	RETROGRADE EJACULATION A	Pre-Auth/Cert Required	
89342	STORAGE/YEAR; EMBRYO(S)	Pre-Auth/Cert Required	
89346	STORAGE/YEAR; OOCYTE(S)	Pre-Auth/Cert Required	
89352	THAWING CRYOPRESRVED; EM	Pre-Auth/Cert Required	
89353	THAWING CRYOPRESRVED; SP	Pre-Auth/Cert Required	
89356	THAWING CRYOPRESRVED; OO	Pre-Auth/Cert Required	
89398	UNLISTED REPROD MED LAB	Pre-Auth/Cert Required	
90281	HUMAN IG, IM	Pre-Auth/Cert Required	
90283	HUMAN IG, IV	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
90284	HUMAN IG, SC	Pre-Auth/Cert Required	
90378	RSV IG, IM, 50MG	Pre-Auth/Cert Required	
90399	IMMUNE GLOBULIN	Pre-Auth/Cert Required	
90749	VACCINE TOXOID	Pre-Auth/Cert Required	
90867	TCRANIAL MAGN STIM TX PL	Pre-Auth/Cert Required	
90868	TCRANIAL MAGN STIM TX DE	Pre-Auth/Cert Required	
90869	TCRAN MAGN STIM REDETEMI	Pre-Auth/Cert Required	
90899	PSYCHIATRIC SERVICE/THER	Pre-Auth/Cert Required	
90911	BIOFEEDBACK PERI/URO/REC	Pre-Auth/Cert Required	
91111	ESOPHAGEAL CAPSULE ENDOS	Pre-Auth/Cert Required	
91112	GI TRANSIT AND PRESSURE MGMT	Pre-Auth/Cert Required	
91117	COLON MOTILITY 6 HR STUD	Pre-Auth/Cert Required	
91200	LIVER ELASTOGRAPHY	Pre-Auth/Cert Required	
91299	GASTROENTEROLOGY PROCEDU	Pre-Auth/Cert Required	
92145	CORNEAL HYSTERESIS DETER	Pre-Auth/Cert Required	
92499	EYE SERVICE OR PROCEDURE	Pre-Auth/Cert Required	
92506	SPEECH/HEARING EVALUATIO	Pre-Auth/Cert Required	
92507	SPEECH/HEARING THERAPY	Pre-Auth/Cert Required	
92508	SPEECH/HEARING THERAPY	Pre-Auth/Cert Required	
92520	LARYNGEAL FUNCTION STUDI	Pre-Auth/Cert Required	
92521	EVALUATION OF SPEECH FLUENCY	Pre-Auth/Cert Required	
92522	EVALUATE SPEECH PRODUCTION	Pre-Auth/Cert Required	
92523	SPEECH SOUND LANG COMPREHEN	Pre-Auth/Cert Required	
92524	BEHAVRAL QUALIT ANALYS VOICE	Pre-Auth/Cert Required	
92526	ORAL FUNCTION THERAPY	Pre-Auth/Cert Required	
92700	Unlisted 'ENT PROCEDURE/SERVICE	Pre-Auth/Cert Required	
92971	CARDIOASSIST, EXTERNAL	Pre-Auth/Cert Required	
93580	TRANSCATH CLOSURE OF ASD	Pre-Auth/Cert Required	
93582	PERQ TRANSCATH CLOSURE PDA	Pre-Auth/Cert Required	
93583	PERQ TRANSCATH SEPTAL REDUXN	Pre-Auth/Cert Required	
93590	PERQ TRANSCATH CLS MITRAL	Pre-Auth/Cert Required	
93591	PERQ TRANSCATH CLS AORTIC	Pre-Auth/Cert Required	
93592	PERQ TRANSCATH CLOSURE EACH	Pre-Auth/Cert Required	
93619	ELECTROPHYSIOLOGY EVALUA	Pre-Auth/Cert Required	
93620	ELECTROPHYSIOLOGY EVALUA	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
93621	ELECTROPHYSIOLOGY EVALUA	Pre-Auth/Cert Required	
93622	ELECTROPHYSIOLOGY EVALUA	Pre-Auth/Cert Required	
93623	STIMULATION, PACING HEAR	Pre-Auth/Cert Required	
93624	ELECTROPHYSIOLOGIC STUDY	Pre-Auth/Cert Required	
93644	ELECTROPHYSIOLOGY EVALUATION	Pre-Auth/Cert Required	
93653	EP & ABLATE SUPRAVENT AR	Pre-Auth/Cert Required	
93654	EP & ABLATE VENTRIC TACH	Pre-Auth/Cert Required	
93655	ABLATE ARRHYTHMIA ADD ON	Pre-Auth/Cert Required	
93662	INTRACARDIAC ECG (ICE)	Pre-Auth/Cert Required	
93702	BIS XTRACELL FLUID ANALYSIS	Pre-Auth/Cert Required	
93799	CARDIOVASCULAR PROCEDURE	Pre-Auth/Cert Required	
93895	CAROTID INTIMA ATHEROMA EVAL	Pre-Auth/Cert Required	
93998	NONINVAS VASC DX STUDY P	Pre-Auth/Cert Required	
94799	PULMONARY SERVICE/PROCEED	Pre-Auth/Cert Required	
95782	POLYSOMNOGRAPHY; YOUNGER THAN 6	Pre-Auth/Cert Required	
95783	POLYSOMNOGRAPHY; YOUNGER THAN 6	Pre-Auth/Cert Required	
95999	NEUROLOGICAL PROCEDURE	Pre-Auth/Cert Required	
96105	ASSESSMENT OF APHASIA	Pre-Auth/Cert Required	
96110	DEVELOPMENTAL TEST, LIM	Pre-Auth/Cert Required	
96111	DEVELOPMENTAL TEST, EXTE	Pre-Auth/Cert Required	
96116	NEUROBEHAVIORAL STATUS E	Pre-Auth/Cert Required	
96118	NEUROPSYCH TST BY PSYCH/	Pre-Auth/Cert Required	
96119	NEUROPSYCH TESTING BY TE	Pre-Auth/Cert Required	
96120	NEUROPSYCH TST ADMIN W/C	Pre-Auth/Cert Required	
96125	COGNITIVE TEST BY HC PRO	Pre-Auth/Cert Required	
96150	ASSESS HLTH/BEHAVE, INIT	Pre-Auth/Cert Required	
96151	ASSESS HLTH/BEHAVE, SUBS	Pre-Auth/Cert Required	
96152	INTERVENE HLTH/BEHAVE, I	Pre-Auth/Cert Required	
96153	INTERVENE HLTH/BEHAVE, G	Pre-Auth/Cert Required	
96154	INTERV HLTH/BEHAV, FAM W	Pre-Auth/Cert Required	
96155	INTERV HLTH/BEHAV FAM NO	Pre-Auth/Cert Required	
96401	CHEMO, ANTI-NEOPL, SQ/IM	Pre-Auth/Cert Required	
96402	CHEMO HORMON ANTINEOPL S	Pre-Auth/Cert Required	
96405	CHEMO INTRALESIONAL, UP	Pre-Auth/Cert Required	
96406	CHEMO INTRALESIONAL OVER	Pre-Auth/Cert Required	

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96409	CHEMO, IV PUSH, SNGL DRU	Pre-Auth/Cert Required	
96411	CHEMO, IV PUSH, ADDL DRU	Pre-Auth/Cert Required	
96413	CHEMO, IV INFUSION, 1 HR	Pre-Auth/Cert Required	
96415	CHEMO, IV INFUSION, ADDL	Pre-Auth/Cert Required	
96416	CHEMO PROLONG INFUSE W/P	Pre-Auth/Cert Required	
96417	CHEMO IV INFUS EACH ADDL	Pre-Auth/Cert Required	
96420	CHEMO, IA, PUSH TECHNIQUE	Pre-Auth/Cert Required	
96422	CHEMO IA INFUSION UP TO	Pre-Auth/Cert Required	
96423	CHEMO IA INFUSE EACH ADD	Pre-Auth/Cert Required	
96425	CHEMOTHERAPY,INFUSION ME	Pre-Auth/Cert Required	
96440	CHEMOTHERAPY, INTRACAVIT	Pre-Auth/Cert Required	
96446	CHEMOTX ADMN PRTL CAVITY	Pre-Auth/Cert Required	
96450	CHEMOTHERAPY, INTO CNS	Pre-Auth/Cert Required	
96521	REFILL/MAINT, PORTABLE P	Pre-Auth/Cert Required	
96522	REFILL/MAINT PUMP/RESVR	Pre-Auth/Cert Required	
96523	IRRIG DRUG DELIVERY DEVI	Pre-Auth/Cert Required	
96542	CHEMOTHERAPY INJECTION	Pre-Auth/Cert Required	
96549	CHEMOTHERAPY, UNSPECIFIE	Pre-Auth/Cert Required	
96567	PHOTODYNAMIC TX, SKIN	Pre-Auth/Cert Required	
96570	PHOTODYNAMIC TX, 30 MIN	Pre-Auth/Cert Required	
96571	PHOTODYNAMIC TX, ADDL 15	Pre-Auth/Cert Required	
96900	ULTRAVIOLET LIGHT THERAP	Pre-Auth/Cert Required	
96902	TRICHOGRAM	Pre-Auth/Cert Required	
96904	WHOLE BODY PHOTOGRAPHY	Pre-Auth/Cert Required	
96910	PHOTOCHEMOTHERAPY WITH U	Pre-Auth/Cert Required	
96912	PHOTOCHEMOTHERAPY WITH U	Pre-Auth/Cert Required	
96913	PHOTOCHEMOTHERAPY, UV-A	Pre-Auth/Cert Required	
96920	LASER TX, SKIN < 250 SQ	Pre-Auth/Cert Required	
96921	LASER TX, SKIN 250-500 S	Pre-Auth/Cert Required	
96922	LASER TX, SKIN > 500 SQ	Pre-Auth/Cert Required	
96999	DERMATOLOGICAL PROCEDURE	Pre-Auth/Cert Required	
97610	LOW FREQUENCY NON-THERMAL US	Pre-Auth/Cert Required	
99183	HYPERBARIC OXYGEN THERAP	Pre-Auth/Cert Required	
99199	SPECIAL SERVICE/PROC/REP	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
99483	ASSMT & CARE PLN PT COG IMP	Pre-Auth/Cert Required	
99512	HOME VISIT FOR HEMODIALY	Pre-Auth/Cert Required	
99600	HOME VISIT NOS	Pre-Auth/Cert Required	
A0140	NONEMERG TRANSP AIR ST	Pre-Auth/Cert Required	
A0430	FIXED WING AIR TRANSPORT	Pre-Auth/Cert Required	
A0435	FIXED WING AIR MILEAGE	Pre-Auth/Cert Required	
A0999	UNLISTED AMBULANCE SRVC	Pre-Auth/Cert Required	
A4555	CA TX E-STIM ELECTR/TRANSDUC	Pre-Auth/Cert Required	
A4641	RADIOPHARM DX AGENT NOC	Pre-Auth/Cert Required	
A4651	CALIBRATED MICROCAP TUBE	Pre-Auth/Cert Required	
A4800	SOFT PROTECT HELMET PREF	Pre-Auth/Cert Required	Code Deleted
A7047	RESP SUCTION ORAL INTERFACE	Pre-Auth/Cert Required	
A9606	Radium ra223 dichloride ther	Pre-Auth/Cert Required	
C1767	GENERATOR, NEURO NON-REC	Pre-Auth/Cert Required	
C1778	LEAD, NEUROSTIMULATOR	Pre-Auth/Cert Required	
C1787	PATIENT PROGR, NEUROSTIM	Pre-Auth/Cert Required	
C1816	RECEIVER/TRANSMITTER, NE	Pre-Auth/Cert Required	
C1820	GENERATOR NEURO RECHG BA	Pre-Auth/Cert Required	
C1821	INTERSPINOUS IMPLANT	Pre-Auth/Cert Required	
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	Pre-Auth/Cert Required	
C1841	RETINAL PROSTHESIS, INCULDES ALL INT/EXT COMPONENTS	Pre-Auth/Cert Required	
C1842	Retinal prosth, add-on	Pre-Auth/Cert Required	
C1883	ADAP/EXT/PAC/NEURO LEAD	Pre-Auth/Cert Required	
C1889	Implant/insert device, noc	Pre-Auth/Cert Required	
C1897	LEAD, NEUROSTIM TEST KIT	Pre-Auth/Cert Required	
C2614	PROBE, PERC LUMB DISC	Pre-Auth/Cert Required	
C2624	Wireless pressure sensor	Pre-Auth/Cert Required	
C2644	Brachytx cesium-131 chloride	Pre-Auth/Cert Required	
C5271	LOW COST SKIN SUBSTITUTE APP	Pre-Auth/Cert Required	
C5272	LOW COST SKIN SUBSTITUTE APP	Pre-Auth/Cert Required	
C5273	LOW COST SKIN SUBSTITUTE APP	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
C5274	LOW COST SKIN SUBSTITUTE APP	Pre-Auth/Cert Required	
C5275	LOW COST SKIN SUBSTITUTE APP	Pre-Auth/Cert Required	
C5276	LOW COST SKIN SUBSTITUTE APP	Pre-Auth/Cert Required	
C5277	LOW COST SKIN SUBSTITUTE APP	Pre-Auth/Cert Required	
C5278	LOW COST SKIN SUBSTITUTE APP	Pre-Auth/Cert Required	
C9021	Injection, obinutuzumab	Pre-Auth/Cert Required	
C9022	Injection, elosulfase alfa	Pre-Auth/Cert Required	
C9023	Injection, testosterone undecanoate, 1 mg	Pre-Auth/Cert Required	
C9025	Injection, ramucirumab, 5 mg	Pre-Auth/Cert Required	Code Deleted
C9026	Injection, vedolizumab, 1 mg	Pre-Auth/Cert Required	Code Deleted
C9027	Injection, pembrolizumab	Pre-Auth/Cert Required	Code Deleted
C9137	Injection, Factor VIII (antihemophilic factor, recombinant) PEGylated, 1 I.U.	Pre-Auth/Cert Required	Code Deleted
C9138	Injection, Factor VIII (antihemophilic factor, recombinant) (Nuwig), 1 I.U.	Pre-Auth/Cert Required	Code Deleted
C9139	Injection, Factor IX, albumin fusion protein (recombinant), Idelvion, 1 i.u.	Pre-Auth/Cert Required	Code Deleted
C9140	AFSTYLA FACTOR VIII RECOMB	Pre-Auth/Cert Required	
C9349	Fortaderm, fortaderm antimic	Pre-Auth/Cert Required	Code Deleted
C9352	NEURAGEN NERVE GUIDE, PE	Pre-Auth/Cert Required	
C9353	NEURAWRAP NERVE PROTECTO	Pre-Auth/Cert Required	
C9358	SURGIMEND, FETAL	Pre-Auth/Cert Required	
C9360	SURGIMEND, NEONATAL	Pre-Auth/Cert Required	
C9364	PORCINE IMPLANT, PERMACO	Pre-Auth/Cert Required	
C9399	UNCLASSIFD DRUG/BIOLOGIC	Pre-Auth/Cert Required	
C9442	Injection, belinostat	Pre-Auth/Cert Required	Code Deleted
C9445	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units	Pre-Auth/Cert Required	Code Deleted
C9449	Injection, blinatumomab, 1 mcg	Pre-Auth/Cert Required	Code Deleted
C9453	Injection, nivolumab, 1 mg	Pre-Auth/Cert Required	Code Deleted
C9454	Injection, pasireotide long acting, 1 mg	Pre-Auth/Cert Required	Code Deleted
C9455	Injection, siltuximab, 10 mg	Pre-Auth/Cert Required	Code Deleted
C9471	Hyaluronan or derivative, Hymovis, for intra-articular injection, 1 mg	Pre-Auth/Cert Required	Code Deleted

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Code	Description	Review Type	Comments
C9472	Injection, talimogene laherparepvec, 1 million plaque forming units (PFU)	Pre-Auth/Cert Required	Code Deleted
C9473	Injection, mepolizumab, 1 mg	Pre-Auth/Cert Required	Code Deleted
C9474	Injection, irinotecan liposome, 1 mg	Pre-Auth/Cert Required	Code Deleted
C9475	Injection, necitumumab, 1 mg	Pre-Auth/Cert Required	Code Deleted
C9476	Injection, daratumumab, 10 mg	Pre-Auth/Cert Required	Code Deleted
C9477	Injection, elotuzumab, 1 mg	Pre-Auth/Cert Required	Code Deleted
C9478	Injection, sebelipase alfa, 1 mg	Pre-Auth/Cert Required	Code Deleted
C9480	Injection, trabectedin, 0.1 mg	Pre-Auth/Cert Required	Code Deleted
C9481	Injection, reslizumab, 1 mg	Pre-Auth/Cert Required	Code Deleted
C9483	Injection, atezolizumab, 10 mg TECENTRIQ	Pre-Auth/Cert Required	
C9484	Injection, eteplirsen	Pre-Auth/Cert Required	
C9485	Injection, olaratumab	Pre-Auth/Cert Required	
C9486	Injection, granisetron ext	Pre-Auth/Cert Required	
C9487	Ustekinumab IV inj, 1 mg	Pre-Auth/Cert Required	Code Deleted
C9489	Injection, nusinersen	Pre-Auth/Cert Required	
C9724	EPS GAST CARDIA PLIC	Pre-Auth/Cert Required	
C9727	INSERT PALATE IMPLANTS	Pre-Auth/Cert Required	
C9734	US ablation/therapeutic intrvtn w/MR guidance	Pre-Auth/Cert Required	
C9737	LAP ESOPH AUGMENTATION	Pre-Auth/Cert Required	Code Deleted
C9739	Cystoscopy prostatic imp 1-3	Pre-Auth/Cert Required	
C9740	Cysto impl 4 or more	Pre-Auth/Cert Required	
C9741	Right heart catheterization with implantation of wireless pressure sensor in the pulmonary artery, including any type of measurement, angiography, imaging supervision, interpretation, and report, includes provision of patient home electronics unit	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
C9741	Right heart catheterization with implantation of wireless pressure sensor in the pulmonary artery, including any type of measurement, angiography, imaging supervision, interpretation, and report, includes provision of patient home electronics unit	Pre-Auth/Cert Required	
C9743	Injection/implantation of bulking or spacer material (any type) with or without image guidance (not to be used if a more specific code applies)	Pre-Auth/Cert Required	
C9745	Nasal endo eustachian tube	Pre-Auth/Cert Required	
C9746	Trans imp balloon cont	Pre-Auth/Cert Required	
C9747	Ablation, HIFU, prostate	Pre-Auth/Cert Required	
C9800	DERMAL FILLER INJ PX/SUP	Pre-Auth/Cert Required	Code Deleted
E0118	CRUTCH SUBSTITUTE	Pre-Auth/Cert Required	
E0446	TOPICAL OX DELIVER SYS,	Pre-Auth/Cert Required	
E0481	INTRPULMNRY PERCUSS VENT	Pre-Auth/Cert Required	
E0483	CHEST COMPRESS GENER SYS	Pre-Auth/Cert Required	
E0627	SEAT LFT INCORP LFT-CHA	Pre-Auth/Cert Required	
E0628	ELEC SEAT LFT-PT OWND F	Pre-Auth/Cert Required	Code Deleted
E0629	NON ELEC SEAT LFT-PT OWND F	Pre-Auth/Cert Required	
E0635	PT LFT ELEC SEAT/SLING	Pre-Auth/Cert Required	
E0637	COMBINATION SIT TO STAND	Pre-Auth/Cert Required	
E0638	STANDING FRAME SYSTEM	Pre-Auth/Cert Required	
E0639	MOVEABLE PATIENT LIFT SY	Pre-Auth/Cert Required	
E0640	FIXED PATIENT LIFT SYSTE	Pre-Auth/Cert Required	
E0641	MULTI-POSITION STND FRAM	Pre-Auth/Cert Required	
E0642	DYNAMIC STANDING FRAME	Pre-Auth/Cert Required	
E0656	SEGMENTAL PNEUMATIC TRUN	Pre-Auth/Cert Required	
E0657	SEGMENTAL PNEUMATIC CHES	Pre-Auth/Cert Required	
E0670	SEG PNEUM APPLI 2 FULL LEGS & TRUNK	Pre-Auth/Cert Required	
E0691	ULTRAVIL PANEL <=2 SQ FT	Pre-Auth/Cert Required	
E0692	ULTRAVIOLET PANEL 4 FOOT	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
E0693	ULTRAVIOLET PANEL 6 FOOT	Pre-Auth/Cert Required	
E0720	TENS 2 LEAD LOCAL STIMU	Pre-Auth/Cert Required	
E0730	TENS >=4 LEAD MULT NERVE	Pre-Auth/Cert Required	
E0731	CONDUCTIVE TENS GARMENT	Pre-Auth/Cert Required	
E0731	CONDUCTIVE TENS GARMENT	Pre-Auth/Cert Required	
E0740	INCONTINENCE TX SYSTEM	Pre-Auth/Cert Required	
E0744	SCOLI NEUROMUSCLR STIMU	Pre-Auth/Cert Required	
E0747	OSTEGN STIM NOT SPINL,EL	Pre-Auth/Cert Required	
E0748	OSTEOGN STIM SPINAL,ELEC	Pre-Auth/Cert Required	
E0760	OSTEOGEN ULTRASOUND STIM	Pre-Auth/Cert Required	
E0764	FUNCTIONAL NEUROMUSCULAR	Pre-Auth/Cert Required	
E0766	ELEC STIM CANCER TREATMENT	Pre-Auth/Cert Required	
E0770	FUNCTIONAL ELECTRIC STIM	Pre-Auth/Cert Required	
E0782	NON-PRGRAMBL INFUSN PUMP	Pre-Auth/Cert Required	
E0783	PROGRM IMPL INFUSN SYSTM	Pre-Auth/Cert Required	
E0784	EXT AMB INFUS PUMP INSLN	Pre-Auth/Cert Required	
E0785	INTRASPINAL CATH REPLCMT	Pre-Auth/Cert Required	
E0786	PROG INFUS PUMP REPLACE	Pre-Auth/Cert Required	
E0986	MAN W/C PUSH-RIM POW ASS	Pre-Auth/Cert Required	
E1002	POWER SEAT SYS-TILT ONLY	Pre-Auth/Cert Required	
E1003	POWER SEAT-RECLINE ONLY	Pre-Auth/Cert Required	
E1004	PWR SEAT-RECLINE+MECH	Pre-Auth/Cert Required	
E1005	PWR SEAT-RECLINE+PWR	Pre-Auth/Cert Required	
E1006	PWR SEAT COMBO W/O SHEAR	Pre-Auth/Cert Required	
E1007	PWR SEAT COMBO W/ SHEAR	Pre-Auth/Cert Required	
E1008	PWR SEAT COMBO PWR SHEAR	Pre-Auth/Cert Required	
E1009	ADD MECH LEG ELEVATION	Pre-Auth/Cert Required	
E1010	ADD PWR LEG ELEVATION	Pre-Auth/Cert Required	
E1220	WHLC SPECL SIZE/CONSTRC	Pre-Auth/Cert Required	
E1229	PEDIATRIC WHEELCHAIR NOS	Pre-Auth/Cert Required	
E1230	POWR OPER VEH 3-4 WHEEL	Pre-Auth/Cert Required	
E1239	PED POWER WHEELCHAIR NOS	Pre-Auth/Cert Required	
E1399	DURABLE MEDI EQUIP MISC	Pre-Auth/Cert Required	
E1700	JAW MOTION REHAB SYSTEM	Pre-Auth/Cert Required	DME - no auth if under \$4980
E1701	REPL JAW MOTION CUSHION	Pre-Auth/Cert Required	DME - no auth if under \$4981

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Code	Description	Review Type	Comments
E1702	REPL JAW MOT MEAS SCALE	Pre-Auth/Cert Required	DME - no auth if under \$4982
E1800	ADJ ELBW EXT/FLEX DEVICE	Pre-Auth/Cert Required	DME - no auth if under \$4983
E1801	SPS ELBOW DEVICE	Pre-Auth/Cert Required	DME - no auth if under \$4984
E1802	ADJST FOREARM PRO/SUP DE	Pre-Auth/Cert Required	DME - no auth if under \$4985
E1805	ADJ WRST EXT/FLEX DEVICE	Pre-Auth/Cert Required	DME - no auth if under \$4986
E1806	SPS WRIST DEVICE	Pre-Auth/Cert Required	DME - no auth if under \$4987
E1810	ADJ KNEE EXT/FLEX DEVICE	Pre-Auth/Cert Required	DME - no auth if under \$4988
E1811	SPS KNEE DEVICE	Pre-Auth/Cert Required	DME - no auth if under \$4989
E1812	KNEE EXT/FLEX W ACT RES	Pre-Auth/Cert Required	DME - no auth if under \$4990
E1815	ADJ ANKL EXT/FLEX DEVICE	Pre-Auth/Cert Required	DME - no auth if under \$4991
E1816	SPS ANKLE DEVICE	Pre-Auth/Cert Required	DME - no auth if under \$4992
E1818	SPS FOREARM DEVICE	Pre-Auth/Cert Required	DME - no auth if under \$4993
E1821	REPLACE INTERFACE SPST	Pre-Auth/Cert Required	DME - no auth if under \$4994
E1830	ADJ TOE EXT/FLEX DEVICE	Pre-Auth/Cert Required	DME - no auth if under \$4995
E1831	STATIC STR TOE DEV EX/FL	Pre-Auth/Cert Required	DME - no auth if under \$4996
E1840	DYNAM ADJ SHOULDER DEVC	Pre-Auth/Cert Required	DME - no auth if under \$4997
E1841	STATIC STR SHLDR DEV ROM	Pre-Auth/Cert Required	DME - no auth if under \$4998
E1902	AAC NON-ELECTRONIC BOARD	Pre-Auth/Cert Required	DME - no auth if under \$4999
E2120	PULSE GEN SYS-ENDOLYMPH	Pre-Auth/Cert Required	DME - no auth if under \$5000
E2300	PWR SEAT ELEVATION SYSTM	Pre-Auth/Cert Required	
E2301	POWER STANDING SYSTEM	Pre-Auth/Cert Required	
E2502	DIG SGD PRE-REC >8 <=20'	Pre-Auth/Cert Required	
E2504	DIG SGD PRE-REC >20<=40'	Pre-Auth/Cert Required	
E2506	DIGITZD SGD PRE-REC >40'	Pre-Auth/Cert Required	
E2508	SGD SPELLING PHYS ACCESS	Pre-Auth/Cert Required	
E2510	SGD MULT METH MSG/ACCS	Pre-Auth/Cert Required	
E2511	SGD SFTWRE PRGRM PC/PDA	Pre-Auth/Cert Required	
E2512	SGD MOUNTING SYSTEM	Pre-Auth/Cert Required	
E2599	SGD ACCESSORY NOC	Pre-Auth/Cert Required	
G0128	DIR SKILL NURSG EACH 10'	Pre-Auth/Cert Required	Skilled Nursing - follow P&P
G0129	OCCUPATIONAL THERAPY	Pre-Auth/Cert Required	HH - follow P&P
G0151	SERVICES PHYSICAL THERAP	Pre-Auth/Cert Required	HH - follow P&P
G0152	SERVICES OCCUPAT THERAP	Pre-Auth/Cert Required	HH - follow P&P
G0153	SERVICES SPEECH LANGUAGE	Pre-Auth/Cert Required	HH - follow P&P
G0156	SERVICE HOME HEALTH AIDE	Pre-Auth/Cert Required	HH - follow P&P

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Code	Description	Review Type	Comments
G0157	HHC PT ASSISTANT EA 15	Pre-Auth/Cert Required	HH - follow P&P
G0158	HHC OT ASSISTANT EA 15	Pre-Auth/Cert Required	HH - follow P&P
G0159	HHC PT MAINT EA 15 MIN	Pre-Auth/Cert Required	HH - follow P&P
G0160	HHC OCCUP THERAPY EA 15	Pre-Auth/Cert Required	HH - follow P&P
G0161	HHC SLP EA 15 MIN	Pre-Auth/Cert Required	HH - follow P&P
G0162	HHC RN E&M PLAN SVS, 15	Pre-Auth/Cert Required	HH - follow P&P
G0163	HHC LPN/RN OBS/ASSES EA	Pre-Auth/Cert Required	Code deleted 12/31/2016
G0164	HHC LIS NURSE TRAIN EA 1	Pre-Auth/Cert Required	Code deleted 12/31/2016
G0166	EXTERNAL COUNTERPULSATIO	Pre-Auth/Cert Required	HH - follow P&P
G0173	LINEAR ACC STEREO RADSUR	Pre-Auth/Cert Required	HH - follow P&P
G0176	ACTIVITY THERAPY,PER SES	Pre-Auth/Cert Required	HH - follow P&P
G0177	TRAIN & EDUCAT PER SESS	Pre-Auth/Cert Required	HH - follow P&P
G0179	MD RECERTIFICAT HHA PT	Pre-Auth/Cert Required	HH - follow P&P
G0180	PHYS CERTIFICATION HHA	Pre-Auth/Cert Required	HH - follow P&P
G0181	HOME HEALTH SUPERVISION	Pre-Auth/Cert Required	HH - follow P&P
G0182	HOSPICE CARE SUPERVISION	Pre-Auth/Cert Required	Hospice - follow P&P
G0251	STEREOTACTIC, FRACTL TX	Pre-Auth/Cert Required	
G0260	INJ FOR SACROILIAC JT AN	Pre-Auth/Cert Required	
G0260	INJ FOR SACROILIAC JT AN	Pre-Auth/Cert Required	
G0277	Hbot, full body chamber, 30m	Pre-Auth/Cert Required	
G0339	ROBOT RADIOSUR COMPL/1ST	Pre-Auth/Cert Required	
G0340	ROBT LIN-RADSURG FRACTX	Pre-Auth/Cert Required	
G0341	PERCUTANEOUS ISLET CELLS	Pre-Auth/Cert Required	
G0342	LAPAROSCOPY ISLET CELLS	Pre-Auth/Cert Required	
G0343	LAPAROTOMY ISLET CELL TR	Pre-Auth/Cert Required	
G0422	INTENS CARDIAC REHAB W/E	Pre-Auth/Cert Required	
G0423	INTENS CARDIAC REHAB NO	Pre-Auth/Cert Required	
G0428	COLLAGEN MENISCUS IMPLAN	Pre-Auth/Cert Required	
G0429	DERMAL FILLER INJECTION(Pre-Auth/Cert Required	
G0448	PLACE PERM PACING CARDIO	Pre-Auth/Cert Required	
G0455	PREP & INSTILL FECAL MICROBIOTA	Pre-Auth/Cert Required	
G0458	LDR PROSTATE BRACHYTHERAPY	Pre-Auth/Cert Required	
G0460	AUTOLOGOUS PLASMA FOR CHRONIC WOUNDS ULCERTS PER TX	Pre-Auth/Cert Required	
G0493	RN CARE EA 15 MIN HH/HOSPICE	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
G0494	LPN CARE EA 15MIN HH/HOSPICE	Pre-Auth/Cert Required	
G0495	RN CARE TRAIN/EDU IN HH	Pre-Auth/Cert Required	
G0496	LPN CARE TRAIN/EDU IN HH	Pre-Auth/Cert Required	
G6001	Echo guidance radiotherapy	Pre-Auth/Cert Required	
G6002	Stereoscopic x-ray guidance	Pre-Auth/Cert Required	
G6003	Radiation treatment delivery	Pre-Auth/Cert Required	
G6004	Radiation treatment delivery	Pre-Auth/Cert Required	
G6005	Radiation treatment delivery	Pre-Auth/Cert Required	
G6006	Radiation treatment delivery	Pre-Auth/Cert Required	
G6007	Radiation treatment delivery	Pre-Auth/Cert Required	
G6008	Radiation treatment delivery	Pre-Auth/Cert Required	
G6009	Radiation treatment delivery	Pre-Auth/Cert Required	
G6010	Radiation treatment delivery	Pre-Auth/Cert Required	
G6011	Radiation treatment delivery	Pre-Auth/Cert Required	
G6012	Radiation treatment delivery	Pre-Auth/Cert Required	
G6013	Radiation treatment delivery	Pre-Auth/Cert Required	
G6014	Radiation treatment delivery	Pre-Auth/Cert Required	
G6015	Radiation tx delivery imrt	Pre-Auth/Cert Required	
G6016	Delivery comp imrt	Pre-Auth/Cert Required	
G6017	Intrafraction track motion	Pre-Auth/Cert Required	
G6021	Unlisted px small intestine	Pre-Auth/Cert Required	Code Deleted
G6027	Anoscopy hra w/spec collect	Pre-Auth/Cert Required	Code Deleted
G6028	Anoscopy hra w/biopsy	Pre-Auth/Cert Required	Code Deleted
G9012	OTHER SPECIFIED CASE MGM	Pre-Auth/Cert Required	
G9143	WARFARIN RESPON GENETIC	Pre-Auth/Cert Required	
G9147	OUTPT IV INSULIN TX ANY	Pre-Auth/Cert Required	
H0008	ALC/DRU SUBAC DET-HOS IP	Pre-Auth/Cert Required	
H0009	ALC/DRUG AC DETOX-HOS IP	Pre-Auth/Cert Required	
H0015	ALC/DRUG INTENS OP SERV	Pre-Auth/Cert Required	
H0031	MH ASSESSMNT BY NON-PHYS	Pre-Auth/Cert Required	
H0032	MH SVC PLAN DEV-NON-PHYS	Pre-Auth/Cert Required	
H0035	MH PARTL HOSP TX < 24 HR	Pre-Auth/Cert Required	
H0046	MENTAL HEALTH SVC, NOS	Pre-Auth/Cert Required	
H2012	BEHAV HLTH DAY TREATMENT	Pre-Auth/Cert Required	
H2016	COMP COMMUNITY SUPPOR-DIE	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
H2019	THERAPEUT BEHAV SVC-15'	Pre-Auth/Cert Required	
J0129	ABATACEPT INJECTION	Pre-Auth/Cert Required	
J0135	ADALIMUMAB INJECTION	Pre-Auth/Cert Required	
J0178	INJ afibercept 1 mg	Pre-Auth/Cert Required	
J0180	AGALSIDASE BETA INJECTIO	Pre-Auth/Cert Required	
J0202	Injection, alemtuzumab, 1 mg	Pre-Auth/Cert Required	
J0205	ALGLUCERASE INJECTION	Pre-Auth/Cert Required	
J0215	ALEFACEPT 0.5 MG INJ	Pre-Auth/Cert Required	
J0220	AGLUCOSIDASE ALFA INJECT	Pre-Auth/Cert Required	
J0221	LUMIZYME INJECTION	Pre-Auth/Cert Required	
J0256	ALPHA 1-PROTEINASE 10 MG	Pre-Auth/Cert Required	
J0257	GLASSIA INJECTION	Pre-Auth/Cert Required	
J0364	APOMORPHINE HYDROCHLORID	Pre-Auth/Cert Required	
J0470	DIMECAPROL INJECTION	Pre-Auth/Cert Required	
J0490	BELIMUMAB INJECTION	Pre-Auth/Cert Required	
J0585	BOTULINUM TOXIN A/100 U	Pre-Auth/Cert Required	
J0586	ABOBOTULINUMTOXINA	Pre-Auth/Cert Required	
J0587	BOTULINUM TOXIN TYPE B	Pre-Auth/Cert Required	
J0588	INCOBOTULINUMTOXIN A	Pre-Auth/Cert Required	
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	Pre-Auth/Cert Required	
J0597	C-1 ESTERASE, BERINERT	Pre-Auth/Cert Required	
J0598	C-1 ESTERASE, CINRYZE	Pre-Auth/Cert Required	
J0600	EDETATE CAL DISODIUM INJ	Pre-Auth/Cert Required	
J0638	CANAKINUMAB INJECTION	Pre-Auth/Cert Required	
J0717	CERTOLIZUMAB PEGOL INJ 1MG	Pre-Auth/Cert Required	
J0725	CHORI GONADOTROPIN/1000U	Pre-Auth/Cert Required	
J0775	COLLAGENASE, CLOST HIST	Pre-Auth/Cert Required	
J0800	CORTICOTROPIN INJECTION	Pre-Auth/Cert Required	
J0881	DARBEPOETIN ALFA, NON-ES ARANESP	Pre-Auth/Cert Required	
J0882	DARBEPOETIN ALFA, ESRD U	Pre-Auth/Cert Required	
J0885	EPOETIN ALFA, NON-ESRD, PROCRIT	Pre-Auth/Cert Required	
J0886	EPOETIN ALFA, ESRD	Pre-Auth/Cert Required	Code Deleted
J0887	Epoetin beta esrd use	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
J0888	Epoetin beta non esrd	Pre-Auth/Cert Required	
J0890	INJ PEGINESATIDE 0.1mg	Pre-Auth/Cert Required	
J0897	DENOSUMAB INJECTION PROLIA or XGEVA	Pre-Auth/Cert Required	
J1290	ECALLANTIDE INJECTION	Pre-Auth/Cert Required	
J1300	ECULIZUMAB INJECTION	Pre-Auth/Cert Required	
J1322	Elosulfase alfa, injection	Pre-Auth/Cert Required	
J1325	EPOPROSTENOL 0.5 MG	Pre-Auth/Cert Required	
J1438	INJECTION, ETANERCEPT	Pre-Auth/Cert Required	
J1439	Inj ferric carboxymaltos 1mg	Pre-Auth/Cert Required	
J1442	INJ, FILGRASTIM G-CSF 1MCG NEUPOGEN	Pre-Auth/Cert Required	
J1443	Injection, ferric pyrophosphate citrate solution, 0.1 mg of iron	Pre-Auth/Cert Required	
J1458	GALSULFASE INJECTION	Pre-Auth/Cert Required	
J1459	INJ IVIG PRIVIGEN 500 MG	Pre-Auth/Cert Required	
J1556	INJ, IMM GLOB BIVIGAM, 500MG	Pre-Auth/Cert Required	
J1557	GAMMAPLEX INJECTION	Pre-Auth/Cert Required	
J1559	HIZENTRA INJECTION	Pre-Auth/Cert Required	
J1561	GAMUNEX INJECTION	Pre-Auth/Cert Required	
J1562	IMMUNE GLOBULIN SUBCUTAN	Pre-Auth/Cert Required	
J1566	IMMUNE GLOBULIN, POWDER	Pre-Auth/Cert Required	
J1568	OCTAGAM INJECTION	Pre-Auth/Cert Required	
J1569	GAMMAGARD LIQUID INJECTI	Pre-Auth/Cert Required	
J1572	FLEBOGAMMA INJECTION	Pre-Auth/Cert Required	
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Pre-Auth/Cert Required	
J1595	GLATIRAMER ACETATE 20 MG	Pre-Auth/Cert Required	
J1599	IVIG NON-LYOPHILIZED, NO	Pre-Auth/Cert Required	
J1602	GOLIMUMAB FOR IV USE 1MG	Pre-Auth/Cert Required	
J1620	GONADORELIN HYD/100 MCG	Pre-Auth/Cert Required	
J1675	HISTRELIN ACETATE	Pre-Auth/Cert Required	
J1725	HYDROXYPROGESTERONE CAPR	Pre-Auth/Cert Required	
J1743	IDURSULFASE INJECTION	Pre-Auth/Cert Required	
J1744	INJECTION ICATIBANT 1MG	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
J1745	INJECTION, INFLIXIMAB	Pre-Auth/Cert Required	
J1786	IMUGLUCERASE INJECTION	Pre-Auth/Cert Required	
J1826	INTERFERON BETA- 1A INJ	Pre-Auth/Cert Required	
J1830	INTERFER BETA-1B 0.25 MG	Pre-Auth/Cert Required	
J1930	LANREOTIDE INJECTION SOMATULINE DEPOT	Pre-Auth/Cert Required	
J1931	LARONIDASE INJECTION	Pre-Auth/Cert Required	
J2170	MECASERMIN INJECTION	Pre-Auth/Cert Required	
J2182	INJECTION, MEPOLIZUMAB, 1MG	Pre-Auth/Cert Required	
J2323	NATALIZUMAB INJECTION	Pre-Auth/Cert Required	
J2350	INJECTION, OCRELIZUMAB 1MG	Pre-Auth/Cert Required	
J2353	OCTREOTIDE DEPOT 1MG INJ	Pre-Auth/Cert Required	
J2354	SANDOSTATIN LAR DEPOT OCTREOTIDE NONDEPOT INJ OCTREOTIDE ACETATE	Pre-Auth/Cert Required	
J2357	OMALIZUMAB INJECTION	Pre-Auth/Cert Required	
J2502	Injection, pasireotide long acting, 1 mg	Pre-Auth/Cert Required	
J2503	PEGAPTANIB SODIUM INJECT	Pre-Auth/Cert Required	
J2504	PEGADEMASE BOVINE, 25 IU	Pre-Auth/Cert Required	
J2505	PEGFILGRASTIM 6 MG INJEC NEULASTA	Pre-Auth/Cert Required	
J2507	PEGLOTICASE INJECTION	Pre-Auth/Cert Required	
J2562	PLERIXAFOR INJECTION	Pre-Auth/Cert Required	
J2724	PROTEIN C CONCENTRATE	Pre-Auth/Cert Required	
J2778	RANIBIZUMAB INJECTION	Pre-Auth/Cert Required	
J2786	INJECTION, RESLIZUMAB, 1MG	Pre-Auth/Cert Required	
J2793	RILONACEPT INJECTION	Pre-Auth/Cert Required	
J2796	ROMIPLOSTIM INJECTION	Pre-Auth/Cert Required	
J2840	INJ SEBELIPASE ALFA 1 MG	Pre-Auth/Cert Required	
J2860	Injection, siltuximab, 10 mg SYLVANT	Pre-Auth/Cert Required	
J2940	SOMATREM INJECTION	Pre-Auth/Cert Required	
J2941	SOMATROPIN INJECTION	Pre-Auth/Cert Required	
J3060	INJ, TALIGLUCERACE ALFA 10 U	Pre-Auth/Cert Required	
J3110	TERIPARATIDE INJECTION	Pre-Auth/Cert Required	
J3145	Testosterone undecanoate 1mg	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
J3262	Tocilizumab Injection ACTEMRA	Pre-Auth/Cert Required	
J3285	TREPROSTINIL INJECTION	Pre-Auth/Cert Required	
J3355	UROFOLLITROPIN, 75 IU	Pre-Auth/Cert Required	
J3357	USTEKINUMAB INJECTION	Pre-Auth/Cert Required	
J3380	Injection, vedolizumab, 1 mg	Pre-Auth/Cert Required	
J3385	VELAGLUCERASE ALFA	Pre-Auth/Cert Required	
J3490	UNCLASSIFIED DRUG INJ	Pre-Auth/Cert Required	
J3520	EDETATE DISODM PER 150MG	Pre-Auth/Cert Required	
J3590	UNCLASSIFIED BIOLOGIC	Pre-Auth/Cert Required	
J7175	INJ, FACTOR X, (HUMAN), 1IU	Pre-Auth/Cert Required	
J7178	INJ HUMAN FIBRINOGEN CONC 1 mg	Pre-Auth/Cert Required	
J7179	VONVENDI INJ 1 IU VWF:RCO	Pre-Auth/Cert Required	
J7180	FACTOR XIII ANTI-HEM FAC	Pre-Auth/Cert Required	
J7181	Factor xiii recomb a-subunit	Pre-Auth/Cert Required	
J7182	Factor viii recomb novoeight	Pre-Auth/Cert Required	
J7183	WILATE INJECTION	Pre-Auth/Cert Required	
J7185	XYNTHA INJ	Pre-Auth/Cert Required	
J7186	ANTIHEMOPHILIC VIII/VWF]	Pre-Auth/Cert Required	
J7187	INJ VONWILLEBRAND FACTOR	Pre-Auth/Cert Required	
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	Pre-Auth/Cert Required	
J7189	FACTOR VIIA	Pre-Auth/Cert Required	
J7190	FACTOR VIII PER I.U.	Pre-Auth/Cert Required	
J7191	FACTOR VIII (PORCINE)	Pre-Auth/Cert Required	
J7192	FACTOR VIII RECOMB / I.U	Pre-Auth/Cert Required	
J7193	FACTOR IX NON-RECOMBINAN	Pre-Auth/Cert Required	
J7194	FACTOR IX COMPLEX / I.U.	Pre-Auth/Cert Required	
J7195	FACTOR IX RECOMBINANT	Pre-Auth/Cert Required	
J7196	ANTITHROMBIN RECOMBINANT	Pre-Auth/Cert Required	
J7197	ANTITHROMBIN III INJ /IU	Pre-Auth/Cert Required	
J7198	ANTI-INHIBITOR, PER I.U.	Pre-Auth/Cert Required	
J7199	HEMOPHILIA CLOTTING FACT	Pre-Auth/Cert Required	
J7200	Factor ix recombinan rixubis	Pre-Auth/Cert Required	
J7201	Factor ix fc fusion recomb	Pre-Auth/Cert Required	
J7202	FACTOR IX IDELVION INJ	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
J7205	Injection, factor viii fc fusion (recombinant), per iu	Pre-Auth/Cert Required	
J7207	FACTOR VIII PEGYLATED RECOMB	Pre-Auth/Cert Required	
J7209	FACTOR VIII NUWIQ RECOMB 1IU	Pre-Auth/Cert Required	
J7316	INJ, OCRIPLASMIN, 0.125 MG	Pre-Auth/Cert Required	
J7320	GENVISC 850, INJ, 1MG	Pre-Auth/Cert Required	
J7322	HYMOVIS INJECTION 1 MG	Pre-Auth/Cert Required	
J7330	AUTOL CULT CHONDRO IMPLN	Pre-Auth/Cert Required	
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension	Pre-Auth/Cert Required	
J7686	TREPROSTINIL, NON-COMP U	Pre-Auth/Cert Required	
J7799	NOC NON-INHAL DRUG / DME	Pre-Auth/Cert Required	
J7999	Compounded drug, not otherwise classified	Pre-Auth/Cert Required	
J9000	DOXORUBICIN HCL CHEMO	Pre-Auth/Cert Required	
J9010	ALEMTUZUMAB INJECTION	Pre-Auth/Cert Required	Code Deleted
J9015	ALDESLEUKIN/SGL USE VIAL	Pre-Auth/Cert Required	
J9017	ARSENIC TRIOXIDE	Pre-Auth/Cert Required	
J9019	INJ ASPARAGINASE 1,000 iu ERWINAZE	Pre-Auth/Cert Required	
J9020	ASPARAGINASE INJ 10,000U	Pre-Auth/Cert Required	
J9025	AZACITIDINE INJECTION	Pre-Auth/Cert Required	
J9027	CLOFARABINE INJECTION	Pre-Auth/Cert Required	
J9031	BCG INTRAVESICAL VAC	Pre-Auth/Cert Required	
J9032	Injection, belinostat, 10 mg BELEODAQ	Pre-Auth/Cert Required	
J9033	BENDAMUSTINE Injection TREANDA	Pre-Auth/Cert Required	
J9034	INJECTION BENDEKA 1 MG	Pre-Auth/Cert Required	
J9035	BEVACIZUMAB INJECTION AVASTIN	Pre-Auth/Cert Required	
J9039	Injection, blinatumomab, 1 microgram BLINCYTO	Pre-Auth/Cert Required	
J9040	BLEOMYCIN SULF INJ 15 U	Pre-Auth/Cert Required	
J9041	BORTEZOMIB INJECTION	Pre-Auth/Cert Required	
J9042	INJ BRENTUXIMAB VEDOTIN 1 mg ADCETRIS	Pre-Auth/Cert Required	
J9043	CABAZITAXEL Injection JEVTANA	Pre-Auth/Cert Required	

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J9045	CARBOPLATIN INJECT 50MG	Pre-Auth/Cert Required	
J9047	INJECTION, CARFILZOMIB, 1 mg KYPROLIS	Pre-Auth/Cert Required	
J9050	CARMUSTINE 100 MG INJ	Pre-Auth/Cert Required	
J9055	CETUXIMAB Injection ERBITUX	Pre-Auth/Cert Required	
J9060	CISPLATIN 10 MG INJECTI	Pre-Auth/Cert Required	
J9065	INJ CLADRIBINE PER 1 MG	Pre-Auth/Cert Required	
J9070	CYCLOPHOSPHAMIDE 100 MG	Pre-Auth/Cert Required	
J9098	CYTARABINE LIPOSOME	Pre-Auth/Cert Required	
J9100	CYTARABINE INJ 100 MG	Pre-Auth/Cert Required	
J9120	DACTINOMYCIN 0.5 MG INJ	Pre-Auth/Cert Required	
J9130	DACARBAZINE INJ 100 MG	Pre-Auth/Cert Required	
J9145	INJECTION, DARATUMUMAB 10 MG DARZALEX	Pre-Auth/Cert Required	
J9150	DAUNORUBICIN 10MG	Pre-Auth/Cert Required	
J9151	DAUNORUBICIN CITRAT 10MG	Pre-Auth/Cert Required	
J9155	DEGARELIX INJECTION	Pre-Auth/Cert Required	
J9160	DENILEUKIN DIFTITOX	Pre-Auth/Cert Required	
J9165	DIETHYLSTILBESTROL 250MG	Pre-Auth/Cert Required	
J9171	DOCETAXEL INJECTION	Pre-Auth/Cert Required	
J9175	ELLIOTTS B SOLUTION PER	Pre-Auth/Cert Required	
J9176	INJECTION, ELOTUZUMAB, 1MG EMLICITI	Pre-Auth/Cert Required	
J9178	OXALIPLATIN 0.5 MG INJEC	Pre-Auth/Cert Required	
J9179	ERIBULIN MESYLATE Injection HALAVEN	Pre-Auth/Cert Required	
J9181	ETOPOSIDE INJEC 10 MG	Pre-Auth/Cert Required	
J9185	FLUDARABINE PHOSPH 50 MG	Pre-Auth/Cert Required	
J9190	FLUOROURACIL INJ 500 MG	Pre-Auth/Cert Required	
J9200	FLOXURIDINE INJ 500 MG	Pre-Auth/Cert Required	
J9201	GEMCITABINE HCL 200 MG	Pre-Auth/Cert Required	
J9202	GOSERELIN ACETATE IMPLNT	Pre-Auth/Cert Required	
J9205	INJ IRINOTECAN LIPOSOME 1 MG ONIVYDE	Pre-Auth/Cert Required	
J9206	IRINOTECAN 20 MG	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
J9207	IXABEPILONE INJECTION]	Pre-Auth/Cert Required	
J9208	IFOSFOMIDE INJECTION 1GM	Pre-Auth/Cert Required	
J9209	MESNA INJEC 200 MG	Pre-Auth/Cert Required	
J9211	IDARUBICIN HCL INJ 5 MG	Pre-Auth/Cert Required	
J9212	INTERFERON ALFACON-1 INJ	Pre-Auth/Cert Required	
J9213	INTERFERON ALFA-2A INJ	Pre-Auth/Cert Required	
J9214	INTERFERON ALFA-2B Injection INTRON A	Pre-Auth/Cert Required	
J9215	INTERFERON ALFA-N3 INJ	Pre-Auth/Cert Required	
J9216	INTERFERON GAMMA 1-B INJ	Pre-Auth/Cert Required	
J9217	LEUPROLIDE ACET SUSPNSN	Pre-Auth/Cert Required	
J9218	LEUPROLIDE ACETATE INJ	Pre-Auth/Cert Required	
J9219	LEUPROLIDE ACETATE IMPLN	Pre-Auth/Cert Required	
J9225	HISTRELIN Implant VANTAS	Pre-Auth/Cert Required	
J9226	SUPPRALIN LA IMPLANT	Pre-Auth/Cert Required	
J9228	IPILIMUMAB Injection YERVOY	Pre-Auth/Cert Required	
J9230	MECHLORETHAMINE HCL INJ	Pre-Auth/Cert Required	
J9245	INJ MELPHALAN HYDROCHL	Pre-Auth/Cert Required	
J9250	METHOTREXATE SOD INJ 5MG	Pre-Auth/Cert Required	
J9260	METHOTREXAT SOD INJ 50MG	Pre-Auth/Cert Required	
J9261	NELARABINE INJECTION	Pre-Auth/Cert Required	
J9262	INJ, OMACETAXINE MEP, 0.01 mg SYNRIBO	Pre-Auth/Cert Required	
J9263	OXALIPLATIN 0.5 MG INJEC	Pre-Auth/Cert Required	
J9264	PACLITAXEL Injection ABRAXANE	Pre-Auth/Cert Required	
J9266	PEGASPARGASE/SGL DOSE VI	Pre-Auth/Cert Required	
J9267	Paclitaxel injection	Pre-Auth/Cert Required	
J9268	PENTOSTATIN INJ / 10 MG	Pre-Auth/Cert Required	
J9270	PLICAMYCIN INJ 2.5 MG	Pre-Auth/Cert Required	
J9271	Injection, pembrolizumab, 1 mg KEYTRUDA	Pre-Auth/Cert Required	
J9280	MITOMYCIN INJEC 5 MG	Pre-Auth/Cert Required	
J9293	MITOXANTRNE HCL INJ /5MG	Pre-Auth/Cert Required	
J9295	Injection, necitumumab, 1 mg PORTRAZZA	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
J9299	Injection, nivolumab, 1 mg OPDIVO	Pre-Auth/Cert Required	
J9300	GEMTUZUMAB OZOGAMICIN	Pre-Auth/Cert Required	
J9301	Obinutuzumab inj GAZYVA	Pre-Auth/Cert Required	
J9302	OFATUMUMAB INJECTION	Pre-Auth/Cert Required	
J9303	PANITUMUMAB Injection VECTIBIX	Pre-Auth/Cert Required	
J9305	PEMETREXED Injection ALIMTA	Pre-Auth/Cert Required	
J9306	INJECTION, PERTUZUMAB, 1 mg PERJETA	Pre-Auth/Cert Required	
J9307	PRALATREXATE INJECTION	Pre-Auth/Cert Required	
J9308	Injection, ramucirumab, 5 mg CYRAMZA	Pre-Auth/Cert Required	
J9310	RITUXIMAB 100 mg RITUXAN	Pre-Auth/Cert Required	
J9315	ROMIDEPSIN INJECTION	Pre-Auth/Cert Required	
J9320	STREPTOZOCIN INJECT 1 GM	Pre-Auth/Cert Required	
J9325	Inj talimogene laherparepvec IMLYGIC	Pre-Auth/Cert Required	
J9328	TEMOZOLOMIDE INJECTION	Pre-Auth/Cert Required	
J9330	TEMSIROLIMUS INJECTION]	Pre-Auth/Cert Required	
J9340	THIOTEPA INJECTION 15 MG	Pre-Auth/Cert Required	
J9351	TOPOTECAN INJECTION	Pre-Auth/Cert Required	
J9352	Injection trabectedin 0.1mg YONDELIS	Pre-Auth/Cert Required	
J9354	INJ, ADO-TRASTUZUMAB EMT 1 mg KADCYLA	Pre-Auth/Cert Required	
J9355	TRASTUZUMAB, 10 mg HERCEPTIN	Pre-Auth/Cert Required	
J9357	VALRUBICIN, INTRAVESICAL	Pre-Auth/Cert Required	
J9360	VINBLASTINE SULF INJ 1MG	Pre-Auth/Cert Required	
J9370	VINCRISTINE SULF 1MG INJ	Pre-Auth/Cert Required	
J9371	INJ, VINCRISTINE SUL LIP 1 mg MARQIBO	Pre-Auth/Cert Required	
J9390	VINORELBINE TARTRAT/10MG	Pre-Auth/Cert Required	
J9395	FULVESTRANT 25 MG INJ	Pre-Auth/Cert Required	
J9400	INJ, ZIV-AFLIBERCEPT, 1 mg ZALTRAP	Pre-Auth/Cert Required	
J9600	PORFIMER SODIUM 75 MG	Pre-Auth/Cert Required	
J9999	NOC ANTINEOPLASTIC DRUG	Pre-Auth/Cert Required	
K0005	ULTRALIGHTWEIGHT WHLCHR	Pre-Auth/Cert Required	
K0009	OTHER MANUAL WHLCHR/BASE	Pre-Auth/Cert Required	
K0010	STND WT FRME PWER WHLCHR	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
K0011	STND WT PWR WHLCHR W CNT	Pre-Auth/Cert Required	
K0012	LTWT PORTBL POWER WHLCHR	Pre-Auth/Cert Required	
K0014	OTHER POWER WHLCHR BASE	Pre-Auth/Cert Required	
K0606	AUTO EXTER DEFIBRILLATOR	Pre-Auth/Cert Required	
K0800	POV GRP 1 STD TO 300 LBS	Pre-Auth/Cert Required	
K0801	POV GRP 1 HD 301-450 LBS	Pre-Auth/Cert Required	
K0802	POV GRP 1 VHD 451-600 LB	Pre-Auth/Cert Required	
K0806	POV GRP 2 STD TO 300 LBS	Pre-Auth/Cert Required	
K0807	POV GRP 2 HD 301-450 LBS	Pre-Auth/Cert Required	
K0808	POV GRP 2 VHD 451-600 LB	Pre-Auth/Cert Required	
K0812	POWER OPERAT VEHICLE NOC	Pre-Auth/Cert Required	
K0813	PWC GR1 STD PRT SEAT BCK	Pre-Auth/Cert Required	
K0814	PWC GR1 STD PRT CAP CHAI	Pre-Auth/Cert Required	
K0815	PWC GR 1 STD SEAT/BACK	Pre-Auth/Cert Required	
K0816	PWC GR 1 STD CAP CHAIR	Pre-Auth/Cert Required	
K0820	PWC GR2 STD PRT SEAT BCK	Pre-Auth/Cert Required	
K0821	PWC GR2 STD PRT CAP CHAI	Pre-Auth/Cert Required	
K0822	PWC GR 2 STD SEAT/BACK	Pre-Auth/Cert Required	
K0823	PWC GR 2 STD CAP CHAIR	Pre-Auth/Cert Required	
K0824	PWC GR 2 HD SEAT/BACK	Pre-Auth/Cert Required	
K0825	PWC GR 2 HD CAP CHAIR	Pre-Auth/Cert Required	
K0826	PWC GR 2 VHD SEAT/BACK	Pre-Auth/Cert Required	
K0827	PWC GR 2 VHD CAP CHAIR	Pre-Auth/Cert Required	
K0828	PWC GR2 XTRAHD SEAT/BACK	Pre-Auth/Cert Required	
K0829	PWC GR2 XTRAHD CAP CHAIR	Pre-Auth/Cert Required	
K0830	PWC GR2 STD SEAT ELEV SB	Pre-Auth/Cert Required	
K0831	PWC G2 STD SEAT ELEV CAP	Pre-Auth/Cert Required	
K0835	PWC G2 STD SNG PWR OP SB	Pre-Auth/Cert Required	
K0836	PWC GR2 STD SNG PWR CAP	Pre-Auth/Cert Required	
K0837	PWC G2 HD SNG PWR OP S/B	Pre-Auth/Cert Required	
K0838	PWC G2 HD SNG PWR OP CAP	Pre-Auth/Cert Required	
K0839	PWC G2 VHD SNG PWR S/B	Pre-Auth/Cert Required	
K0840	PWC G2 XHD SNG PWR S/B	Pre-Auth/Cert Required	
K0841	PWC G2 STD MULT PWR S/B	Pre-Auth/Cert Required	
K0842	PWC G2 STD MULT PWR CAP	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
K0843	PWC G2 HD MULT PWR S/B	Pre-Auth/Cert Required	
K0848	PWC GR 3 STD SEAT/BACK	Pre-Auth/Cert Required	
K0849	PWC GR 3 STD CAP CHAIR	Pre-Auth/Cert Required	
K0850	PWC GR 3 HD SEAT/BACK	Pre-Auth/Cert Required	
K0851	PWC GR 3 HD CAP CHAIR	Pre-Auth/Cert Required	
K0852	PWC GR 3 VHD SEAT/BACK	Pre-Auth/Cert Required	
K0853	PWC GR 3 VHD CAP CHAIR	Pre-Auth/Cert Required	
K0854	PWC GR 3 XHD SEAT/BACK	Pre-Auth/Cert Required	
K0855	PWC GR 3 XHD CAP CHAIR	Pre-Auth/Cert Required	
K0856	PWC GR 3 STD SNG PWR S/B	Pre-Auth/Cert Required	
K0857	PWC GR 3 STD SNG PWR CAP	Pre-Auth/Cert Required	
K0858	PWC GR 3 HD SNG PWR S/B	Pre-Auth/Cert Required	
K0859	PWC GR 3 HD SNG PWR CAP	Pre-Auth/Cert Required	
K0860	PWC GR 3 VHD SNG PWR S/B	Pre-Auth/Cert Required	
K0861	PWC GR3 STD MULT PWR S/B	Pre-Auth/Cert Required	
K0862	PWC GR3 HD MULT PWR S/B	Pre-Auth/Cert Required	
K0863	PWC GR3 VHD MULT PWR S/B	Pre-Auth/Cert Required	
K0864	PWC GR3 XHD MULT PWR S/B	Pre-Auth/Cert Required	
K0868	PWC GR 4 STD SEAT/BACK	Pre-Auth/Cert Required	
K0869	PWC GR 4 STD CAP CHAIR	Pre-Auth/Cert Required	
K0870	PWC GR 4 HD SEAT/BACK	Pre-Auth/Cert Required	
K0871	PWC GR 4 VHD SEAT/BACK	Pre-Auth/Cert Required	
K0877	PWC GR 4 STD SNG PWR S/B	Pre-Auth/Cert Required	
K0878	PWC GR 4 STD SNG PWR CAP	Pre-Auth/Cert Required	
K0879	PWC GR 4 HD SNG PWR S/B	Pre-Auth/Cert Required	
K0880	PWC GR 4 VHD SNG PWR S/B	Pre-Auth/Cert Required	
K0884	PWC GR4 STD MULT PWR S/B	Pre-Auth/Cert Required	
K0885	PWC GR4 STD MULT PWR CAP	Pre-Auth/Cert Required	
K0886	PWC GR4 HD MULT PWR S/B	Pre-Auth/Cert Required	
K0890	PWC GR5 PED SNG PWR S/B	Pre-Auth/Cert Required	
K0891	PWC GR5 PED MULT PWR S/B	Pre-Auth/Cert Required	
K0898	POWER WHEELCHAIR NOC	Pre-Auth/Cert Required	
K0899	POW MOBIL DEV NO DMEPDAC	Pre-Auth/Cert Required	
K0900	CUSTOM DME EQPMNT OTHER THAN WHE	Pre-Auth/Cert Required	
L1840	KO DEROT ANT CRUC FAB	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
L1844	KO WADJ JT ROT CNTRL MOL	Pre-Auth/Cert Required	
L1846	KO W ADJ FLEX/EXT ROTAT	Pre-Auth/Cert Required	
L2005	KAFO SNG/DBL MECHANICAL	Pre-Auth/Cert Required	
L5781	LWR LMB PROS VACUUM PUMP	Pre-Auth/Cert Required	
L5782	HD LWR LMB PROS VAC PUMP	Pre-Auth/Cert Required	
L5828	KNE-SHN FLD SWG & STANCE	Pre-Auth/Cert Required	
L5845	KNEE-SHIN SYS STANC FLEX	Pre-Auth/Cert Required	
L5848	KNEE-SHIN HYDRL STANCE	Pre-Auth/Cert Required	
L5856	ELEC KNEE-SHIN SWING/STA	Pre-Auth/Cert Required	
L5857	ELEC KNEE-SHIN SWING ONL	Pre-Auth/Cert Required	
L5858	STANCE PHASE ONLY	Pre-Auth/Cert Required	
L5859	ADD LOWER EXT PROSTHESIS	Pre-Auth/Cert Required	
L5930	HIGH ACTIVITY KNEE FRAME	Pre-Auth/Cert Required	
L5969	AK/FT POWER ASST INCL MOTORS	Pre-Auth/Cert Required	
L5973	ANKL-FOOT SYS DORS-PLANT	Pre-Auth/Cert Required	
L5981	LE PROS FELX-WALK SYS/EQ	Pre-Auth/Cert Required	
L5999	LOW EXTREM PROSTHES NOS	Pre-Auth/Cert Required	
L6026	Part hand myo exclu term dev	Pre-Auth/Cert Required	
L6611	ADDITIONAL SWITCH, EXT P	Pre-Auth/Cert Required	
L6638	ELEC LCK MANUAL PWR ELBW	Pre-Auth/Cert Required	
L6646	MLTI-POS LCK SHOULDR JNT	Pre-Auth/Cert Required	
L6647	SHOULDER LOCK ACTUATOR	Pre-Auth/Cert Required	
L6648	EXT PWR SHLDER LCK/UNLCK	Pre-Auth/Cert Required	
L6715	TERM DEVICE, MULTI ART D	Pre-Auth/Cert Required	
L6880	ELEC HAND IND ART DIGITS	Pre-Auth/Cert Required	
L6882	MICROPROCESSOR CONTROL	Pre-Auth/Cert Required	
L6920	WRST DISART SWITCH CTRL	Pre-Auth/Cert Required	
L6925	WRST DISART MYOELEC CTRL	Pre-Auth/Cert Required	
L6930	BE SWITCH CONTROL	Pre-Auth/Cert Required	
L6935	BE MYOELECTRONIC CTRL	Pre-Auth/Cert Required	
L6940	ELBOW DISARTIC SWITCH	Pre-Auth/Cert Required	
L6945	ELBW DISART MYOELEC CTRL	Pre-Auth/Cert Required	
L6950	ABV ELBW SWITCH CONTROL	Pre-Auth/Cert Required	
L6955	ABV ELBW MYOELEC CTRL	Pre-Auth/Cert Required	
L6960	SHLD DISART SWITCH CTRL	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
L6965	SHLD DISART MYOELEC CTRL	Pre-Auth/Cert Required	
L6970	INTRSCAP-THOR SWTCH CTRL	Pre-Auth/Cert Required	
L6975	INTRSC-THOR MYOELEC CTRL	Pre-Auth/Cert Required	
L7007	ADULT ELECTRIC HAND	Pre-Auth/Cert Required	
L7008	PEDIATRIC ELECTRIC HAND	Pre-Auth/Cert Required	
L7009	ADULT ELECTRIC HOOK	Pre-Auth/Cert Required	
L7040	PREHENSILE ACTUATOR HOSM	Pre-Auth/Cert Required	
L7045	ELEC HOOK CHILD MICH/EQU	Pre-Auth/Cert Required	
L7170	ELEC ELB HOSMR SWCH CTRL	Pre-Auth/Cert Required	
L7180	ELECTRONIC ELBOW SEQUENT	Pre-Auth/Cert Required	
L7181	ELECTRONIC ELBO SIMULTAN	Pre-Auth/Cert Required	
L7185	ELB ADLSC VLG SWCH CTRL	Pre-Auth/Cert Required	
L7186	ELEC ELB CHILD SWCH CTRL	Pre-Auth/Cert Required	
L7190	ELB ADLSC MYOELEC CTRL	Pre-Auth/Cert Required	
L7191	ELB CHILD MYOELEC CTRL	Pre-Auth/Cert Required	
L7259	Electronic wrist rotator any	Pre-Auth/Cert Required	
L7499	UPPR EXTREM PROTHES NOS	Pre-Auth/Cert Required	
L8040	NASAL PROSTHESIS	Pre-Auth/Cert Required	
L8041	MIDFACIAL PROSTHESIS	Pre-Auth/Cert Required	
L8042	ORBITAL PROSTHESIS	Pre-Auth/Cert Required	
L8043	UPPER FACIAL PROSTHESIS	Pre-Auth/Cert Required	
L8044	HEMI-FACIAL PROSTHESIS	Pre-Auth/Cert Required	
L8045	AURICULAR PROSTHESIS	Pre-Auth/Cert Required	
L8046	PARTIAL FACIAL PROSTHES	Pre-Auth/Cert Required	
L8047	NASAL SEPTAL PROSTHES	Pre-Auth/Cert Required	
L8048	MAXILLOFACIAL PROSTH NOS	Pre-Auth/Cert Required	
L8049	REP MAXILLOFAC PROS-LABR	Pre-Auth/Cert Required	
L8499	UNLIST MISC PROSTH SERV	Pre-Auth/Cert Required	
L8510	VOICE AMPLIFIER	Pre-Auth/Cert Required	
L8605	INJ BULKING AGENT DEXTRA ACID IMPLAN	Pre-Auth/Cert Required	
L8614	COCHLEAR DEVICE/SYSTEM	Pre-Auth/Cert Required	
L8619	REPLACE COCHLEAR PROCESS	Pre-Auth/Cert Required	
L8641	METATARSAL JOINT IMPLANT	Pre-Auth/Cert Required	
L8642	HALLUX IMPLANT	Pre-Auth/Cert Required	
L8679	IMP NEUROSTI PLS GN ANY TYPE	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
L8680	IMPLT NEUROSTIM ELCTR EA	Pre-Auth/Cert Required	
L8681	PT PRGRM FOR IMPLT NEURO	Pre-Auth/Cert Required	
L8682	IMPLT NEUROSTIM RADIOFQ	Pre-Auth/Cert Required	
L8683	RADIOFQ TRSMTR FOR IMPLT	Pre-Auth/Cert Required	
L8685	IMPLT NROSTM PLS GEN SNG	Pre-Auth/Cert Required	
L8686	IMPLT NROSTM PLS GEN SNG	Pre-Auth/Cert Required	
L8687	IMPLT NROSTM PLS GEN DUA	Pre-Auth/Cert Required	
L8688	IMPLT NROSTM PLS GEN DUA	Pre-Auth/Cert Required	
L8689	EXTERNAL RECHARGING SYST	Pre-Auth/Cert Required	
L8695	EXTERNAL RECHARG SYS EXT	Pre-Auth/Cert Required	
Q1004	NEW TECH INTRA LEN CAT 4	Pre-Auth/Cert Required	
Q1005	NEW TECH INTRA LEN CAT 5	Pre-Auth/Cert Required	
Q2026	RADIESSE INJECTION	Pre-Auth/Cert Required	
Q2028	INJ, SCULPTRA, 0.5MG	Pre-Auth/Cert Required	
Q2043	SIPLEUCEL-T AUTO CD54+ PROVENGE	Pre-Auth/Cert Required	
Q3027	INJ BETA INTERFERON IM 1 MCG	Pre-Auth/Cert Required	
Q3028	INJ BETA INTERFERON SQ 1 MCG	Pre-Auth/Cert Required	
Q4074	ILOPROST NON-COMP UNIT D	Pre-Auth/Cert Required	
Q4081	EPOETIN ALFA, 100 UNITS	Pre-Auth/Cert Required	
Q4082	DRUG/BIO NOC PART B DRUG	Pre-Auth/Cert Required	
Q4100	SKIN SUBSTITUTE, NOS]	Pre-Auth/Cert Required	
Q4102	OASIS WOUND MATRIX	Pre-Auth/Cert Required	
Q4103	OASIS BURN MATRIX	Pre-Auth/Cert Required	
Q4106	DERMAGRAFT	Pre-Auth/Cert Required	
Q4107	GRAFTJACKET	Pre-Auth/Cert Required	
Q4110	PRIMATRIX	Pre-Auth/Cert Required	
Q4111	GAMMAGRAFT	Pre-Auth/Cert Required	
Q4112	CYMETRA INJECTABLE	Pre-Auth/Cert Required	
Q4113	GRAFTJACKET XPRESS	Pre-Auth/Cert Required	
Q4114	INTEGRA FLOWABLE WOUND M	Pre-Auth/Cert Required	
Q4115	ALLOSKIN	Pre-Auth/Cert Required	
Q4117	HYALOMATRIX	Pre-Auth/Cert Required	
Q4118	MATRISTEM MICROMATRIX	Pre-Auth/Cert Required	
Q4119	MATRISTEM WOUND MATRIX	Pre-Auth/Cert Required	Code Deleted

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Code	Description	Review Type	Comments
Q4120	MATRISTEM BURN MATRIX	Pre-Auth/Cert Required	Code Deleted
Q4121	THERASKIN	Pre-Auth/Cert Required	
Q4122	DERMACELL	Pre-Auth/Cert Required	
Q4123	ALLOSKIN	Pre-Auth/Cert Required	
Q4124	OASIS TRI-LAYER WOUND MA	Pre-Auth/Cert Required	
Q4125	ARTHROFLEX	Pre-Auth/Cert Required	
Q4126	MEMODERM	Pre-Auth/Cert Required	
Q4127	TALYMED	Pre-Auth/Cert Required	
Q4128	FLEXHD OR ALLOPATCH HD	Pre-Auth/Cert Required	
Q4129	UNITE BIOMATRIX	Pre-Auth/Cert Required	Code Deleted
Q4130	STRATTICE TM	Pre-Auth/Cert Required	
Q4131	EPIFIX, PER SQUARE CENTIMETER	Pre-Auth/Cert Required	
Q4132	GRAFIX CORE, PER SQUARE CENTIMETER	Pre-Auth/Cert Required	
Q4133	GRAFIX PRIME, PER SQUARE CENTIMETER	Pre-Auth/Cert Required	
Q4134	HMATRIX, PER SQUARE CENTIMETER	Pre-Auth/Cert Required	
Q4135	MEDISKIN, PER SQUARE CENTIMETER	Pre-Auth/Cert Required	
Q4136	EZ-DERM, PER SQUARE CENTIMETER	Pre-Auth/Cert Required	
Q4137	AMNIOEXCEL OR BIODEXCEL, 1CM	Pre-Auth/Cert Required	
Q4138	BIODFENCE DRYFLEX, 1CM	Pre-Auth/Cert Required	
Q4139	AMNIO OR BIODMATRIX, INJ 1CC	Pre-Auth/Cert Required	
Q4140	BIODFENCE 1CM	Pre-Auth/Cert Required	
Q4141	ALLOSKIN AC, 1 CM	Pre-Auth/Cert Required	
Q4142	XCM BIOLOGIC TISS MATRIX 1CM	Pre-Auth/Cert Required	
Q4143	REPRIZA, 1CM	Pre-Auth/Cert Required	
Q4145	EPIFIX, INJ, 1MG	Pre-Auth/Cert Required	
Q4146	TENSIX, 1CM	Pre-Auth/Cert Required	
Q4147	ARCHITECT ECM, 1CM	Pre-Auth/Cert Required	
Q4148	NEOX 1K, 1CM	Pre-Auth/Cert Required	
Q4149	EXCELLAGEN, 0.1 CC	Pre-Auth/Cert Required	
Q4150	Allowrap ds or dry 1 sq cm	Pre-Auth/Cert Required	
Q4151	Amnioband, guardian 1 sq cm	Pre-Auth/Cert Required	
Q4152	Dermapure 1 square cm	Pre-Auth/Cert Required	
Q4153	Dermavest 1 square cm	Pre-Auth/Cert Required	
Q4154	Biovance 1 square cm	Pre-Auth/Cert Required	
Q4155	Neoxflo or clarixflo 1 mg	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
Q4156	Neox 100 1 square cm	Pre-Auth/Cert Required	
Q4157	Revitalon 1 square cm	Pre-Auth/Cert Required	
Q4158	Marigen 1 square cm	Pre-Auth/Cert Required	
Q4159	Affinity1 square cm	Pre-Auth/Cert Required	
Q4160	Nushield 1 square cm	Pre-Auth/Cert Required	
Q4161	Bio-connekt wound matrix, per square centimeter	Pre-Auth/Cert Required	
Q4162	Amniopro flow, bioskin flow, biorenew flow, woundex flow, amniogen-a, amniogen-c, 0.5 cc	Pre-Auth/Cert Required	
Q4163	Amniopro, bioskin, biorenew, woundex, amniogen-45, amniogen-200, per square centimeter	Pre-Auth/Cert Required	
Q4164	Helicoll, per square centimeter	Pre-Auth/Cert Required	
Q4165	Keramatrix, per square centimeter	Pre-Auth/Cert Required	
Q4166	Cytal, per square centimeter	Pre-Auth/Cert Required	
Q4167	Truskin, per sq centimeter	Pre-Auth/Cert Required	
Q4168	Amnioband, 1 mg	Pre-Auth/Cert Required	
Q4169	Artacent wound, per sq cm	Pre-Auth/Cert Required	
Q4170	Cygnus, per sq cm	Pre-Auth/Cert Required	
Q4171	Interfyl, 1 mg	Pre-Auth/Cert Required	
Q4172	Puraply or puraply am	Pre-Auth/Cert Required	
Q4173	Palingen or palingen xplus	Pre-Auth/Cert Required	
Q4174	Palingen or promatrix	Pre-Auth/Cert Required	
Q4175	Miroderm	Pre-Auth/Cert Required	
Q5005	HOSPICE, INPATIENT HOSPI	Pre-Auth/Cert Required	
Q5006	HOSPICE IN HOSPICE FACIL	Pre-Auth/Cert Required	
Q5007	HOSPICE IN LTCH	Pre-Auth/Cert Required	
Q5008	HOSPICE IN INPATIENT PSY	Pre-Auth/Cert Required	
Q5102	Injection, Infliximab, Biosimilar, 10 mg	Pre-Auth/Cert Required	
Q9975	Factor VIII FC Fusion Recomb	Pre-Auth/Cert Required	
Q9976	Injection, Ferric Pyrophosphate Citrate Solution, 0.01 mg of iron	Pre-Auth/Cert Required	
Q9977	Compounded Drug, Not Otherwise Classified	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
Q9978	Netupitant 300 mg and Palonosetron 0.5 mg, oral	Pre-Auth/Cert Required	Code Deleted
Q9979	Injection, Alemtuzmab, 1 mg	Pre-Auth/Cert Required	
Q9980	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg	Pre-Auth/Cert Required	Code Deleted
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries	Pre-Auth/Cert Required	
Q9983	Florbetaben f18, diagnostic, per study dose, up to 8.1 millicuries	Pre-Auth/Cert Required	
Q9986	Inj, Makena	Pre-Auth/Cert Required	
Q9989	Ustekinumab IV Inj, 1 mg	Pre-Auth/Cert Required	
S0090	SILDENAFIL CITRATE 25 MG	Pre-Auth/Cert Required	
S0122	MENOTROPINS INJ, 75 IU	Pre-Auth/Cert Required	
S0126	FOLLITROPIN ALFA INJ 75U	Pre-Auth/Cert Required	
S0128	FOLLITROPIN BETA INJ 75U	Pre-Auth/Cert Required	
S0132	GANIRELIX ACET INJ 250MC	Pre-Auth/Cert Required	
S0145	PEG INTERFERON ALFA-2A/1	Pre-Auth/Cert Required	
S0148	PEG INTERFERON ALFA2B/10	Pre-Auth/Cert Required	
S0201	PARTIAL HOSP <24 HRS	Pre-Auth/Cert Required	
S0800	LASER IN SITU (LASIK)	Pre-Auth/Cert Required	
S0810	PHOTOREFRACTIVE KERATECT	Pre-Auth/Cert Required	
S1034	Art pancreas system	Pre-Auth/Cert Required	
S1040	CRANIAL REMOLD ORTHOSIS	Pre-Auth/Cert Required	
S1090	MOMETASONE FUROATE SINUS IMPLANT	Pre-Auth/Cert Required	
S2053	TRANSPLANT OF INTEST LIV	Pre-Auth/Cert Required	
S2054	TRANSPLANT OF ORGANS	Pre-Auth/Cert Required	
S2060	LOBAR LUNG TRANSPLANT	Pre-Auth/Cert Required	
S2061	DONOR LOBECTOMY (LUNG)	Pre-Auth/Cert Required	
S2065	SIMULT PANC KIDN TRANS	Pre-Auth/Cert Required	
S2068	BREAST DIEP FLAP RECONST	Pre-Auth/Cert Required	
S2080	LAUP	Pre-Auth/Cert Required	
S2095	TRANSCATH EMBOLIZ-YTTRIU	Pre-Auth/Cert Required	
S2102	ISLET CELL TISSUE TRANSP	Pre-Auth/Cert Required	
S2103	ADRENAL TISSUE TRANSPLAN	Pre-Auth/Cert Required	

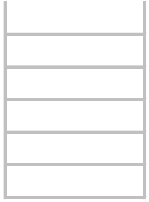
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Code	Description	Review Type	Comments
S2107	ADOPTIVE IMMUNOTHERAPY	Pre-Auth/Cert Required	
S2117	ARTHROEREISIS, SUBTALAR	Pre-Auth/Cert Required	
S2140	CORD BLOOD HARVESTING	Pre-Auth/Cert Required	
S2142	CORD BLOOD-STEMCELL DER	Pre-Auth/Cert Required	
S2150	BMT HARV/TRANSPL 28D PKG	Pre-Auth/Cert Required	
S2152	SOLID ORGAN TRNSPL PKG	Pre-Auth/Cert Required	
S2202	ECHOSCLEROTHERAPY	Pre-Auth/Cert Required	
S2235	IMPL AUDITORY BRAIN IMPL	Pre-Auth/Cert Required	
S2300	ARTHROSCOPY, SHOULDER	Pre-Auth/Cert Required	
S2348	DECOMPRESS DISC RF LUMBA	Pre-Auth/Cert Required	
S2400	FETAL SURG DIAPHR HERNIA	Pre-Auth/Cert Required	
S2404	FETAL SURG MYELOMENINGOC	Pre-Auth/Cert Required	
S3721	PROSTATE CANCER ANTIGEN 3 (PCA3) TE	Pre-Auth/Cert Required	Code Deleted
S3800	GENETIC TESTING ALS	Pre-Auth/Cert Required	
S3840	DNA ANALY RET-ONCOGENE	Pre-Auth/Cert Required	
S3841	GENE TEST RETINOBLASTOMA	Pre-Auth/Cert Required	
S3842	GENE TEST HIPPEL-LINDAU	Pre-Auth/Cert Required	
S3852	DNA ANALY APOE ALZHEIM	Pre-Auth/Cert Required	
S3854	GENE PROFILE PANEL BREAS	Pre-Auth/Cert Required	Code Deleted
S3861	GENETIC TEST BRUGADA	Pre-Auth/Cert Required	
S3865	COMP GENE TEST HYP CARDI	Pre-Auth/Cert Required	
S3866	SPEC GENE TEST HYP CARDI	Pre-Auth/Cert Required	
S3870	CGH TEST DEVELOPMENT DEL	Pre-Auth/Cert Required	
S3890	FECAL DNA ANALYSIS	Pre-Auth/Cert Required	Code Deleted
S8030	TANTALUM RING APPLICATN	Pre-Auth/Cert Required	
S8080	SCINTIMAMMOGRAPHY	Pre-Auth/Cert Required	
S8262	MANDIBULAR ORTHO REPOS	Pre-Auth/Cert Required	
S9055	PROCUREN	Pre-Auth/Cert Required	
S9122	HOME HEALTH AIDE	Pre-Auth/Cert Required	
S9123	NURSING CARE IN HOME RN	Pre-Auth/Cert Required	
S9124	NURSING CARE IN HOME LPN	Pre-Auth/Cert Required	
S9128	SPEECH THER IN THE HOME	Pre-Auth/Cert Required	
S9325	HIT PAIN MGMT PER DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9326	HIT CONT PAIN PER DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9327	HIT INT PAIN PER DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P

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Code	Description	Review Type	Comments
S9328	HIT PAIN IMP PUMP DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9329	HIT CHEMO PER DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9330	HIT CONT CHEM DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9331	HIT INTERMIT CHEMO DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9336	HIT CONT ANTICOAG DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9338	HIT IMMUNOTHERAPY DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9339	HIT PERIT DIALYSIS DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9340	HIT ENTERAL PER DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9341	HIT ENTERAL GRAV DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9342	HIT ENTERAL PUMP DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9343	HIT ENTERAL BOLUS NURS	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9345	HIT ANTI-HEMOPHIL DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9346	HIT ALPH-1-PROTEINA DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9347	HIT LONGTERM INFUS DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9348	HIT SYMPATHOMIM DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9349	HIT TOCOLYSIS DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9351	HIT CONT ANTIEMETIC DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9353	HIT CONT INSULIN DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9355	HIT CHELATION DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9357	HIT ENZYME REPLACE DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9359	HIT ANTI-TNF PER DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9361	HIT DIURETIC INFUS DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9363	HIT ANTI-SPASMOTIC DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9364	HIT TPN TOTAL PERDIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9365	HIT TPN 1 LITER DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9366	HIT TPN 2 LITER DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9367	HIT TPN 3 LITER DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9368	HIT TPN OVER 3L DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9370	HT INJ ANTIEMETIC DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9372	HT INJ ANTICOAG DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9379	HIT NOC PER DIEM	Pre-Auth/Cert Required	Home Infusion Therapy - See P&P
S9480	INTENSIVE OUTPT PSYCH	Pre-Auth/Cert Required	
S9960	AIR AMBULANC NONEMERG FIXED	Pre-Auth/Cert Required	
S9961	AIR AMBULAN NONEMERG ROTARY	Pre-Auth/Cert Required	
S9975	TRANSPLANT RELAT PERDIEM	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
T1000	PRIVATE DUTY/INDEPEN NSG	Pre-Auth/Cert Required	
T1030	RN HOME CARE PER DIEM	Pre-Auth/Cert Required	
T1031	LPN HOME CARE PER DIEM	Pre-Auth/Cert Required	
V5008	HEARING SCREENING	Pre-Auth/Cert Required	
V5010	ASSESSMT FOR HEARING AID	Pre-Auth/Cert Required	
V5011	HEARING AID FITTNG/CHECK	Pre-Auth/Cert Required	
V5014	HEARING AID REPAIR/MODIF	Pre-Auth/Cert Required	
V5020	CONFORMITY EVALUATION	Pre-Auth/Cert Required	
V5030	BODY-WORN HEARNG AID AIR	Pre-Auth/Cert Required	
V5040	BDY-WORN HEARNG AID BONE	Pre-Auth/Cert Required	
V5050	HEARING AID MONAURAL EAR	Pre-Auth/Cert Required	
V5060	BEHIND EAR HEARING AID	Pre-Auth/Cert Required	
V5070	GLASSES AIR CONDUCTION	Pre-Auth/Cert Required	
V5080	GLASSES BONE CONDUCTION	Pre-Auth/Cert Required	
V5090	HEARING AID DISPENS FEE	Pre-Auth/Cert Required	
V5095	IMPL MID EAR HEAR PROSTH	Pre-Auth/Cert Required	
V5100	BODY-WORN BIL HEARG AID	Pre-Auth/Cert Required	
V5110	BILATERAL DISPENSNG FEE	Pre-Auth/Cert Required	
V5120	BODY BINAURAL HEARG AID	Pre-Auth/Cert Required	
V5130	IN EAR BINAURL HEARG AID	Pre-Auth/Cert Required	
V5140	BEHIND EAR BINAUR HEARG	Pre-Auth/Cert Required	
V5150	GLASSES BINAURL HEARG AI	Pre-Auth/Cert Required	
V5160	DISPENSING FEE BINAURAL	Pre-Auth/Cert Required	
V5170	W/IN EAR CROS HEARG AID	Pre-Auth/Cert Required	
V5180	BEHND EAR CROS HEARG AID	Pre-Auth/Cert Required	
V5190	GLASSES CROS HEARING AID	Pre-Auth/Cert Required	
V5200	CROS DISPENSING FEE	Pre-Auth/Cert Required	
V5210	IN EAR BICROS HEARG AID	Pre-Auth/Cert Required	
V5220	BEHND EAR BICROS HEARG A	Pre-Auth/Cert Required	
V5230	GLASSES BICROS HEARG AID	Pre-Auth/Cert Required	
V5240	DISPENSING FEE BICROS	Pre-Auth/Cert Required	
V5241	DISPENSING FEE MONAURAL	Pre-Auth/Cert Required	
V5242	HEARING AID,MONAURAL,CIC	Pre-Auth/Cert Required	
V5243	HEARING AID,MONAURAL,ITC	Pre-Auth/Cert Required	
V5244	HEARING AID,PROG,MON,CIC	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
V5245	HEARING AID,PROG,MON,ITC	Pre-Auth/Cert Required	
V5246	HEARING AID,PROG,MON,ITE	Pre-Auth/Cert Required	
V5247	HEARING AID,PROG,MON,BTE	Pre-Auth/Cert Required	
V5248	HEARING AID, BIAURAL,CIC	Pre-Auth/Cert Required	
V5249	HEARING AID, BIAURAL,ITC	Pre-Auth/Cert Required	
V5250	HEAR AID,PROG, BIN, CIC	Pre-Auth/Cert Required	
V5251	HEAR AID,PROG, BIN, ITC	Pre-Auth/Cert Required	
V5252	HEAR AID,PROG, BIN, ITE	Pre-Auth/Cert Required	
V5253	HEAR AID,PROG, BIN, BTE	Pre-Auth/Cert Required	
V5254	HEAR AID, DIGIT, MON,CIC	Pre-Auth/Cert Required	
V5255	HEAR AID, DIGIT, MON,ITC	Pre-Auth/Cert Required	
V5256	HEAR AID, DIGIT, MON,ITE	Pre-Auth/Cert Required	
V5257	HEAR AID, DIGIT, MON,BTE	Pre-Auth/Cert Required	
V5258	HEAR AID, DIGIT, BIN,CIC	Pre-Auth/Cert Required	
V5259	HEAR AID, DIGIT, BIN,ITC	Pre-Auth/Cert Required	
V5260	HEAR AID, DIGIT, BIN,ITE	Pre-Auth/Cert Required	
V5261	HEAR AID, DIGIT, BIN,BTE	Pre-Auth/Cert Required	
V5262	HEAR AID, DISP,MONAURAL	Pre-Auth/Cert Required	
V5263	HEAR AID, DISP,BINAURAL	Pre-Auth/Cert Required	
V5264	EAR MOLD/INSERT	Pre-Auth/Cert Required	
V5265	EAR MOLD/INSERT,DISP	Pre-Auth/Cert Required	
V5266	BATTERY, HEARING DEVICE	Pre-Auth/Cert Required	
V5267	HEAR AID SUPPLY/ACCESSOR	Pre-Auth/Cert Required	
V5268	ALD TELEPHONE AMPLIFIER	Pre-Auth/Cert Required	
V5269	ALERTING DEVICE,ANY TYPE	Pre-Auth/Cert Required	
V5270	ALD,TV AMPLIFIER,ANY TYP	Pre-Auth/Cert Required	
V5271	ALD,TV CAPTION DECODER	Pre-Auth/Cert Required	
V5272	TDD	Pre-Auth/Cert Required	
V5273	ALD FOR COCHLEAR IMPLANT	Pre-Auth/Cert Required	
V5274	ALD UNSPECIFIED	Pre-Auth/Cert Required	
V5275	EAR IMPRESSION	Pre-Auth/Cert Required	
V5298	HEARING AID NOC	Pre-Auth/Cert Required	
V5299	HEARING SERVICE	Pre-Auth/Cert Required	
V5362	SPEECH SCREENING	Pre-Auth/Cert Required	
V5363	LANGUAGE SCREENING	Pre-Auth/Cert Required	

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Code	Description	Review Type	Comments
V5364	DYSPHAGIA SCREENING	Pre-Auth/Cert Required	
V5336	REPAIR COMMUNIC DEVICE	Pre-Auth/Cert Required	



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Code	Description	Review Type	Comments
0054T	BONE SURGERY USING COMPU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
0055T	BONE SURGERY USING COMPU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
0075T	PERQ STENT/CHEST VERT AR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
0076T	S&I STENT/CHEST VERT ART	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
11004	DEBRIDE GENITALIA & PERI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
11005	DEBRIDE ABDOM WALL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
11006	DEBRIDE GENIT/PER/ABDOM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15572	FORM SKIN PEDICLE FLAP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15574	FORM SKIN PEDICLE FLAP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15731	FOREHEAD FLAP W/VASC PED	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15732	MUSCLE-SKIN GRAFT, HEAD/	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15734	MUSCLE-SKIN GRAFT, TRUNK	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15738	MUSCLE-SKIN GRAFT, LEG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15740	ISLAND PEDICLE FLAP GRAF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15750	NEUROVASCULAR PEDICLE GR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15756	FREE MYO/SKIN FLAP MICRO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15757	FREE SKIN FLAP, MICROVAS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15758	FREE FASCIAL FLAP, MICRO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15760	COMPOSITE SKIN GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15840	GRAFT FOR FACE NERVE PAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15841	GRAFT FOR FACE NERVE PAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15842	FLAP FOR FACE NERVE PALS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15845	SKIN AND MUSCLE REPAIR,	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15920	REMOVAL OF TAIL BONE ULC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15922	REMOVAL OF TAIL BONE ULC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15931	REMOVE SACRUM PRESSURE S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15933	REMOVE SACRUM PRESSURE S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15934	REMOVE SACRUM PRESSURE S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15935	REMOVE SACRUM PRESSURE S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15936	REMOVE SACRUM PRESSURE S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15937	REMOVE SACRUM PRESSURE S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15940	REMOVE HIP PRESSURE SORE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15941	REMOVE HIP PRESSURE SORE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15944	REMOVE HIP PRESSURE SORE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15945	REMOVE HIP PRESSURE SORE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
15946	REMOVE HIP PRESSURE SORE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15950	REMOVE THIGH PRESSURE SO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15951	REMOVE THIGH PRESSURE SO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15952	REMOVE THIGH PRESSURE SO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15953	REMOVE THIGH PRESSURE SO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15956	REMOVE THIGH PRESSURE SO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
15958	REMOVE THIGH PRESSURE SO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
16020	DRESS/DEBRID P-THICK BUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
16025	DRESS/DEBRID P-THICK BUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
16030	DRESS/DEBRID P-THICK BUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
16036	ESCHAROTOMY; ADD'L INCIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
17106	DESTRUCTION OF SKIN LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
17107	DESTRUCTION OF SKIN LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
17108	DESTRUCTION OF SKIN LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
19260	REMOVAL OF CHEST WALL LE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
19271	REVISION OF CHEST WALL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
19272	EXTENSIVE CHEST WALL SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
19301	PARTICAL MASTECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
19302	P-MASTECTOMY W/LN REMOVA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
19303	MAST, SIMPLE, COMPLETE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
19305	MAST, RADICAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
19306	MAST, RAD, URBAN TYPE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20100	EXPLORE WOUND, NECK	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20690	APPLY BONE FIXATION DEVI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20692	APPLY BONE FIXATION DEVI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20696	COMP MULTIPLANE EXT FIXA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20802	REPLANTATION, ARM, COMPL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20805	REPLANT FOREARM, COMPLET	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20808	REPLANTATION HAND, COMPL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20816	REPLANTATION DIGIT, COMP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20822	REPLANTATION DIGIT, COMP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20824	REPLANTATION THUMB, COMP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20827	REPLANTATION THUMB, COMP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20838	REPLANTATION FOOT, COMPL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20902	REMOVAL OF BONE FOR GRAF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

In this column are the CPT or HCPC codes for outpatient & ambulatory services	In this column is the description of each code for outpatient & ambulatory services	In this column is the description of how Allegiance is managing the review for outpatient & ambulatory for services.	In this column are the special handling notes for Allegiance. Pretreatment review/prior authorization is strongly recommended for the CPT or HCPCs listed in this tab. See separate tabs for those Codes with special handling instructions or for those that are not recommended for review (if not found on any tab then assume not recommended).
Code	Description	Review Type	Comments
20931	SPINAL BONE ALLOGRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20955	FIBULA BONE GRAFT, MICRO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20956	ILIAC BONE GRAFT, MICROV	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20957	MT BONE GRAFT, MICROVASC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20962	OTHER BONE GRAFT, MICROV	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20969	BONE/SKIN GRAFT, MICROVA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20970	BONE/SKIN GRAFT, ILIAC C	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20972	BONE/SKIN GRAFT, METATAR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
20973	BONE/SKIN GRAFT, GREAT T	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21044	REMOVAL OF JAW BONE LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21045	EXTENSIVE JAW SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21183	RECONSTRUCT CRANIAL BONE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21184	RECONSTRUCT CRANIAL BONE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21255	RECONSTRUCT LOWER JAW BO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21335	TREATMENT OF NOSE FRACTU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21346	TREAT NOSE/JAW FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21355	TREAT CHEEK BONE FRACTUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21360	TREAT CHEEK BONE FRACTUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21365	TREAT CHEEK BONE FRACTUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21366	TREAT CHEEK BONE FRACTUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21385	TREAT EYE SOCKET FRACTUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21386	TREAT EYE SOCKET FRACTUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21387	TREAT EYE SOCKET FRACTUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21390	TREAT EYE SOCKET FRACTUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21395	TREAT EYE SOCKET FRACTUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21406	TREAT EYE SOCKET FRACTUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21407	TREAT EYE SOCKET FRACTUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21408	TREAT EYE SOCKET FRACTUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21422	TREAT MOUTH ROOF FRACTUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21423	TREAT MOUTH ROOF FRACTUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21454	TREAT LOWER JAW FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21461	TREAT LOWER JAW FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21462	TREAT LOWER JAW FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21465	TREAT LOWER JAW FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21470	TREAT LOWER JAW FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
21557	REMOVE TUMOR, NECK/CHEST	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21627	STERNAL DEBRIDEMENT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21630	EXTENSIVE STERNUM SURGER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
21632	EXTENSIVE STERNUM SURGER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
22318	TREAT ODONTOID FX W/O GR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
22319	TREAT ODONTOID FX W/GRAF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23000	REMOVAL OF CALCIUM DEPOS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23020	RELEASE SHOULDER JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23030	DRAIN SHOULDER LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23031	DRAIN SHOULDER BURSA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23035	DRAIN SHOULDER BONE LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23040	EXPLORATORY SHOULDER SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23044	EXPLORATORY SHOULDER SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23065	BIOPSY SHOULDER TISSUES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23066	BIOPSY SHOULDER TISSUES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23071	EXC SHOULDER LES SC > 3	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23073	EXC SHOULDER TUM DEEP >	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23075	REMOVAL OF SHOULDER LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23076	REMOVAL OF SHOULDER LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23077	REMOVE TUMOR OF SHOULDER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23078	RESECT SHOULDER TUM > 5	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23100	BIOPSY OF SHOULDER JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23101	SHOULDER JOINT SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23105	REMOVE SHOULDER JOINT LI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23106	INCISION OF COLLARBONE J	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23107	EXPLORE TREAT SHOULDER J	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23120	PARTIAL REMOVAL, COLLAR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23130	REMOVE SHOULDER BONE, PA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23140	REMOVAL OF BONE LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23145	REMOVAL OF BONE LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23146	REMOVAL OF BONE LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23150	REMOVAL OF HUMERUS LESIO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23155	REMOVAL OF HUMERUS LESIO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23156	REMOVAL OF HUMERUS LESIO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23170	REMOVE COLLAR BONE LESIO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
23172	REMOVE SHOULDER BLADE LE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23174	REMOVE HUMERUS LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23180	REMOVE COLLAR BONE LESIO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23182	REMOVE SHOULDER BLADE LE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23184	REMOVE HUMERUS LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23200	REMOVAL OF COLLAR BONE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23210	REMOVAL OF SHOULDER BLAD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23220	PARTIAL REMOVAL OF HUMER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23330	REMOVE SHOULDER FOREIGN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23333	REMOVE SHOULDER FB DEEP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23334	SHOULDER PROSTHESIS REMOVAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23335	SHOULDER PROSTHESIS REMOVAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23400	FIXATION OF SHOULDER BLA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23410	REPAIR ROTATOR CUFF, ACU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23412	REPAIR ROTATOR CUFF, CHR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23415	RELEASE OF SHOULDER LIGA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23420	REPAIR OF SHOULDER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23430	REPAIR BICEPS TENDON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23440	REMOVE/TRANSPLANT TENDON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23450	REPAIR SHOULDER CAPSULE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23455	REPAIR SHOULDER CAPSULE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23460	REPAIR SHOULDER CAPSULE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23462	REPAIR SHOULDER CAPSULE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23465	REPAIR SHOULDER CAPSULE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23466	REPAIR SHOULDER CAPSULE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23470	RECONSTRUCT SHOULDER JOI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23472	RECONSTRUCT SHOULDER JOI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23490	REINFORCE CLAVICLE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23491	REINFORCE SHOULDER BONES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
23532	TREAT CLAVICLE DISLOCATI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23552	TREAT CLAVICLE DISLOCATI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23616	TREAT HUMERUS FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23700	FIXATION OF SHOULDER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23800	FUSION OF SHOULDER JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23802	FUSION OF SHOULDER JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23900	AMPUTATION OF ARM & GIRD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23920	AMPUTATION AT SHOULDER J	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23921	AMPUTATION FOLLOW-UP SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
23929	SHOULDER SURGERY PROCEDU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24145	PARTIAL REMOVAL OF RADIU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24147	PARTIAL REMOVAL OF ELBOW	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24150	EXTENSIVE HUMERUS SURGER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24152	EXTENSIVE RADIUS SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24365	RECONSTRUCT HEAD OF RADI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24366	RECONSTRUCT HEAD OF RADI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24400	REVISION OF HUMERUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24410	REVISION OF HUMERUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24420	REVISION OF HUMERUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24430	REPAIR OF HUMERUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24495	DECOMPRESSION OF FOREARM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24515	TREAT HUMERUS FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24587	TREAT ELBOW FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24615	TREAT ELBOW DISLOCATION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24800	FUSION OF ELBOW JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24802	FUSION/GRAFT OF ELBOW JO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24900	AMPUTATION OF UPPER ARM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24920	AMPUTATION OF UPPER ARM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24925	AMPUTATION FOLLOW-UP SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24930	AMPUTATION FOLLOW-UP SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
24931	AMPUTATE UPPER ARM & IMP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25020	DECOMPRESS FOREARM 1 SPA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25023	DECOMPRESS FOREARM 1 SPA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25024	DECOMPRESS FOREARM 2 SPA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25025	DECOMPRESS FOREARM 2 SPA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
25028	DRAINAGE OF FOREARM LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25150	PARTIAL REMOVAL OF ULNA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25151	PARTIAL REMOVAL OF RADIU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25170	EXTENSIVE FOREARM SURGER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25400	REPAIR RADIUS OR ULNA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25405	REPAIR/GRAFT RADIUS OR U	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25415	REPAIR RADIUS & ULNA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25420	REPAIR/GRAFT RADIUS & UL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25425	REPAIR/GRAFT RADIUS OR U	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25426	REPAIR/GRAFT RADIUS & UL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25430	VASC GRAFT INTO CARPAL B	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25431	REPAIR NONUNION CARPAL B	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25440	REPAIR/GRAFT WRIST BONE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25449	REMOVE WRIST JOINT IMPLA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25525	TREAT FRACTURE OF RADIUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25526	TREAT FRACTURE OF RADIUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25545	TREAT FRACTURE OF ULNA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25575	TREAT FRACTURE RADIUS/UL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25900	AMPUTATION OF FOREARM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25905	AMPUTATION OF FOREARM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25909	AMPUTATION FOLLOW-UP SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
25915	AMPUTATION OF FOREARM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
26990	DRAINAGE OF PELVIS LESIO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
26991	DRAINAGE OF PELVIS BURSA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
26992	DRAINAGE OF BONE LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27030	DRAINAGE OF HIP JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27033	EXPLORATION OF HIP JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27040	BIOPSY OF SOFT TISSUES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27041	BIOPSY OF SOFT TISSUES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27043	EXC HIP PELVIS LES SC >	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27045	EXC HIP/PELV TUM DEEP >	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27047	REMOVE HIP/PELVIS LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27048	REMOVE HIP/PELVIS LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27049	REMOVE TUMOR, HIP/PELVIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27052	BIOPSY OF HIP JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
27054	REMOVAL OF HIP JOINT LIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27059	RESECT HIP/PELV TUM > 5	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27065	REMOVAL OF HIP BONE LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27066	REMOVAL OF HIP BONE LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27067	REMOVE/GRAFT HIP BONE LE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27070	PARTIAL REMOVAL OF HIP B	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27071	PARTIAL REMOVAL OF HIP B	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27075	EXTENSIVE HIP SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27076	EXTENSIVE HIP SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27077	EXTENSIVE HIP SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27078	EXTENSIVE HIP SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27086	REMOVE HIP FOREIGN BODY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27087	REMOVE HIP FOREIGN BODY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27090	REMOVAL OF HIP PROSTHESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27091	REMOVAL OF HIP PROSTHESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27120	RECONSTRUCTION OF HIP SO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27122	RECONSTRUCTION OF HIP SO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27125	PARTIAL HIP REPLACEMENT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27130	TOTAL HIP ARTHROPLASTY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27132	TOTAL HIP ARTHROPLASTY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27134	REVISE HIP JOINT REPLACE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27137	REVISE HIP JOINT REPLACE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27138	REVISE HIP JOINT REPLACE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27140	TRANSPLANT FEMUR RIDGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27146	INCISION OF HIP BONE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27147	REVISION OF HIP BONE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27151	INCISION OF HIP BONES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27156	REVISION OF HIP BONES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27158	REVISION OF PELVIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27161	INCISION OF NECK OF FEMU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27165	INCISION/FIXATION OF FEM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27175	TREAT SLIPPED EPIPHYSIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27176	TREAT SLIPPED EPIPHYSIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27177	TREAT SLIPPED EPIPHYSIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27178	TREAT SLIPPED EPIPHYSIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

In this column are the CPT or HCPC codes for outpatient & ambulatory services	In this column is the description of each code for outpatient & ambulatory services	In this column is the description of how Allegiance is managing the review for outpatient & ambulatory for services.	In this column are the special handling notes for Allegiance. Pretreatment review/prior authorization is strongly recommended for the CPT or HCPCs listed in this tab. See separate tabs for those Codes with special handling instructions or for those that are not recommended for review (if not found on any tab then assume not recommended).
Code	Description	Review Type	Comments
27179	REVISE HEAD/NECK OF FEMU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27181	TREAT SLIPPED EPIPHYSIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27187	REINFORCE HIP BONES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27193	TREAT PELVIC RING FRACTU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27215	TREAT PELVIC FRACTURE(S)	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27216	TREAT PELVIC RING FRACTU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27217	TREAT PELVIC RING FRACTU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27218	TREAT PELVIC RING FRACTU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27220	TREAT HIP SOCKET FRACTUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27222	TREAT HIP SOCKET FRACTUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27226	TREAT HIP WALL FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27227	TREAT HIP FRACTURE(S)	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27228	TREAT HIP FRACTURE(S)	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27230	TREAT THIGH FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27232	TREAT THIGH FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27235	TREAT THIGH FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27236	TREAT THIGH FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27238	TREAT THIGH FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27240	TREAT THIGH FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27244	TREAT THIGH FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27245	TREAT THIGH FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27246	TREAT THIGH FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27248	TREAT THIGH FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27253	TREAT HIP DISLOCATION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27254	TREAT HIP DISLOCATION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27258	TREAT HIP DISLOCATION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27259	TREAT HIP DISLOCATION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27269	OPTX THIGH FX	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27290	AMPUTATION OF LEG AT HIP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27295	AMPUTATION OF LEG AT HIP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27299	PELVIS/HIP JOINT SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27301	DRAIN THIGH/KNEE LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27303	DRAINAGE OF BONE LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27310	EXPLORATION OF KNEE JOIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27323	BIOPSY, THIGH SOFT TISSU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
27324	BIOPSY, THIGH SOFT TISSU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27327	REMOVAL OF THIGH LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27328	REMOVAL OF THIGH LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27329	REMOVE TUMOR, THIGH/KNEE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27330	BIOPSY, KNEE JOINT LININ	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27331	EXPLORE/TREAT KNEE JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27332	REMOVAL OF KNEE CARTILAG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27333	REMOVAL OF KNEE CARTILAG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27334	REMOVE KNEE JOINT LINING	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27335	REMOVE KNEE JOINT LINING	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27337	EXC THIGH/KNEE LES SC >	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27339	EXC THIGH/KNEE TUM DEEP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27340	REMOVAL OF KNEECAP BURSA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27347	REMOVE KNEE CYST	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27355	REMOVE FEMUR LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27356	REMOVE FEMUR LESION/GRAF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27357	REMOVE FEMUR LESION/GRAF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27358	REMOVE FEMUR LESION/FIXA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27360	PARTIAL REMOVAL, LEG BON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27364	RESECT THIGH/KNEE TUM 5	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27365	EXTENSIVE LEG SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27372	REMOVAL OF FOREIGN BODY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27403	REPAIR OF KNEE CARTILAGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27405	REPAIR OF KNEE LIGAMENT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27407	REPAIR OF KNEE LIGAMENT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27409	REPAIR OF KNEE LIGAMENTS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27412	AUTOCHONDROCYTE IMPLANT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27415	OSTEOCHONDRAL KNEE ALLOG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27416	OSTEOCHONDRAL KNEE AUTOG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27418	REPAIR DEGENERATED KNEEC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27420	REVISION OF UNSTABLE KNE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27422	REVISION OF UNSTABLE KNE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27424	REVISION/REMOVAL OF KNEE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27425	LAT RETINACULAR RELEASE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27427	RECONSTRUCTION, KNEE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
27428	RECONSTRUCTION, KNEE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27429	RECONSTRUCTION, KNEE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27438	REVISE KNEECAP WITH IMPL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27440	REVISION OF KNEE JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27441	REVISION OF KNEE JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27442	REVISION OF KNEE JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27443	REVISION OF KNEE JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27445	REVISION OF KNEE JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27446	REVISION OF KNEE JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27447	TOTAL KNEE ARTHROPLASTY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27448	INCISION OF THIGH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27450	INCISION OF THIGH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27454	REALIGNMENT OF THIGH BON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27455	REALIGNMENT OF KNEE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27457	REALIGNMENT OF KNEE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27465	SHORTENING OF THIGH BONE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27466	LENGTHENING OF THIGH BON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27468	SHORTEN/LENGTHEN THIGHS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27470	REPAIR OF THIGH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27472	REPAIR/GRAFT OF THIGH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27486	REVISE/REPLACE KNEE JOIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27487	REVISE/REPLACE KNEE JOIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27488	REMOVAL OF KNEE PROSTHES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27495	REINFORCE THIGH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27500	TREATMENT OF THIGH FRACT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27501	TREATMENT OF THIGH FRACT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27502	TREATMENT OF THIGH FRACT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27503	TREATMENT OF THIGH FRACT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27506	TREATMENT OF THIGH FRACT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27507	TREATMENT OF THIGH FRACT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27509	TREATMENT OF THIGH FRACT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27511	TREATMENT OF THIGH FRACT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27513	TREATMENT OF THIGH FRACT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27514	TREATMENT OF THIGH FRACT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27519	TREAT THIGH FX GROWTH PL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
27524	TREAT KNEECAP FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27540	TREAT KNEE FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27566	TREAT KNEECAP DISLOCATIO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27570	FIXATION OF KNEE JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27590	AMPUTATE LEG AT THIGH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27591	AMPUTATE LEG AT THIGH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27592	AMPUTATE LEG AT THIGH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27594	AMPUTATION FOLLOW-UP SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27596	AMPUTATION FOLLOW-UP SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27598	AMPUTATE LOWER LEG AT KN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27599	LEG SURGERY PROCEDURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27630	REMOVAL OF TENDON LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27635	REMOVE LOWER LEG BONE LE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27637	REMOVE/GRAFT LEG BONE LE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27638	REMOVE/GRAFT LEG BONE LE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27640	PARTIAL REMOVAL OF TIBIA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27641	PARTIAL REMOVAL OF FIBUL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27645	EXTENSIVE LOWER LEG SURG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27646	EXTENSIVE LOWER LEG SURG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27647	EXTENSIVE ANKLE/HEEL SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27656	REPAIR LEG FASCIA DEFECT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27658	REPAIR OF LEG TENDON, EA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27659	REPAIR OF LEG TENDON, EA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27664	REPAIR OF LEG TENDON, EA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27665	REPAIR OF LEG TENDON, EA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27700	REVISION OF ANKLE JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27704	REMOVAL OF ANKLE IMPLANT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27720	REPAIR OF TIBIA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27722	REPAIR/GRAFT OF TIBIA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27724	REPAIR/GRAFT OF TIBIA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27725	REPAIR OF LOWER LEG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27727	REPAIR OF LOWER LEG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27870	FUSION OF ANKLE JOINT, O	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27871	FUSION OF TIBIOFIBULAR J	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27880	AMPUTATION OF LOWER LEG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
27881	AMPUTATION OF LOWER LEG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27882	AMPUTATION OF LOWER LEG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27884	AMPUTATION FOLLOW-UP SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27886	AMPUTATION FOLLOW-UP SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27888	AMPUTATION OF FOOT AT AN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27889	AMPUTATION OF FOOT AT AN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27892	DECOMPRESSION OF LEG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27893	DECOMPRESSION OF LEG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27894	DECOMPRESSION OF LEG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
27899	Unlisted procedure, leg or ankle	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
28309	INCISION OF METATARSALS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
28360	RECONSTRUCT CLEFT FOOT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
28705	FUSION OF FOOT BONES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
28730	FUSION OF FOOT BONES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
28735	FUSION OF FOOT BONES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
28737	REVISION OF FOOT BONES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
28800	AMPUTATION OF MIDFOOT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
28805	AMPUTATION THRU METATARS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29805	SHOULDER ARTHROSCOPY, DX	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29806	SHOULDER ARTHROSCOPY/SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29807	SHOULDER ARTHROSCOPY/SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29819	SHOULDER ARTHROSCOPY/SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29820	SHOULDER ARTHROSCOPY/SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29821	SHOULDER ARTHROSCOPY/SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29822	SHOULDER ARTHROSCOPY/SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29823	SHOULDER ARTHROSCOPY/SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29824	SHOULDER ARTHROSCOPY/SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29825	SHOULDER ARTHROSCOPY/SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29826	SHOULDER ARTHROSCOPY/SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29827	ARTHROSCOP ROTATOR CUFF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29828	ARTHROSCOPY BICEPS TENOD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29850	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29851	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29855	TIBIAL ARTHROSCOPY/SURGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29856	TIBIAL ARTHROSCOPY/SURGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
29860	HIP ARTHROSCOPY, DX	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29861	HIP ARTHRO W/FB REMOVAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29862	HIP ARTHRO W/DEBRIDEMENT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29863	HIP ARTHRO W/SYNOVECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29866	AUTGRFT IMPLNT, KNEE W/S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29867	ALLGRFT IMPLNT, KNEE W/S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29868	MENISCAL TRNSPL, KNEE W/	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29870	KNEE ARTHROSCOPY, DX	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29871	KNEE ARTHROSCOPY/DRAINAG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29873	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29874	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29875	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29876	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29877	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29879	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29880	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29881	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29882	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29883	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29884	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29885	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29886	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29887	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29888	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29889	KNEE ARTHROSCOPY/SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29914	HIP ARTHRO W/FEMOROPLAST	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29915	HIP ARTHRO ACETABULOPLAS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29916	HIP ARTHRO W/LABRAL REPA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
29999	Unlisted ARTHROSCOPY OF JOINT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31225	REMOVAL OF UPPER JAW	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31230	REMOVAL OF UPPER JAW	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31300	REMOVAL OF LARYNX LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31360	REMOVAL OF LARYNX	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31365	REMOVAL OF LARYNX	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31367	PARTIAL REMOVAL OF LARYN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

In this column are the CPT or HCPC codes for outpatient & ambulatory services	In this column is the description of each code for outpatient & ambulatory services	In this column is the description of how Allegiance is managing the review for outpatient & ambulatory for services.	In this column are the special handling notes for Allegiance. Pretreatment review/prior authorization is strongly recommended for the CPT or HCPCs listed in this tab. See separate tabs for those Codes with special handling instructions or for those that are not recommended for review (if not found on any tab then assume not recommended).
Code	Description	Review Type	Comments
31368	PARTIAL REMOVAL OF LARYN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31370	PARTIAL REMOVAL OF LARYN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31375	PARTIAL REMOVAL OF LARYN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31380	PARTIAL REMOVAL OF LARYN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31382	PARTIAL REMOVAL OF LARYN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31390	REMOVAL OF LARYNX & PHAR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31395	RECONSTRUCT LARYNX & PHA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31400	REVISION OF LARYNX	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31420	REMOVAL OF EPIGLOTTIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31500	INSERT EMERGENCY AIRWAY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31603	INCISION OF WINDPIPE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31750	REPAIR OF WINDPIPE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31755	REPAIR OF WINDPIPE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31760	REPAIR OF WINDPIPE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31766	RECONSTRUCTION OF WINDPI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31770	REPAIR/GRAFT OF BRONCHUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31775	RECONSTRUCT BRONCHUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31780	RECONSTRUCT WINDPIPE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31781	RECONSTRUCT WINDPIPE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31786	REMOVE WINDPIPE LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31800	REPAIR OF WINDPIPE INJUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
31805	REPAIR OF WINDPIPE INJUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32035	EXPLORATION OF CHEST	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32036	EXPLORATION OF CHEST	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32095	BIOPSY THROUGH CHEST WAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32096	OPEN WEDGE/BX LUNG INFIL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32097	OPEN WEDGE/BX LUNG NODUL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32098	OPEN BIOPSY OF LUNG PLEU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32100	EXPLORATION/BIOPSY OF CH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32110	EXPLORE/REPAIR CHEST	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32120	RE-EXPLORATION OF CHEST	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32124	EXPLORE CHEST FREE ADHES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32140	REMOVAL OF LUNG LESION(S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32141	REMOVE/TREAT LUNG LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32150	REMOVAL OF LUNG LESION(S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
32151	REMOVE LUNG FOREIGN BODY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32160	OPEN CHEST HEART MASSAGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32200	DRAIN, OPEN, LUNG LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32201	DRAIN, PERCUT, LUNG LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32220	RELEASE OF LUNG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32225	PARTIAL RELEASE OF LUNG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32310	REMOVAL OF CHEST LINING	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32320	FREE/REMOVE CHEST LINING	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32402	OPEN BIOPSY CHEST LINING	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32440	REMOVAL OF LUNG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32442	SLEEVE PNEUMONECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32445	REMOVAL OF LUNG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32480	PARTIAL REMOVAL OF LUNG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32482	BILOBECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32484	SEGMENTECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32486	SLEEVE LOBECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32488	COMPLETION PNEUMONECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32500	PARTIAL REMOVAL OF LUNG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32501	REPAIR BRONCHUS ADD-ON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32503	RESECT APICAL LUNG TUMOR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32504	RESECT APICAL LUNG TUM/C	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32505	WEDGE RESECT OF LUNG INI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32506	WEDGE RESECT OF LUNG ADD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32507	WEDGE RESECT OF LUNG DIA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32550	INSERT PLEURAL CATH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32603	THORACOSCOPY, DIAGNOSTIC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32604	THORACOSCOPY, DIAGNOSTIC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32654	THORACOSCOPY, SURGICAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32658	THORACOSCOPY, SURGICAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32659	THORACOSCOPY, SURGICAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32660	THORACOSCOPY, SURGICAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32661	THORACOSCOPY, SURGICAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32662	THORACOSCOPY, SURGICAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32663	THORACOSCOPY, SURGICAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32665	THORACOSCOPY, SURGICAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
32669	THORACOSCOPY REMOVE SEGM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32670	THORACOSCOPY BILOBECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32671	THORACOSCOPY PNEUMONECTO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32673	THORACOSCOPY W/THYMUS RE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32674	THORACOSCOPY W/THYMUS RE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32800	REPAIR LUNG HERNIA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32810	CLOSE CHEST AFTER DRAINAGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32815	CLOSE BRONCHIAL FISTULA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32820	RECONSTRUCT INJURED CHES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32900	REMOVAL OF RIB(S)	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32905	REVISE & REPAIR CHEST WA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32906	REVISE & REPAIR CHEST WA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32940	REVISION OF LUNG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32960	THERAPEUTIC PNEUMOTHORAX	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
32997	TOTAL LUNG LAVAGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33010	DRAINAGE OF HEART SAC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33011	REPEAT DRAINAGE OF HEART	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33015	INCISION OF HEART SAC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33020	INCISION OF HEART SAC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33025	INCISION OF HEART SAC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33030	PARTIAL REMOVAL OF HEART	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33031	PARTIAL REMOVAL OF HEART	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33050	REMOVAL OF HEART SAC LES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33120	REMOVAL OF HEART LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33130	REMOVAL OF HEART LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33140	HEART REVASCULARIZE (TMR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33256	ABLATE ATRIA W/BYPASS, E	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33300	REPAIR OF HEART WOUND	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33305	REPAIR OF HEART WOUND	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33310	EXPLORATORY HEART SURGER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33315	EXPLORATORY HEART SURGER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33320	REPAIR MAJOR BLOOD VESSE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33321	REPAIR MAJOR VESSEL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33322	REPAIR MAJOR BLOOD VESSE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33330	INSERT MAJOR VESSEL GRAF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
33332	INSERT MAJOR VESSEL GRAF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33335	INSERT MAJOR VESSEL GRAF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33400	REPAIR OF AORTIC VALVE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33401	VALVULOPLASTY, OPEN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33403	VALVULOPLASTY, W/CP BYPA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33404	PREPARE HEART-AORTA COND	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33405	REPLACEMENT OF AORTIC VA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33406	REPLACEMENT OF AORTIC VA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33410	REPLACEMENT OF AORTIC VA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33411	REPLACEMENT OF AORTIC VA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33412	REPLACEMENT OF AORTIC VA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33413	REPLACEMENT OF AORTIC VA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33414	REPAIR OF AORTIC VALVE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33415	REVISION, SUBVALVULAR TI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33416	REVISE VENTRICLE MUSCLE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33417	REPAIR OF AORTIC VALVE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33420	REVISION OF MITRAL VALVE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33422	REVISION OF MITRAL VALVE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33425	REPAIR OF MITRAL VALVE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33426	REPAIR OF MITRAL VALVE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33427	REPAIR OF MITRAL VALVE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33430	REPLACEMENT OF MITRAL VA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33460	REVISION OF TRICUSPID VA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33463	VALVULOPLASTY, TRICUSPID	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33464	VALVULOPLASTY, TRICUSPID	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33465	REPLACE TRICUSPID VALVE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33468	REVISION OF TRICUSPID VA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33470	REVISION OF PULMONARY VA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33471	VALVOTOMY, PULMONARY VAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33472	REVISION OF PULMONARY VA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33474	REVISION OF PULMONARY VA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33475	REPLACEMENT, PULMONARY V	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33476	REVISION OF HEART CHAMBE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33478	REVISION OF HEART CHAMBE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33496	REPAIR, PROSTH VALVE CLO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
33500	REPAIR HEART VESSEL FIST	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33501	REPAIR HEART VESSEL FIST	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33502	CORONARY ARTERY CORRECTI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33503	CORONARY ARTERY GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33504	CORONARY ARTERY GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33505	REPAIR ARTERY W/TUNNEL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33506	REPAIR ARTERY, TRANSLOCA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33507	REPAIR ART, INTRAMURAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33508	ENDOSCOPIC VEIN HARVEST	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33510	CABG, VEIN, SINGLE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33511	CABG, VEIN, TWO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33512	CABG, VEIN, THREE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33513	CABG, VEIN, FOUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33514	CABG, VEIN, FIVE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33516	CABG, VEIN, SIX OR MORE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33517	CABG, ARTERY-VEIN, SINGL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33518	CABG, ARTERY-VEIN, TWO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33519	CABG, ARTERY-VEIN, THREE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33521	CABG, ARTERY-VEIN, FOUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33522	CABG, ARTERY-VEIN, FIVE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33523	CABG, ART-VEIN, SIX OR M	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33530	CORONARY ARTERY, BYPASS/	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33533	CABG, ARTERIAL, SINGLE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33534	CABG, ARTERIAL, TWO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33535	CABG, ARTERIAL, THREE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33536	CABG, ARTERIAL, FOUR OR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33542	REMOVAL OF HEART LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33545	REPAIR OF HEART DAMAGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33572	OPEN CORONARY ENDARTEREC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33600	CLOSURE OF VALVE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33602	CLOSURE OF VALVE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33606	ANASTOMOSIS/ARTERY-AORTA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33608	REPAIR ANOMALY W/CONDUIT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33610	REPAIR BY ENLARGEMENT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33611	REPAIR DOUBLE VENTRICLE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
33612	REPAIR DOUBLE VENTRICLE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33615	REPAIR, MODIFIED FONTAN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33617	REPAIR SINGLE VENTRICLE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33619	REPAIR SINGLE VENTRICLE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33620	APPLY R&L PULM ART BANDS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33621	TRANSTHOR CATH FOR STENT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33622	REDO COMPL CARDIAC ANOMA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33641	REPAIR HEART SEPTUM DEFE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33645	REVISION OF HEART VEINS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33647	REPAIR HEART SEPTUM DEFE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33660	REPAIR OF HEART DEFECTS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33665	REPAIR OF HEART DEFECTS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33670	REPAIR OF HEART CHAMBERS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33675	CLOSE MULT VSD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33676	CLOSE MULT VSD W/RESECTI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33677	CL MULT VSD W/REM PUL BA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33681	REPAIR HEART SEPTUM DEFE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33684	REPAIR HEART SEPTUM DEFE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33688	REPAIR HEART SEPTUM DEFE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33690	REINFORCE PULMONARY ARTE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33692	REPAIR OF HEART DEFECTS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33694	REPAIR OF HEART DEFECTS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33697	REPAIR OF HEART DEFECTS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33702	REPAIR OF HEART DEFECTS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33710	REPAIR OF HEART DEFECTS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33720	REPAIR OF HEART DEFECT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33722	REPAIR OF HEART DEFECT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33724	REPAIR VENOUS ANOMALY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33726	REPAIR PUL VENOUS STENOS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33730	REPAIR HEART-VEIN DEFECT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33732	REPAIR HEART-VEIN DEFECT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33735	REVISION OF HEART CHAMBE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33736	REVISION OF HEART CHAMBE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33737	REVISION OF HEART CHAMBE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33750	MAJOR VESSEL SHUNT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
33755	MAJOR VESSEL SHUNT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33762	MAJOR VESSEL SHUNT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33764	MAJOR VESSEL SHUNT & GRA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33766	MAJOR VESSEL SHUNT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33767	MAJOR VESSEL SHUNT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33768	CAVOPULMONARY SHUNTING	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33770	REPAIR GREAT VESSELS DEF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33771	REPAIR GREAT VESSELS DEF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33774	REPAIR GREAT VESSELS DEF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33775	REPAIR GREAT VESSELS DEF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33776	REPAIR GREAT VESSELS DEF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33777	REPAIR GREAT VESSELS DEF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33778	REPAIR GREAT VESSELS DEF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33779	REPAIR GREAT VESSELS DEF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33780	REPAIR GREAT VESSELS DEF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33781	REPAIR GREAT VESSELS DEF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33786	REPAIR ARTERIAL TRUNK	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33788	REVISION OF PULMONARY AR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33800	AORTIC SUSPENSION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33802	REPAIR VESSEL DEFECT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33803	REPAIR VESSEL DEFECT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33813	REPAIR SEPTAL DEFECT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33814	REPAIR SEPTAL DEFECT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33840	REMOVE AORTA CONSTRICTIO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33845	REMOVE AORTA CONSTRICTIO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33851	REMOVE AORTA CONSTRICTIO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33852	REPAIR SEPTAL DEFECT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33853	REPAIR SEPTAL DEFECT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33860	ASCENDING AORTIC GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33863	ASCENDING AORTIC GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33864	ASCENDING AORTIC GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33870	TRANSVERSE AORTIC ARCH G	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33875	THORACIC AORTIC GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33877	THORACOABDOMINAL GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33889	ARTERY TRANSPOSE/ENDOVAS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
33891	CAR-CAR BP GRFT/ENDOVAS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33910	REMOVE LUNG ARTERY EMBOL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33915	REMOVE LUNG ARTERY EMBOL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33916	SURGERY OF GREAT VESSEL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33917	REPAIR PULMONARY ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33920	REPAIR PULMONARY ATRESIA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33922	TRANSECT PULMONARY ARTER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33924	REMOVE PULMONARY SHUNT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33925	RPR PUL ART UNIFOCAL W/O	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33926	REPR PUL ART, UNIFOCAL W	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33967	INSERT IA PERCUT DEVICE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33968	REMOVE AORTIC ASSIST DEV	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33970	AORTIC CIRCULATION ASSIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33971	AORTIC CIRCULATION ASSIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33973	INSERT BALLOON DEVICE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
33974	REMOVE INTRA-AORTIC BALL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34001	REMOVAL OF ARTERY CLOT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34051	REMOVAL OF ARTERY CLOT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34101	REMOVAL OF ARTERY CLOT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34111	REMOVAL OF ARM ARTERY CL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34151	REMOVAL OF ARTERY CLOT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34201	REMOVAL OF ARTERY CLOT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34203	REMOVAL OF LEG ARTERY CL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34401	REMOVAL OF VEIN CLOT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34421	REMOVAL OF VEIN CLOT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34451	REMOVAL OF VEIN CLOT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34471	REMOVAL OF VEIN CLOT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34490	REMOVAL OF VEIN CLOT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34501	REPAIR VALVE, FEMORAL VE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34502	RECONSTRUCT VENA CAVA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34510	TRANSPOSITION OF VEIN VA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34520	CROSS-OVER VEIN GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34530	LEG VEIN FUSION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34812	XPOSE FOR ENDOPROSTH, FE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34813	FEMORAL ENDOVAS GRAFT AD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
34820	XPOSE FOR ENDOPROSTH, IL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34825	ENDOVASC EXTEND PROSTH,	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34826	ENDOVASC EXTEN PROSTH, A	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34830	OPEN AORTIC TUBE PROSTH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34831	OPEN AORTOILIAC PROSTH R	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34832	OPEN AORTOFEMOR PROSTH R	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34833	XPOSE FOR ENDOPROSTH, IL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34834	XPOSE, ENDOPROSTH, BRACH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
34900	ENDOVASC ILIAC REPR W/GR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35001	REPAIR DEFECT OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35002	REPAIR ARTERY RUPTURE, N	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35005	REPAIR DEFECT OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35011	REPAIR DEFECT OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35013	REPAIR ARTERY RUPTURE, A	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35021	REPAIR DEFECT OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35022	REPAIR ARTERY RUPTURE, C	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35045	REPAIR DEFECT OF ARM ART	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35081	REPAIR DEFECT OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35082	REPAIR ARTERY RUPTURE, A	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35091	REPAIR DEFECT OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35092	REPAIR ARTERY RUPTURE, A	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35102	REPAIR DEFECT OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35103	REPAIR ARTERY RUPTURE, G	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35111	REPAIR DEFECT OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35112	REPAIR ARTERY RUPTURE,SP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35121	REPAIR DEFECT OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35122	REPAIR ARTERY RUPTURE, B	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35131	REPAIR DEFECT OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35132	REPAIR ARTERY RUPTURE, G	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35141	REPAIR DEFECT OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35142	REPAIR ARTERY RUPTURE, T	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35151	REPAIR DEFECT OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35152	REPAIR ARTERY RUPTURE, K	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35180	REPAIR BLOOD VESSEL LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35182	REPAIR BLOOD VESSEL LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
35184	REPAIR BLOOD VESSEL LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35189	REPAIR BLOOD VESSEL LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35190	REPAIR BLOOD VESSEL LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35211	REPAIR BLOOD VESSEL LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35216	REPAIR BLOOD VESSEL LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35221	REPAIR BLOOD VESSEL LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35241	REPAIR BLOOD VESSEL LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35246	REPAIR BLOOD VESSEL LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35251	REPAIR BLOOD VESSEL LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35271	REPAIR BLOOD VESSEL LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35276	REPAIR BLOOD VESSEL LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35281	REPAIR BLOOD VESSEL LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35301	RECHANNELING OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35302	RECHANNELING OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35303	RECHANNELING OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35304	RECHANNELING OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35305	RECHANNELING OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35306	RECHANNELING OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35311	RECHANNELING OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35321	RECHANNELING OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35331	RECHANNELING OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35341	RECHANNELING OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35351	RECHANNELING OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35355	RECHANNELING OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35361	RECHANNELING OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35363	RECHANNELING OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35371	RECHANNELING OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35372	RECHANNELING OF ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35390	REOPERATION, CAROTID ADD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35400	ANGIOSCOPY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35450	REPAIR ARTERIAL BLOCKAGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35452	REPAIR ARTERIAL BLOCKAGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35458	REPAIR ARTERIAL BLOCKAGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35501	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35506	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
35508	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35509	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35510	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35511	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35512	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35515	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35516	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35518	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35521	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35522	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35523	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35525	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35526	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35531	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35533	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35535	ARTERY BYPASS GRAFT]	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35536	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35537	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35538	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35539	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35540	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35548	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35549	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35551	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35556	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35558	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35560	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35563	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35565	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35566	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35570	ARTERY BYPASS GRAFT]	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35571	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35572	HARVEST FEMOROPOPLITEAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35583	VEIN BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35585	VEIN BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
35587	VEIN BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35600	HARVEST ARTERY FOR CABG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35601	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35606	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35612	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35616	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35621	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35623	BYPASS GRAFT, NOT VEIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35626	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35631	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35632	ARTERY BYPASS GRAFT]	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35633	ARTERY BYPASS GRAFT]	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35634	ARTERY BYPASS GRAFT]	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35636	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35637	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35638	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35646	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35647	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35650	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35651	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35654	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35656	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35661	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35663	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35665	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35666	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35671	ARTERY BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35681	COMPOSITE BYPASS GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35691	ARTERIAL TRANSPOSITION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35693	ARTERIAL TRANSPOSITION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35694	ARTERIAL TRANSPOSITION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35695	ARTERIAL TRANSPOSITION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35700	REOPERATION, BYPASS GRAF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35820	EXPLORE CHEST VESSELS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35840	EXPLORE ABDOMINAL VESSEL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
35875	REMOVAL OF CLOT IN GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35876	REMOVAL OF CLOT IN GRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35879	REVISE GRAFT W/VEIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
35881	REVISE GRAFT W/VEIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
36261	REVISION OF INFUSION PUM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
36262	REMOVAL OF INFUSION PUMP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
36450	BL EXCHANGE/TRANSFUSE, N	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
36468	INJECTION(S), SPIDER VEI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
36470	INJECTION THERAPY OF VEI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
36471	INJECTION THERAPY OF VEI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
36474	ENDOVENOUS MCHNCHEM ADD-ON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
36475	ENDOVENOUS RF, 1ST VEIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
36476	ENDOVENOUS RF, VEIN ADD-	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
36478	ENDOVENOUS LASER, 1ST VE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
36479	ENDOVENOUS LASER VEIN AD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37140	REVISION OF CIRCULATION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37145	REVISION OF CIRCULATION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37160	REVISION OF CIRCULATION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37180	REVISION OF CIRCULATION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37181	SPLICE SPLEEN/KIDNEY VEI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37217	STENT PLACEMT RETRO CAROTID	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37243	VASC EMBOLIZE/OCCLUDE ORGAN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37619	LIGATION OF INF VENA CAV	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37620	REVISION OF MAJOR VEIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37650	REVISION OF MAJOR VEIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37660	REVISION OF MAJOR VEIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37700	REVISE LEG VEIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37718	LIGATE/STRIP SHORT LEG V	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37722	LIGATE/STRIP LONG LEG VE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37735	REMOVAL OF LEG VEINS/LES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37760	LIGATION, LEG VEINS, OPE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37761	LIGATE LEG VEINS OPEN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37765	STAB PHLEB VEINS XTR 10-	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
37766	PHLEB VEINS - EXTREM 20+	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
37780	REVISION OF LEG VEIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
38100	REMOVAL OF SPLEEN, TOTAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
38101	REMOVAL OF SPLEEN, PARTI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
38102	REMOVAL OF SPLEEN, TOTAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
38115	REPAIR OF RUPTURED SPLEE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
38530	BIOPSY/REMOVAL, LYMPH NO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
38562	REMOVAL, PELVIC LYMPH NO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
38564	REMOVAL, ABDOMEN LYMPH N	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
38570	LAPAROSCOPY, LYMPH NODE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
38571	LAPAROSCOPY, LYMPHADENEC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
38572	LAPAROSCOPY, LYMPHADENEC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
38746	REMOVE THORACIC LYMPH NO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
38747	REMOVE ABDOMINAL LYMPH N	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
38760	REMOVE GROIN LYMPH NODES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
38765	REMOVE GROIN LYMPH NODES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
38770	REMOVE PELVIS LYMPH NODE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
38780	REMOVE ABDOMEN LYMPH NOD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
39501	REPAIR DIAPHRAGM LACERAT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
39540	REPAIR OF DIAPHRAGM HERN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
39541	REPAIR OF DIAPHRAGM HERN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
39545	REVISION OF DIAPHRAGM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
39560	RESECT DIAPHRAGM, SIMPLE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
39561	RESECT DIAPHRAGM, COMPLE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
40702	REPAIR CLEFT LIP/NASAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
40720	REPAIR CLEFT LIP/NASAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
40761	REPAIR CLEFT LIP/NASAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
41120	PARTIAL REMOVAL OF TONGU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
41130	PARTIAL REMOVAL OF TONGU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
41140	REMOVAL OF TONGUE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
41145	TONGUE REMOVAL, NECK SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
41150	TONGUE, MOUTH, JAW SURGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
41153	TONGUE, MOUTH, NECK SURG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
41155	TONGUE, JAW, & NECK SURG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42200	RECONSTRUCT CLEFT PALATE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42205	RECONSTRUCT CLEFT PALATE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
42210	RECONSTRUCT CLEFT PALATE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42215	RECONSTRUCT CLEFT PALATE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42220	RECONSTRUCT CLEFT PALATE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42225	RECONSTRUCT CLEFT PALATE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42226	LENGTHENING OF PALATE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42227	LENGTHENING OF PALATE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42235	REPAIR PALATE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42260	REPAIR NOSE TO LIP FISTU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42720	DRAINAGE OF THROAT ABSCE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42725	DRAINAGE OF THROAT ABSCE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42842	EXTENSIVE SURGERY OF THR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42844	EXTENSIVE SURGERY OF THR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42845	EXTENSIVE SURGERY OF THR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42890	PARTIAL REMOVAL OF PHARY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42892	REVISION OF PHARYNGEAL W	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42894	REVISION OF PHARYNGEAL W	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42950	RECONSTRUCTION OF THROAT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42953	REPAIR THROAT, ESOPHAGUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
42955	SURGICAL OPENING OF THRO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43045	INCISION OF ESOPHAGUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43100	EXCISION OF ESOPHAGUS LE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43101	EXCISION OF ESOPHAGUS LE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43107	REMOVAL OF ESOPHAGUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43108	REMOVAL OF ESOPHAGUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43112	REMOVAL OF ESOPHAGUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43113	REMOVAL OF ESOPHAGUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43116	PARTIAL REMOVAL OF ESOPH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43117	PARTIAL REMOVAL OF ESOPH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43118	PARTIAL REMOVAL OF ESOPH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43121	PARTIAL REMOVAL OF ESOPH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43122	PARTIAL REMOVAL OF ESOPH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43123	PARTIAL REMOVAL OF ESOPH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43124	REMOVAL OF ESOPHAGUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43135	REMOVAL OF ESOPHAGUS POU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43241	UPPER GI ENDOSCOPY WITH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
43283	LAP ESOPH LENGTHENING	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43300	REPAIR OF ESOPHAGUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43305	REPAIR ESOPHAGUS AND FIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43310	REPAIR OF ESOPHAGUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43312	REPAIR ESOPHAGUS AND FIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43313	ESOPHAGOPLASTY CONGENITA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43314	TRACHEO-ESOPHAGOPLASTY C	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43320	FUSE ESOPHAGUS & STOMACH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43325	REVISE ESOPHAGUS & STOMA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43327	ESOPH FUNDOPLASTY LAP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43328	ESOPH FUNDOPLASTY THOR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43330	ESOPHAGOMYOTOMY ABDOMINA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43331	ESOPHAGOMYOTOMY THORACIC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43332	TRANSAB ESOPH HIAT HERN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43333	TRANSAB ESOPH HIAT HERN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43334	TRANSTHOR DIAPHRAG HERN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43335	TRANSTHOR DIAPHRAG HERN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43336	THORABD DIAPHR HERN REPA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43337	THORABD DIAPHR HERN RE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43338	ESOPH LENGTHENING	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43340	FUSE ESOPHAGUS & INTESTI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43341	FUSE ESOPHAGUS & INTESTI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43350	SURGICAL OPENING, ESOPHA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43351	SURGICAL OPENING, ESOPHA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43352	SURGICAL OPENING, ESOPHA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43360	GASTROINTESTINAL REPAIR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43361	GASTROINTESTINAL REPAIR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43401	ESOPHAGUS SURGERY FOR VE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43405	LIGATE/STAPLE ESOPHAGUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43420	REPAIR ESOPHAGUS OPENING	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43425	REPAIR ESOPHAGUS OPENING	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43460	PRESSURE TREATMENT ESOPH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43496	FREE JEJUNUM FLAP, MICRO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43500	SURGICAL OPENING OF STOM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43520	INCISION OF PYLORIC MUSC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
43610	EXCISION OF STOMACH LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43611	EXCISION OF STOMACH LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43620	REMOVAL OF STOMACH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43621	REMOVAL OF STOMACH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43622	REMOVAL OF STOMACH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43635	REMOVAL OF STOMACH, PART	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43640	VAGOTOMY & PYLORUS REPAI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43641	VAGOTOMY & PYLORUS REPAI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43652	LAPAROSCOPY, VAGUS NERVE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43800	RECONSTRUCTION OF PYLORU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43810	FUSION OF STOMACH AND BO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43820	FUSION OF STOMACH AND BO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43825	FUSION OF STOMACH AND BO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43830	PLACE GASTROSTOMY TUBE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43831	PLACE GASTROSTOMY TUBE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43832	PLACE GASTROSTOMY TUBE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43840	REPAIR OF STOMACH LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43850	REVISE STOMACH-BOWEL FUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43870	REPAIR STOMACH OPENING	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
43880	REPAIR STOMACH-BOWEL FIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44005	FREEING OF BOWEL ADHESIO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44050	REDUCE BOWEL OBSTRUCTION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44055	CORRECT MALROTATION OF B	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44110	EXCISE INTESTINE LESION(Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44111	EXCISION OF BOWEL LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44120	REMOVAL OF SMALL INTESTI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44121	REMOVAL OF SMALL INTESTI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44125	REMOVAL OF SMALL INTESTI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44126	ENTERECTOMY W/O TAPER, C	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44127	ENTERECTOMY W/TAPER, CON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44128	ENTERECTOMY CONG, ADD-ON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44130	BOWEL TO BOWEL FUSION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44139	MOBILIZATION OF COLON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44140	PARTIAL REMOVAL OF COLON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44141	PARTIAL REMOVAL OF COLON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
44143	PARTIAL REMOVAL OF COLON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44144	PARTIAL REMOVAL OF COLON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44145	PARTIAL REMOVAL OF COLON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44146	PARTIAL REMOVAL OF COLON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44147	PARTIAL REMOVAL OF COLON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44150	REMOVAL OF COLON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44151	REMOVAL OF COLON/ILEOSTO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44155	REMOVAL OF COLON/ILEOSTO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44156	REMOVAL OF COLON/ILEOSTO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44157	COLECTOMY W/ILEOANAL ANA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44158	COLECTOMY W/NEO-RECTUM P	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44160	REMOVAL OF COLON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44188	LAP, COLOSTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44202	LAP, ENTERECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44203	LAP RESECT S/INTESTINE,	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44204	LAPARO PARTIAL COLECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44205	LAP COLECTOMY PART W/ILE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44206	LAP PART COLECTOMY W/STO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44207	L COLECTOMY/COLOPROCTOST	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44208	L COLECTOMY/COLOPROCTOST	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44210	LAPARO TOTAL PROCTOCOLEC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44211	LAPARO TOTAL PROCTOCOLEC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44212	LAPARO TOTAL PROCTOCOLEC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44213	LAP, MOBIL SPLENIC FL AD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44227	LAP, CLOSE ENTEROSTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44300	OPEN BOWEL TO SKIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44310	ILEOSTOMY/JEJUNOSTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44312	REVISION OF ILEOSTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44314	REVISION OF ILEOSTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44316	DEVISE BOWEL POUCH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44320	COLOSTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44322	COLOSTOMY WITH BIOPSIES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44345	REVISION OF COLOSTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44346	REVISION OF COLOSTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44602	SUTURE, SMALL INTESTINE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
44603	SUTURE, SMALL INTESTINE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44604	SUTURE, LARGE INTESTINE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44605	REPAIR OF BOWEL LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44615	INTESTINAL STRICTUROPLAS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44620	REPAIR BOWEL OPENING	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44625	REPAIR BOWEL OPENING	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44626	REPAIR BOWEL OPENING	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44640	REPAIR BOWEL-SKIN FISTUL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44650	REPAIR BOWEL FISTULA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44660	REPAIR BOWEL-BLADDER FIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44661	REPAIR BOWEL-BLADDER FIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44680	SURGICAL REVISION, INTES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44700	SUSPEND BOWEL W/PROSTHES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44800	EXCISION OF BOWEL POUCH	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44820	EXCISION OF MESENTERY LE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44850	REPAIR OF MESENTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44900	DRAIN APP ABSCESS, OPEN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44901	DRAIN APP ABSCESS, PERCU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44955	APPENDECTOMY ADD-ON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
44960	APPENDECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45000	DRAINAGE OF PELVIC ABSCE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45005	DRAINAGE OF RECTAL ABSCE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45020	DRAINAGE OF RECTAL ABSCE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45110	REMOVAL OF RECTUM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45111	PARTIAL REMOVAL OF RECTU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45112	REMOVAL OF RECTUM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45113	PARTIAL PROCTECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45114	PARTIAL REMOVAL OF RECTU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45116	PARTIAL REMOVAL OF RECTU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45119	REMOVE RECTUM W/RESERVOI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45120	REMOVAL OF RECTUM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45121	REMOVAL OF RECTUM AND CO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45123	PARTIAL PROCTECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45126	PELVIC EXENTERATION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45130	EXCISION OF RECTAL PROLA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

In this column are the CPT or HCPC codes for outpatient & ambulatory services	In this column is the description of each code for outpatient & ambulatory services	In this column is the description of how Allegiance is managing the review for outpatient & ambulatory for services.	In this column are the special handling notes for Allegiance. Pretreatment review/prior authorization is strongly recommended for the CPT or HCPCs listed in this tab. See separate tabs for those Codes with special handling instructions or for those that are not recommended for review (if not found on any tab then assume not recommended).
Code	Description	Review Type	Comments
45135	EXCISION OF RECTAL PROLA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45136	EXCISE ILEOANAL RESERVIO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45150	EXCISION OF RECTAL STRIC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45160	EXCISION OF RECTAL LESIO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45171	EXC RECT TUM TRANSANAL P	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45172	EXC RECT TUM TRANSANAL F	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45190	DESTRUCTION, RECTAL TUMO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45395	LAP, REMOVAL OF RECTUM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45397	LAP, REMOVE RECTUM W/POU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45400	LAPAROSCOPIC PROCTOPEXY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45402	LAP PROCTOPEXY W/SIG RES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45505	REPAIR OF RECTUM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45520	TREATMENT OF RECTAL PROL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45540	CORRECT RECTAL PROLAPSE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45541	CORRECT RECTAL PROLAPSE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45550	REPAIR RECTUM/REMOVE SIG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45800	REPAIR RECT/BLADDER FIST	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45805	REPAIR FISTULA W/COLOSTO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45820	REPAIR RECTOURETHRAL FIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45825	REPAIR FISTULA W/COLOSTO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
45900	REDUCTION OF RECTAL PROL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
46710	REPR PER/VAG POUCH SNGL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
46712	REPR PER/VAG POUCH DBL P	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
46744	REPAIR OF CLOACAL ANOMAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
46746	REPAIR OF CLOACAL ANOMAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
46748	REPAIR OF CLOACAL ANOMAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
46751	REPAIR OF ANAL SPHINCTER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
46753	RECONSTRUCTION OF ANUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
46754	REMOVAL OF SUTURE FROM A	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
46760	REPAIR OF ANAL SPHINCTER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
46761	REPAIR OF ANAL SPHINCTER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
46762	IMPLANT ARTIFICIAL SPHIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47010	OPEN DRAINAGE, LIVER LES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47015	INJECT/ASPIRATE LIVER CY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47100	WEDGE BIOPSY OF LIVER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
47120	PARTIAL REMOVAL OF LIVER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47122	EXTENSIVE REMOVAL OF LIV	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47125	PARTIAL REMOVAL OF LIVER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47130	PARTIAL REMOVAL OF LIVER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47300	SURGERY FOR LIVER LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47350	REPAIR LIVER WOUND	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47360	REPAIR LIVER WOUND	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47361	REPAIR LIVER WOUND	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47362	REPAIR LIVER WOUND	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47370	LAPARO ABLATE LIVER TUMO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47371	LAPARO ABLATE LIVER CRYO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47381	OPEN ABLATE LIVER TUMOR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47400	INCISION OF LIVER DUCT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47420	INCISION OF BILE DUCT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47425	INCISION OF BILE DUCT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47460	INCISE BILE DUCT SPHINCT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47480	INCISION OF GALLBLADDER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47490	INCISION OF GALLBLADDER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47570	LAPARO CHOLECYSTOENTEROS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47600	REMOVAL OF GALLBLADDER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47605	REMOVAL OF GALLBLADDER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47610	REMOVAL OF GALLBLADDER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47612	REMOVAL OF GALLBLADDER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47620	REMOVAL OF GALLBLADDER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47630	REMOVE BILE DUCT STONE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47700	EXPLORATION OF BILE DUCT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47701	BILE DUCT REVISION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47711	EXCISION OF BILE DUCT TU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47712	EXCISION OF BILE DUCT TU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47715	EXCISION OF BILE DUCT CY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47720	FUSE GALLBLADDER & BOWEL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47721	FUSE UPPER GI STRUCTURES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47740	FUSE GALLBLADDER & BOWEL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47741	FUSE GALLBLADDER & BOWEL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47760	FUSE BILE DUCTS AND BOWE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
47765	FUSE LIVER DUCTS & BOWEL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47780	FUSE BILE DUCTS AND BOWE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47785	FUSE BILE DUCTS AND BOWE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47800	RECONSTRUCTION OF BILE D	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47801	PLACEMENT, BILE DUCT SUP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47802	FUSE LIVER DUCT & INTEST	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
47900	SUTURE BILE DUCT INJURY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48000	DRAINAGE OF ABDOMEN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48001	PLACEMENT OF DRAIN, PANC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48020	REMOVAL OF PANCREATIC ST	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48100	BIOPSY OF PANCREAS, OPEN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48105	RESECT/DEBRIDE PANCREAS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48120	REMOVAL OF PANCREAS LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48140	PARTIAL REMOVAL OF PANCR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48145	PARTIAL REMOVAL OF PANCR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48146	PANCREATECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48148	REMOVAL OF PANCREATIC DU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48150	PARTIAL REMOVAL OF PANCR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48152	PANCREATECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48153	PANCREATECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48154	PANCREATECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48155	REMOVAL OF PANCREAS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48500	SURGERY OF PANCREATIC CY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48510	DRAIN PANCREATIC PSEUDOC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48511	DRAIN PANCREATIC PSEUDOC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48520	FUSE PANCREAS CYST AND B	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48540	FUSE PANCREAS CYST AND B	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48545	PANCREATORRHAPHY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48547	DUODENAL EXCLUSION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
48548	FUSE PANCREAS AND BOWEL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
49002	REOPENING OF ABDOMEN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
49010	EXPLORATION BEHIND ABDOM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
49020	DRAIN ABDOMINAL ABSCESS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
49040	DRAIN, OPEN, ABDOM ABSCE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
49060	DRAIN, OPEN, RETROP ABSC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
49062	DRAIN TO PERITONEAL CAVI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
49215	EXCISE SACRAL SPINE TUMO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
49220	MULTIPLE SURGERY, ABDOME	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
49250	EXCISION OF UMBILICUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
49255	REMOVAL OF OMENTUM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
49904	OMENTAL FLAP, EXTRA-ABDO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50010	EXPLORATION OF KIDNEY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50020	RENAL ABSCESS, OPEN DRAI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50021	RENAL ABSCESS, PERCUT DR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50040	DRAINAGE OF KIDNEY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50045	EXPLORATION OF KIDNEY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50060	REMOVAL OF KIDNEY STONE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50065	INCISION OF KIDNEY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50070	INCISION OF KIDNEY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50075	REMOVAL OF KIDNEY STONE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50100	REVISE KIDNEY BLOOD VESS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50120	EXPLORATION OF KIDNEY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50125	EXPLORE AND DRAIN KIDNEY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50135	EXPLORATION OF KIDNEY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50205	BIOPSY OF KIDNEY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50220	REMOVE KIDNEY, OPEN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50225	REMOVAL KIDNEY OPEN, COM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50230	REMOVAL KIDNEY OPEN, RAD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50234	REMOVAL OF KIDNEY & URET	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50236	REMOVAL OF KIDNEY & URET	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50240	PARTIAL REMOVAL OF KIDNE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50250	CRYOABLATE RENAL MASS OP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50280	REMOVAL OF KIDNEY LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50290	REMOVAL OF KIDNEY LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50400	REVISION OF KIDNEY/URETE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50405	REVISION OF KIDNEY/URETE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50500	REPAIR OF KIDNEY WOUND	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50525	REPAIR RENAL-ABDOMEN FIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50526	REPAIR RENAL-ABDOMEN FIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50540	REVISION OF HORSESHOE KI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
50543	LAPARO PARTIAL NEPHRECTO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50544	LAPAROSCOPY, PYELOPLASTY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50545	LAPARO RADICAL NEPHRECTO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50546	LAPAROSCOPIC NEPHRECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50548	LAPARO REMOVE W/URETER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50562	RENAL SCOPE W/TUMOR RESE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50600	EXPLORATION OF URETER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50610	REMOVAL OF URETER STONE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50620	REMOVAL OF URETER STONE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50630	REMOVAL OF URETER STONE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50650	REMOVAL OF URETER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50660	REMOVAL OF URETER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50700	REVISION OF URETER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50722	RELEASE OF URETER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50725	RELEASE/REVISE URETER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50740	FUSION OF URETER & KIDNE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50750	FUSION OF URETER & KIDNE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50760	FUSION OF URETERS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50770	SPLICING OF URETERS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50780	REIMPLANT URETER IN BLAD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50782	REIMPLANT URETER IN BLAD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50783	REIMPLANT URETER IN BLAD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50785	REIMPLANT URETER IN BLAD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50800	IMPLANT URETER IN BOWEL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50810	FUSION OF URETER & BOWEL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50815	URINE SHUNT TO INTESTINE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50820	CONSTRUCT BOWEL BLADDER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50825	CONSTRUCT BOWEL BLADDER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50840	REPLACE URETER BY BOWEL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50860	TRANSPLANT URETER TO SKI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50900	REPAIR OF URETER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50920	CLOSURE URETER/SKIN FIST	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
50930	CLOSURE URETER/BOWEL FIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
51550	PARTIAL REMOVAL OF BLADD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
51555	PARTIAL REMOVAL OF BLADD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
51565	REVISE BLADDER & URETER(Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
51597	REMOVAL OF PELVIC STRUCT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
51860	REPAIR OF BLADDER WOUND	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
51865	REPAIR OF BLADDER WOUND	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
51880	REPAIR OF BLADDER OPENIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
51920	CLOSE BLADDER-UTERUS FIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
52250	CYSTOSCOPY AND RADIOTRAC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
53210	REMOVAL OF URETHRA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
53215	REMOVAL OF URETHRA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
53220	TREATMENT OF URETHRA LES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
53240	SURGERY FOR URETHRA POU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
53250	REMOVAL OF URETHRA GLAND	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
53260	TREATMENT OF URETHRA LES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
54120	PARTIAL REMOVAL OF PENIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
54130	REMOVE PENIS & NODES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
54135	REMOVE PENIS & NODES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
55801	REMOVAL OF PROSTATE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
55810	EXTENSIVE PROSTATE SURGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
55812	EXTENSIVE PROSTATE SURGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
55815	EXTENSIVE PROSTATE SURGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
55821	REMOVAL OF PROSTATE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
55831	REMOVAL OF PROSTATE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
55840	EXTENSIVE PROSTATE SURGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
55842	EXTENSIVE PROSTATE SURGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
55845	EXTENSIVE PROSTATE SURGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
55860	SURGICAL EXPOSURE, PROS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
55862	EXTENSIVE PROSTATE SURGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
55865	EXTENSIVE PROSTATE SURGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
55866	LAPARO RADICAL PROSTATEC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
56630	EXTENSIVE VULVA SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
56631	EXTENSIVE VULVA SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
56632	EXTENSIVE VULVA SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
56633	EXTENSIVE VULVA SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
56634	EXTENSIVE VULVA SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
56637	EXTENSIVE VULVA SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

In this column are the CPT or HCPC codes for outpatient & ambulatory services	In this column is the description of each code for outpatient & ambulatory services	In this column is the description of how Allegiance is managing the review for outpatient & ambulatory for services.	In this column are the special handling notes for Allegiance. Pretreatment review/prior authorization is strongly recommended for the CPT or HCPCs listed in this tab. See separate tabs for those Codes with special handling instructions or for those that are not recommended for review (if not found on any tab then assume not recommended).
Code	Description	Review Type	Comments
56640	EXTENSIVE VULVA SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
57107	REMOVE VAGINA TISSUE, PA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
57109	VAGINECTOMY PARTIAL W/NO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
57111	REMOVE VAGINA TISSUE, CO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
57112	VAGINECTOMY W/NODES, COM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
57240	REPAIR BLADDER & VAGINA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
57267	INSERT MESH/PELVIC FLR A	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
57305	REPAIR RECTUM-VAGINA FIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
57307	FISTULA REPAIR & COLOSTO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
57531	REMOVAL OF CERVIX, RADIC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
57540	REMOVAL OF RESIDUAL CERV	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
57545	REMOVE CERVIX/REPAIR PEL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
58240	REMOVAL OF PELVIS CONTEN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
58285	EXTENSIVE HYSTERECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
58543	LSH UTERUS ABOVE 250 G	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
58544	LSH W/T/O UTERUS ABOVE 2	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
58548	LAP RADICAL HYST	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
58573	TLH W/T/O UTERUS OVER 25	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
58820	DRAIN OVARY ABSCESS, OPE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
58952	RESECT OVARIAN MALIGNANC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
58957	RESECT RECURRENT GYN MAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
58958	RESECT RECUR GYN MAL W/L	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
59076	FETAL SHUNT PLACEMENT, W	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
59121	TREAT ECTOPIC PREGNANCY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
59130	TREAT ECTOPIC PREGNANCY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
59135	TREAT ECTOPIC PREGNANCY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
59151	TREAT ECTOPIC PREGNANCY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
59300	EPISIOTOMY OR VAGINAL RE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
59320	REVISION OF CERVIX	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
59325	REVISION OF CERVIX	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
59350	REPAIR OF UTERUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
59525	REMOVE UTERUS AFTER CESA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
59610	VBAC DELIVERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
59612	VBAC DELIVERY ONLY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
59614	VBAC CARE AFTER DELIVERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
59618	ATTEMPTED VBAC DELIVERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
59620	ATTEMPTED VBAC DELIVERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
59622	ATTEMPTED VBAC AFTER CAR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
60505	EXPLORE PARATHYROID GLAN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
60512	AUTOTRANSPLANT PARATHYRO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
60520	REMOVAL OF THYMUS GLAND	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
60521	REMOVAL OF THYMUS GLAND	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
60522	REMOVAL OF THYMUS GLAND	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
60540	EXPLORE ADRENAL GLAND	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
60545	EXPLORE ADRENAL GLAND	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61020	REMOVE BRAIN CAVITY FLUI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61026	INJECTION INTO BRAIN CAN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61050	REMOVE BRAIN CANAL FLUID	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61055	INJECTION INTO BRAIN CAN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61070	BRAIN CANAL SHUNT PROCED	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61105	TWIST DRILL HOLE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61107	DRILL SKULL FOR IMPLANTA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61108	DRILL SKULL FOR DRAINAGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61120	BURR HOLE FOR PUNCTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61140	PIERCE SKULL FOR BIOPSY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61150	PIERCE SKULL FOR DRAINAG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61151	PIERCE SKULL FOR DRAINAG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61154	PIERCE SKULL & REMOVE CL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61156	PIERCE SKULL FOR DRAINAG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61210	PIERCE SKULL, IMPLANT DE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61250	PIERCE SKULL & EXPLORE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61253	PIERCE SKULL & EXPLORE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61304	OPEN SKULL FOR EXPLORATI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61305	OPEN SKULL FOR EXPLORATI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61312	OPEN SKULL FOR DRAINAGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61313	OPEN SKULL FOR DRAINAGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61314	OPEN SKULL FOR DRAINAGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61315	OPEN SKULL FOR DRAINAGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61316	IMPLT CRAN BONE FLAP TO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61320	OPEN SKULL FOR DRAINAGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
61321	OPEN SKULL FOR DRAINAGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61322	DECOMPRESSIVE CRANIOTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61323	DECOMPRESSIVE LOBECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61330	DECOMPRESS EYE SOCKET	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61332	EXPLORE/BIOPSY EYE SOCKE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61333	EXPLORE ORBIT/REMOVE LES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61334	EXPLORE ORBIT/REMOVE OBJ	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61340	SUBTEMPORAL DECOMPRESSIO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61343	INCISE SKULL (PRESS RELI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61345	RELIEVE CRANIAL PRESSURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61440	INCISE SKULL FOR SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61450	INCISE SKULL FOR SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61458	INCISE SKULL FOR BRAIN W	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61460	INCISE SKULL FOR SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61470	INCISE SKULL FOR SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61480	INCISE SKULL FOR SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61490	INCISE SKULL FOR SURGERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61500	REMOVAL OF SKULL LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61501	REMOVE INFECTED SKULL BO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61510	REMOVAL OF BRAIN LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61512	REMOVE BRAIN LINING LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61514	REMOVAL OF BRAIN ABSCESS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61516	REMOVAL OF BRAIN LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61517	IMPLT BRAIN CHEMOTX ADD-	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61518	REMOVAL OF BRAIN LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61519	REMOVE BRAIN LINING LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61520	REMOVAL OF BRAIN LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61521	REMOVAL OF BRAIN LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61522	REMOVAL OF BRAIN ABSCESS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61524	REMOVAL OF BRAIN LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61526	REMOVAL OF BRAIN LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61530	REMOVAL OF BRAIN LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61531	IMPLANT BRAIN ELECTRODES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61533	IMPLANT BRAIN ELECTRODES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61534	REMOVAL OF BRAIN LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
61535	REMOVE BRAIN ELECTRODES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61536	REMOVAL OF BRAIN LESION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61537	REMOVAL OF BRAIN TISSUE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61538	REMOVAL OF BRAIN TISSUE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61539	REMOVAL OF BRAIN TISSUE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61540	REMOVAL OF BRAIN TISSUE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61541	INCISION OF BRAIN TISSUE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61542	REMOVAL OF BRAIN TISSUE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61543	REMOVAL OF BRAIN TISSUE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61544	REMOVE & TREAT BRAIN LES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61545	EXCISION OF BRAIN TUMOR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61546	REMOVAL OF PITUITARY GLA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61548	REMOVAL OF PITUITARY GLA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61550	RELEASE OF SKULL SEAMS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61552	RELEASE OF SKULL SEAMS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61556	INCISE SKULL/SUTURES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61557	INCISE SKULL/SUTURES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61558	EXCISION OF SKULL/SUTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61559	EXCISION OF SKULL/SUTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61563	EXCISION OF SKULL TUMOR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61564	EXCISION OF SKULL TUMOR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61566	REMOVAL OF BRAIN TISSUE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61567	INCISION OF BRAIN TISSUE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61570	REMOVE FOREIGN BODY, BRA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61571	INCISE SKULL FOR BRAIN W	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61575	SKULL BASE/BRAINSTEM SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61576	SKULL BASE/BRAINSTEM SUR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61580	CRANIOFACIAL APPROACH, S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61581	CRANIOFACIAL APPROACH, S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61582	CRANIOFACIAL APPROACH, S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61583	CRANIOFACIAL APPROACH, S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61584	ORBITOCRANIAL APPROACH/S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61585	ORBITOCRANIAL APPROACH/S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61586	RESECT NASOPHARYNX, SKUL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61590	INFRATEMPORAL APPROACH/S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
61591	INFRATEMPORAL APPROACH/S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61592	ORBITOCRANIAL APPROACH/S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61595	TRANSTEMPORAL APPROACH/S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61596	TRANSCOCHLEAR APPROACH/S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61597	TRANSCONDYLAR APPROACH/S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61598	TRANSPETROSAL APPROACH/S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61600	RESECT/EXCISE CRANIAL LE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61601	RESECT/EXCISE CRANIAL LE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61605	RESECT/EXCISE CRANIAL LE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61606	RESECT/EXCISE CRANIAL LE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61607	RESECT/EXCISE CRANIAL LE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61608	RESECT/EXCISE CRANIAL LE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61609	TRANSECT ARTERY, SINUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61610	TRANSECT ARTERY, SINUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61611	TRANSECT ARTERY, SINUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61612	TRANSECT ARTERY, SINUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61613	REMOVE ANEURYSM, SINUS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61615	RESECT/EXCISE LESION, SK	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61616	RESECT/EXCISE LESION, SK	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61618	REPAIR DURA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61619	REPAIR DURA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61624	TRANSCATH OCCLUSION, CNS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61626	TRANSCATH OCCLUSION, NON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61630	INTRACRANIAL ANGIOPLASTY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61635	INTRACRAN ANGIOPLSTY W/S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61640	DILATE IC VASOSPASM, INI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61641	DILATE IC VASOSPASM ADD-	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61642	DILATE IC VASOSPASM ADD-	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61680	INTRACRANIAL VESSEL SURG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61682	INTRACRANIAL VESSEL SURG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61684	INTRACRANIAL VESSEL SURG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61686	INTRACRANIAL VESSEL SURG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61690	INTRACRANIAL VESSEL SURG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61692	INTRACRANIAL VESSEL SURG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61697	BRAIN ANEURYSM REPR, COM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
61698	BRAIN ANEURYSM REPR, COM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61700	BRAIN ANEURYSM REPR, SIM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61702	INNER SKULL VESSEL SURGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61703	CLAMP NECK ARTERY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61705	REVISE CIRCULATION TO HE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61708	REVISE CIRCULATION TO HE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61711	FUSION OF SKULL ARTERIES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61720	INCISE SKULL/BRAIN SURGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61735	INCISE SKULL/BRAIN SURGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61750	INCISE SKULL/BRAIN BIOPS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61751	BRAIN BIOPSY W/CT/MR GUI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61760	IMPLANT BRAIN ELECTRODES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61770	INCISE SKULL FOR TREATME	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61790	TREAT TRIGEMINAL NERVE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61791	TREAT TRIGEMINAL TRACT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61863	IMPLANT NEUROELECTRODE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61864	IMPLANT NEUROELECTRDE, A	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61867	IMPLANT NEUROELECTRODE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
61868	IMPLANT NEUROELECTRDE, A	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62005	TREAT SKULL FRACTURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62010	TREATMENT OF HEAD INJURY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62100	REPAIR BRAIN FLUID LEAKA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62115	REDUCTION OF SKULL DEFEC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62116	REDUCTION OF SKULL DEFEC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62117	REDUCTION OF SKULL DEFEC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62120	REPAIR SKULL CAVITY LESI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62121	INCISE SKULL REPAIR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62140	REPAIR OF SKULL DEFECT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62141	REPAIR OF SKULL DEFECT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62142	REMOVE SKULL PLATE/FLAP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62143	REPLACE SKULL PLATE/FLAP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62145	REPAIR OF SKULL & BRAIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62146	REPAIR OF SKULL WITH GRA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62147	REPAIR OF SKULL WITH GRA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62148	RETR BONE FLAP TO FIX SK	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
62160	NEUROENDOSCOPY ADD-ON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62161	DISSECT BRAIN W/SCOPE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62162	REMOVE COLLOID CYST W/SC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62163	NEUROENDOSCOPY W/FB REMO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62164	REMOVE BRAIN TUMOR W/SCO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62165	REMOVE PITUIT TUMOR W/SC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62180	ESTABLISH BRAIN CAVITY S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62190	ESTABLISH BRAIN CAVITY S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62192	ESTABLISH BRAIN CAVITY S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62201	BRAIN CAVITY SHUNT W/SCO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62220	ESTABLISH BRAIN CAVITY S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62223	ESTABLISH BRAIN CAVITY S	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62225	REPLACE/IRRIGATE CATHETE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62230	REPLACE/REVISE BRAIN SHU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
62272	DRAIN CEREBRO SPINAL FLU	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64752	INCISION OF VAGUS NERVE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64755	INCISION OF STOMACH NERV	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64760	INCISION OF VAGUS NERVE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64885	NERVE GRAFT, HEAD OR NEC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64886	NERVE GRAFT, HEAD OR NEC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64890	NERVE GRAFT, HAND OR FOO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64891	NERVE GRAFT, HAND OR FOO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64892	NERVE GRAFT, ARM OR LEG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64893	NERVE GRAFT, ARM OR LEG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64895	NERVE GRAFT, HAND OR FOO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64896	NERVE GRAFT, HAND OR FOO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64897	NERVE GRAFT, ARM OR LEG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64898	NERVE GRAFT, ARM OR LEG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64901	NERVE GRAFT ADD-ON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64902	NERVE GRAFT ADD-ON	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64905	NERVE PEDICLE TRANSFER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64907	NERVE PEDICLE TRANSFER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64910	NERVE REPAIR W/ALLOGRAFT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
64911	NEURORRAPHY W/VEIN AUTOG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
65110	REMOVAL OF EYE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
65112	REMOVE EYE/REVISE SOCKET	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
65114	REMOVE EYE/REVISE SOCKET	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
66184	REVISION OF AQUEOUS SHUNT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
69155	EXTENSIVE EAR/NECK SURGE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
75956	XRAY, ENDOVASC THOR AO R	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
75957	XRAY, ENDOVASC THOR AO R	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
75958	XRAY, PLACE PROX EXT THO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
75959	XRAY, PLACE DIST EXT THO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
77011	CT SCAN FOR LOCALIZATION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
77061	BREAST TOMOSYNTHESIS UNI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
77062	BREAST TOMOSYNTHESIS BI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
81235	EGFR GENE ANALYSIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
81287	MGMT GENE METHYLATION ANAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
81321	PTEN GENE ANALYSIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
81322	PTEN GENE ANALYSIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
81323	PTEN GENE ANALYSIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
81324	PMP22 GENE ANALYSIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
81325	PMP22 GENE ANALYSIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
81326	PMP22 GENE ANALYSIS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
81331	SNRPN/UBE3A GENE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
81332	SERPINA1 GENE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
81506	ENDOCRINE ASSAYS SEVEN ANALYTES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
89337	CRYOPRESERVATION OOCYTE(S)	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
90935	HEMODIALYSIS, ONE EVALUA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
90937	HEMODIALYSIS, REPEATED E	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
90940	HEMODIALYSIS ACCESS STUD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
90945	DIALYSIS, ONE EVALUATION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
90989	DIALYSIS TRAINING, COMPL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
90993	DIALYSIS TRAINING, INCOM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
90999	DIALYSIS PROCEDURE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
92950	HEART/LUNG RESUSCITATION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
92953	TEMPORARY EXTERNAL PACIN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
92970	CARDIOASSIST, INTERNAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
92973	PERCUT CORONARY THROMBEC	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
92977	DISSOLVE CLOT, HEART VES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
92980	INSERT INTRACORONARY STE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
92981	INSERT INTRACORONARY STE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
92982	CORONARY ARTERY DILATION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
92984	CORONARY ARTERY DILATION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
92992	REVISION OF HEART CHAMBE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
92993	REVISION OF HEART CHAMBE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
92995	CORONARY ATHERECTOMY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
92996	CORONARY ATHERECTOMY ADD	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
93505	BIOPSY OF HEART LINING	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
95800	SLP STDY UNATTENDED	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
95801	SLP STDY UNATND W/ANAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
95803	ACTIGRAPHY TESTING]	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
95805	MULTIPLE SLEEP LATENCY T	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
95806	SLEEP STUDY, UNATTENDED	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
95807	SLEEP STUDY, ATTENDED	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
95808	POLYSOMNOGRAPHY, 1-3	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
95810	POLYSOMNOGRAPHY, 4 OR MO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
95811	POLYSOMNOGRAPHY W/CPAP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99026	IN-HOSPITAL ON CALL SERV	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99217	OBSERVATION CARE DISCHAR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99218	INITIAL OBSERVATION CARE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99219	OBSERVATION CARE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99220	OBSERVATION CARE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99234	OBSERV/HOSP SAME DATE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99235	OBSERV/HOSP SAME DATE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99236	OBSERV/HOSP SAME DATE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99304	NURSING FACILITY CARE, I	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99305	NURSING FACILITY CARE, I	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99306	NURSING FACILITY CARE, I	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99307	NURSING FAC CARE, SUBSEQ	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99308	NURSING FAC CARE, SUBSEQ	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99309	NURSING FAC CARE, SUBSEQ	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99310	NURSING FAC CARE, SUBSEQ	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99318	ANNUAL NURSING FAC ASSES	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99500	HOME VISIT, PRENATAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
99501	HOME VISIT, POSTNATAL	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99502	HOME VISIT, NB CARE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99503	HOME VISIT, RESP THERAPY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99504	HOME VISIT MECH VENTILAT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99505	HOME VISIT, STOMA CARE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99506	HOME VISIT, IM INJECTION	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99507	HOME VISIT, CATH MAINTAI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99509	HOME VISIT DAY LIFE ACTI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99510	HOME VISIT, SING/M/FAM C	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99511	HOME VISIT, FECAL/ENEMA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99601	HOME INFUSION/VISIT, 2 H	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
99602	HOME INFUSION, EACH ADDT	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
A4648	IMPLANTABLE TISSUE MARKE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
A4650	IMPLANT RADIATION DOSIM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C1715	BRACHYTHERAPY NEEDLE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C1716	BRACHYTX SOURCE,GOLD 198	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C1717	BRACHYTX SOURCE, HDR IR-	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C1719	BRACHYTX SOUR,NON-HDR IR	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C1728	CATH, BRACHYTX SEED ADM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C1762	CONN TISS, HUMAN(INC FAS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C1879	TISSUE MARKER, IMPLANTAB	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C2616	BRACHYTX SOURCE, YTTRIUM	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C2634	BRACHYTX SOURCE,HA,I-125	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C2635	BRACHYTX SOURCE,HA,P-103	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C2636	BRACHYTX LIN SRCE P-103	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C2637	BRACHYTX, YTTERBIUM-169	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C2638	BRACHYTX STRANDED I-125	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C2639	BRACHYTX NON-STRANDED I-	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C2640	BRACHYTX STRANDED P-103	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C2641	BRACHYTX NON-STRANDED P-	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C2642	BRACHYTX STRANDED C-131	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C2643	BRACHYTX NON-STRANDED C-	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C2645	Brachytherapy planar source, palladium-103, per square millimeter	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C2698	BRACHYTX STRANDED NOS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
C2699	BRACHYTX NON-STRANDED NO	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C9450	Injection, fluocinolone acetonide intravitreal implant, 0.01 mg	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C9451	Injection, peramivir, 1 mg	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C9725	PLACE ENDORECTAL APP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C9726	RXT BREAST APPL PLACE/RE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
C9728	PLACE DEVICE/MARKER NON-	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
E0604	HOSP GRADE BREAST PMP	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
G0154	SERVICES OF SKILLED NURS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
G0155	SERVICE CLIN SOCIAL WORK	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
G0279	Tomosynthesis, mammo screen	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
G0398	HOME SLEEP TEST/TYPE II	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
G0398	HOME SLEEP TEST/TYPE II	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
G0399	HOME SLEEP TEST/TYPE III	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
G0399	HOME SLEEP TEST/TYPE III	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
G0400	HOME SLEEP TEST/TYPE IV	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
G0400	HOME SLEEP TEST/TYPE IV	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
J1446	INJ, TBO-FILGRASTIM, 5 MCG	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
J1447	Injection, tbo-filgrastim, 1 microgram	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
J2547	Injection, peramivir, 1 mg	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
J7321	HYALGAN/SUPARTZ INJ PER	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
J7323	EUFLEXXA INJ PER DOSE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
J7324	ORTHOVISC INJ PER DOSE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
J7325	SYNVISC OR SYNVISC-ONE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
J7326	GEL-ONE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
J7327	Monovisc inj per dose	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
J7328	Hyaluronan or derivative, gel-syn, for intra-articular injection, 0.1 mg	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
J7504	LYMPHOCYTE IMMUN GLOBULN	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	Review Type	Comments
J7511	ANTITHYMOCYTE GLOBULN RA	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
K0108	WHEELCHAIR ACCESSORY	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
Q3001	BRACHYTHERAPY RADIOELEME	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
Q5001	HOSPICE OR HOME HLTH IN HOME	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
Q5002	HOSPICE IN ASSISTED LIVI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
Q5003	HOSPICE IN LT/NON-SKILLE	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
Q5004	HOSPICE IN SNF	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
Q5009	HOSPICE CARE NOS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
Q5010	HOSPICE HOME CARE IN HOS	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
S2118	TOTAL HIP RESURFACING]	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
S9125	RESPITE CARE IN THE HOME	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
S9126	HOSPICE CARE IN THE HOME	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
S9127	SOCIAL WORK IN THE HOME	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization
S9220	NURSING SRV AND NEC EQUI	Fast Certify	Contact Customer Service at 1-855-999-1522 for authorization

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Code	Description	PHS+ Review Type	Comments
0001F	HEART FAILURE COMPOSITE	No Precert Req	
0001M	INF DISEASE,HCV,SIX BIOCHEM ASSAYS	No Precert Req	
0002M	LIVER DISEASE, TEN BIOCHEM ASSAYS	No Precert Req	
0003M	LIVER DISEASE, TEN BIOCHEM ASSAYS	No Precert Req	
0004U	NFCT DS DNA 27 RESIST GENES	No Precert Req	
0005F	OSTEOARTHRITIS COMPOSITE	No Precert Req	
0005M	Fetal aneuploidy (trisomy 21 18 & 13) DNA Seq	No Precert Req	
0006M	HEP CA TUM TISS MOPATH ASSAY	No Precert Req	
0009M	Fetal aneuploidy (trisomy 21, and 18) DNA seq	No Precert Req	
00100	ANESTH, SALIVARY GLAND	No Precert Req	
00102	ANESTH, REPAIR OF CLEFT	No Precert Req	
00103	ANESTH, BLEPHAROPLASTY	No Precert Req	
00104	ANESTH, ELECTROSHOCK	No Precert Req	
0010M	Onc Prostate prob score	No Precert Req	Code deleted 12/31/2016
00120	ANESTH, EAR SURGERY	No Precert Req	
00124	ANESTH, EAR EXAM	No Precert Req	
00126	ANESTH, TYMPANOTOMY	No Precert Req	
0012F	CAP BACTERIAL ASSESS	No Precert Req	
00140	ANESTH, PROCEDURES ON EY	No Precert Req	
00142	ANESTH, LENS SURGERY	No Precert Req	
00144	ANESTH, CORNEAL TRANSPLA	No Precert Req	
00145	ANESTH, VITREORETINAL SU	No Precert Req	
00147	ANESTH, IRIDECTOMY	No Precert Req	
00148	ANESTH, EYE EXAM	No Precert Req	
0014F	COMP PREOP ASSESS CAT SU	No Precert Req	
0015F	MELAN FOLLOW-UP COMPLETE	No Precert Req	
00160	ANESTH, NOSE/SINUS SURGE	No Precert Req	
00162	ANESTH, NOSE/SINUS SURGE	No Precert Req	
00164	ANESTH, BIOPSY OF NOSE	No Precert Req	
0016T	DESTRUCT LESION CHOROID	No Precert Req	
00170	ANESTH, PROCEDURE ON MOU	No Precert Req	
00172	ANESTH, CLEFT PALATE REP	No Precert Req	
00174	ANESTH, PHARYNGEAL SURGE	No Precert Req	
00176	ANESTH, PHARYNGEAL SURGE	No Precert Req	
0017T	DESTRUCT MACULAR DRUSEN	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
00190	ANESTH, FACE/SKULL BONE	No Precert Req	
00192	ANESTH, FACIAL BONE SURG	No Precert Req	
00210	ANESTH, OPEN HEAD SURGER	No Precert Req	
00211	ANESTH, CRAN SURG, HEMAT	No Precert Req	
00212	ANESTH, SKULL DRAINAGE	No Precert Req	
00214	ANESTH, SKULL DRAINAGE	No Precert Req	
00215	ANESTH, SKULL REPAIR/FRA	No Precert Req	
00216	ANESTH, HEAD VESSEL SURG	No Precert Req	
00218	ANESTH, SPECIAL HEAD SUR	No Precert Req	
00220	ANESTH, INTRCRN NERVE	No Precert Req	
00222	ANESTH, HEAD NERVE SURGE	No Precert Req	
00300	ANESTH, HEAD/NECK/PTRUNK	No Precert Req	
0030T	ANTIPROTHROMBIN ANTIBODY	No Precert Req	
00320	ANESTH, NECK ORGAN, 1 &	No Precert Req	
00322	ANESTH, BIOPSY OF THYROI	No Precert Req	
00326	ANESTH, LARYNX/TRACH, <	No Precert Req	
00350	ANESTH, NECK VESSEL SURG	No Precert Req	
00352	ANESTH, NECK VESSEL SURG	No Precert Req	
0357T	CRYOPRESERVATION OOCYTE(S)	No Precert Req	EXCLUDED
00400	ANESTH, SKIN, EXT/PER/AT	No Precert Req	
00402	ANESTH, SURGERY OF BREAS	No Precert Req	
00404	ANESTH, SURGERY OF BREAS	No Precert Req	
00406	ANESTH, SURGERY OF BREAS	No Precert Req	
00410	ANESTH, CORRECT HEART RH	No Precert Req	
00450	ANESTH, SURGERY OF SHOUL	No Precert Req	
00452	ANESTH, SURGERY OF SHOUL	No Precert Req	
00454	ANESTH, COLLAR BONE BIOP	No Precert Req	
00470	ANESTH, REMOVAL OF RIB	No Precert Req	
00472	ANESTH, CHEST WALL REPAI	No Precert Req	
00474	ANESTH, SURGERY OF RIB(S	No Precert Req	
0048T	IMPLANT VENTRICULAR DEVI	No Precert Req	
00500	ANESTH, ESOPHAGEAL SURGE	No Precert Req	
0050T	REMOVAL CIRCULATION ASSI	No Precert Req	
00520	ANESTH, CHEST PROCEDURE	No Precert Req	
00522	ANESTH, CHEST LINING BIO	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
00524	ANESTH, CHEST DRAINAGE	No Precert Req	
00528	ANESTH, CHEST PARTITION	No Precert Req	
00529	ANESTH, CHEST PARTITION	No Precert Req	
00530	ANESTH, PACEMAKER INSERT	No Precert Req	
00532	ANESTH, VASCULAR ACCESS	No Precert Req	
00534	ANESTH, CARDIOVERTER/DEF	No Precert Req	
00537	ANESTH, CARDIAC ELECTROP	No Precert Req	
00539	ANESTH, TRACH-BRONCH REC	No Precert Req	
00540	ANESTH, CHEST SURGERY	No Precert Req	
00541	ANESTH, ONE LUNG VENTILA	No Precert Req	
00542	ANESTH, RELEASE OF LUNG	No Precert Req	
00546	ANESTH, LUNG,CHEST WALL	No Precert Req	
00548	ANESTH, TRACHEA,BRONCHI	No Precert Req	
00550	ANESTH, STERNAL DEBRIDEM	No Precert Req	
00560	ANESTH, HEART SURG W/O P	No Precert Req	
00561	ANESTH, HEART SURG < AGE	No Precert Req	
00562	ANESTH, HEART SURG W/PUM	No Precert Req	
00563	ANESTH, HEART SURG W/ARR	No Precert Req	
00566	ANESTH, CABG W/O PUMP	No Precert Req	
00567	ANESTH, CABG W/PUMP]	No Precert Req	
00580	ANESTH, HEART/LUNG TRANS	No Precert Req	
0058T	CRYOPRESERVATION, OVARY	No Precert Req	EXCLUDED
00600	ANESTH, SPINE, CORD SURG	No Precert Req	
00604	ANESTH, SITTING PROCEDUR	No Precert Req	
00620	ANESTH, SPINE, CORD SURG	No Precert Req	
00622	ANESTH, REMOVAL OF NERVE	No Precert Req	
00625	ANES SPINE TRANTHOR W/O	No Precert Req	
00626	ANES, SPINE TRANSTHOR W/	No Precert Req	
0062T	REP INTRADISC ANNULUS;1	No Precert Req	
00630	ANESTH, SPINE, CORD SURG	No Precert Req	
00632	ANESTH, REMOVAL OF NERVE	No Precert Req	
00634	ANESTH FOR CHEMONUCLEOLY	No Precert Req	
00635	ANESTH, LUMBAR PUNCTURE	No Precert Req	
0063T	REP INTRADISC ANNULUS;>1	No Precert Req	
00640	ANESTH, SPINE MANIPULATI	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
0064T	SPECTROSCOP EVAL EXPIRED	No Precert Req	
0066T	CT COLONOGRAPHY;SCREEN	No Precert Req	
00670	ANESTH, SPINE, CORD SURG	No Precert Req	
0068T	INTERP/REPT HEART SOUND	No Precert Req	
0069T	ANALYSIS ONLY HEART SOUN	No Precert Req	
00700	ANESTH, ABDOMINAL WALL S	No Precert Req	
00702	ANESTH, FOR LIVER BIOPSY	No Precert Req	
0070T	INTERP ONLY HEART SOUND	No Precert Req	
00730	ANESTH, ABDOMINAL WALL S	No Precert Req	
0073T	DELIVERY, COMP IMRT	No Precert Req	Code deleted 12/31/2014
00740	ANESTH, UPPER GI VISUALI	No Precert Req	
00750	ANESTH, REPAIR OF HERNIA	No Precert Req	
00752	ANESTH, REPAIR OF HERNIA	No Precert Req	
00754	ANESTH, REPAIR OF HERNIA	No Precert Req	
00756	ANESTH, REPAIR OF HERNIA	No Precert Req	
00770	ANESTH, BLOOD VESSEL REP	No Precert Req	
0077T	CEREB THERM PERFUSION PR	No Precert Req	
0078T	ENDOVASC AORT REPR W/DEV	No Precert Req	
00790	ANESTH, SURG UPPER ABDOM	No Precert Req	
00792	ANESTH, HEMORR/EXCISE LI	No Precert Req	
00794	ANESTH, PANCREAS REMOVAL	No Precert Req	
00796	ANESTH, FOR LIVER TRANSP	No Precert Req	
00797	ANESTH, SURGERY FOR OBES	No Precert Req	
0079T	ENDOVASC VISC EXTNSN REP	No Precert Req	
00800	ANESTH, ABDOMINAL WALL S	No Precert Req	
00802	ANESTH, FAT LAYER REMOVA	No Precert Req	
0080T	ENDOVASC AORT REPR RAD S	No Precert Req	
00810	ANESTH, LOW INTESTINE SC	No Precert Req	
0081T	ENDOVASC VISC EXTNSN S&I	No Precert Req	
00820	ANESTH, ABDOMINAL WALL S	No Precert Req	
00830	ANESTH, REPAIR OF HERNIA	No Precert Req	
00832	ANESTH, REPAIR OF HERNIA	No Precert Req	
00834	ANESTH, HERNIA REPAIR< 1	No Precert Req	
00836	ANESTH HERNIA REPAIR PRE	No Precert Req	
00840	ANESTH, SURG LOWER ABDOM	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
00842	ANESTH, AMNIOCENTESIS	No Precert Req	
00844	ANESTH, PELVIS SURGERY	No Precert Req	
00846	ANESTH, HYSTERECTOMY	No Precert Req	
00848	ANESTH, PELVIC ORGAN SUR	No Precert Req	
0084T	TEMP PROSTATE URETHRAL S	No Precert Req	
00851	ANESTH, TUBAL LIGATION	No Precert Req	
00860	ANESTH, SURGERY OF ABDOM	No Precert Req	
00862	ANESTH, KIDNEY/URETER SU	No Precert Req	
00864	ANESTH, REMOVAL OF BLADD	No Precert Req	
00865	ANESTH, REMOVAL OF PROST	No Precert Req	
00866	ANESTH, REMOVAL OF ADREN	No Precert Req	
00868	ANESTH, KIDNEY TRANSPLAN	No Precert Req	
0086T	L VENTRICLE FILL PRESSUR	No Precert Req	
00870	ANESTH, BLADDER STONE SU	No Precert Req	
00872	ANESTH KIDNEY STONE DEST	No Precert Req	
00873	ANESTH KIDNEY STONE DEST	No Precert Req	
0087T	SPERM EVAL HYALURONAN	No Precert Req	
00880	ANESTH, ABDOMEN VESSEL S	No Precert Req	
00882	ANESTH, MAJOR VEIN LIGAT	No Precert Req	
00902	ANESTH, ANORECTAL SURGER	No Precert Req	
00904	ANESTH, PERINEAL SURGERY	No Precert Req	
00906	ANESTH, REMOVAL OF VULVA	No Precert Req	
00908	ANESTH, REMOVAL OF PROST	No Precert Req	
00910	ANESTH, BLADDER SURGERY	No Precert Req	
00912	ANESTH, BLADDER TUMOR SU	No Precert Req	
00914	ANESTH, REMOVAL OF PROST	No Precert Req	
00916	ANESTH, BLEEDING CONTROL	No Precert Req	
00918	ANESTH, STONE REMOVAL	No Precert Req	
00920	ANESTH, GENITALIA SURGER	No Precert Req	
00921	ANESTH, VASECTOMY	No Precert Req	
00922	ANESTH, SPERM DUCT SURGE	No Precert Req	
00924	ANESTH, TESTIS EXPLORATI	No Precert Req	
00926	ANESTH, REMOVAL OF TESTI	No Precert Req	
00928	ANESTH, REMOVAL OF TESTI	No Precert Req	
0092T	ARTIFIC DISC ADDL	No Precert Req	Code deleted 12/31/2014

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Code	Description	PHS+ Review Type	Comments
00930	ANESTH, TESTIS SUSPENSIO	No Precert Req	
00932	ANESTH, AMPUTATION OF PE	No Precert Req	
00934	ANESTH, PENIS, NODES REM	No Precert Req	
00936	ANESTH, PENIS, NODES REM	No Precert Req	
00938	ANESTH, INSERT PENIS DEV	No Precert Req	
00940	ANESTH, VAGINAL PROCEDUR	No Precert Req	
00942	ANESTH, SURG ON VAG/URET	No Precert Req	
00944	ANESTH, VAGINAL HYSTEREC	No Precert Req	
00948	ANESTH, REPAIR OF CERVIX	No Precert Req	
00950	ANESTH, VAGINAL ENDOSCOPI	No Precert Req	
00952	ANESTH, HYSTEROSCOPE/GRA	No Precert Req	
0095T	ARTIFIC DISKECTOMY ADDL	No Precert Req	
0100T	PROSTH RETINA RECEIVE&GE	No Precert Req	
0106T	TOUCH QUANT SENSORY TEST	No Precert Req	Experimental/Investigational/Unproven
0107T	VIBRATE QUANT SENSORY TE	No Precert Req	Experimental/Investigational/Unproven
0108T	COOL QUANT SENSORY TEST	No Precert Req	Experimental/Investigational/Unproven
0109T	HEAT QUANT SENSORY TEST	No Precert Req	Experimental/Investigational/Unproven
0110T	NOS QUANT SENSORY TEST	No Precert Req	Experimental/Investigational/Unproven
01112	ANESTH, BONE ASPIRATE/BX	No Precert Req	
01120	ANESTH, PELVIS SURGERY	No Precert Req	
01130	ANESTH, BODY CAST PROCED	No Precert Req	
01140	ANESTH, AMPUTATION AT PE	No Precert Req	
01150	ANESTH, PELVIC TUMOR SUR	No Precert Req	
01160	ANESTH, PELVIS PROCEDURE	No Precert Req	
01170	ANESTH, PELVIS SURGERY	No Precert Req	
01173	ANESTH, FX REPAIR, PELVI	No Precert Req	
01180	ANESTH, PELVIS NERVE REM	No Precert Req	
01190	ANESTH, PELVIS NERVE REM	No Precert Req	
01200	ANESTH, HIP JOINT PROCED	No Precert Req	
01202	ANESTH, ARTHROSCOPY OF H	No Precert Req	
01210	ANESTH, HIP JOINT SURGER	No Precert Req	
01212	ANESTH, HIP DISARTICULAT	No Precert Req	
01214	ANESTH, HIP ARTHROPLASTY	No Precert Req	
01215	ANESTH, REVISE HIP REPAI	No Precert Req	
01220	ANESTH, PROCEDURE ON FEM	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
01230	ANESTH, SURGERY OF FEMUR	No Precert Req	
01232	ANESTH, AMPUTATION OF FE	No Precert Req	
01234	ANESTH, RADICAL FEMUR SU	No Precert Req	
0124T	CONJUNCTIVAL DRUG PLACEM	No Precert Req	
01250	ANESTH, UPPER LEG SURGER	No Precert Req	
01260	ANESTH, UPPER LEG VEINS	No Precert Req	
0126T	CHD RISK IMT STUDY	No Precert Req	Experimental/Investigational/Unproven
01270	ANESTH, THIGH ARTERIES S	No Precert Req	
01272	ANESTH, FEMORAL ARTERY S	No Precert Req	
01274	ANESTH, FEMORAL EMBOLECT	No Precert Req	
01320	ANESTH, KNEE AREA SURGER	No Precert Req	
01340	ANESTH, KNEE AREA PROCED	No Precert Req	
01360	ANESTH, KNEE AREA SURGER	No Precert Req	
01380	ANESTH, KNEE JOINT PROCE	No Precert Req	
01382	ANESTH, DX KNEE ARTHROSC	No Precert Req	
01390	ANESTH, KNEE AREA PROCED	No Precert Req	
01392	ANESTH, KNEE AREA SURGER	No Precert Req	
01400	ANESTH, KNEE JOINT SURGE	No Precert Req	
01402	ANESTH, KNEE ARTHROPLAST	No Precert Req	
01404	ANESTH, AMPUTATION AT KN	No Precert Req	
01420	ANESTH, KNEE JOINT CASTI	No Precert Req	
01430	ANESTH, KNEE VEINS SURGE	No Precert Req	
01432	ANESTH, KNEE VESSEL SURG	No Precert Req	
01440	ANESTH, KNEE ARTERIES SU	No Precert Req	
01442	ANESTH, KNEE ARTERY SURG	No Precert Req	
01444	ANESTH, KNEE ARTERY REPA	No Precert Req	
01462	ANESTH, LOWER LEG PROCED	No Precert Req	
01464	ANESTH, ANKLE/FT ARTHROS	No Precert Req	
01470	ANESTH, LOWER LEG SURGER	No Precert Req	
01472	ANESTH, ACHILLES TENDON	No Precert Req	
01474	ANESTH, LOWER LEG SURGER	No Precert Req	
01480	ANESTH, LOWER LEG BONE S	No Precert Req	
01482	ANESTH, RADICAL LEG SURG	No Precert Req	
01484	ANESTH, LOWER LEG REVISI	No Precert Req	
01486	ANESTH, ANKLE REPLACEMEN	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
01490	ANESTH, LOWER LEG CASTIN	No Precert Req	
01500	ANESTH, LEG ARTERIES SUR	No Precert Req	
01502	ANESTH, LWR LEG EMBOLECT	No Precert Req	
01520	ANESTH, LOWER LEG VEIN S	No Precert Req	
01522	ANESTH, LOWER LEG VEIN S	No Precert Req	
0160T	MAG STIM TREATMENT PLANNING	No Precert Req	
01610	ANESTH, SURGERY OF SHOUL	No Precert Req	
0161T	MAG STIM TREATMENT PER SESSION	No Precert Req	
01620	ANESTH, SHOULDER PROCEDU	No Precert Req	
01622	ANES DX SHOULDER ARTHROS	No Precert Req	
01630	ANESTH, SURGERY OF SHOUL	No Precert Req	
01634	ANESTH, SHOULDER JOINT A	No Precert Req	
01636	ANESTH, FOREQUARTER AMPU	No Precert Req	
01638	ANESTH, SHOULDER REPLACE	No Precert Req	
0164T	REMOVE LUMB ARTIF DISC A	No Precert Req	
01650	ANESTH, SHOULDER ARTERY	No Precert Req	
01652	ANESTH, SHOULDER VESSEL	No Precert Req	
01654	ANESTH, SHOULDER VESSEL	No Precert Req	
01656	ANESTH, ARM-LEG VESSEL S	No Precert Req	
0166T	TCATH VSD CLOSE W/O BYPA	No Precert Req	
01670	ANESTH, SHOULDER VEIN SU	No Precert Req	
0167T	TCATH VSD CLOSE W BYPASS	No Precert Req	
01680	ANESTH, SHOULDER CASTING	No Precert Req	
01682	ANESTH, AIRPLANE CAST	No Precert Req	
0168T	RHINOPHOTOTX LIGHT APP B	No Precert Req	
0170T	ANORECTAL FISTULA PLUG R	No Precert Req	
01710	ANESTH, ELBOW AREA SURGE	No Precert Req	
01712	ANESTH, UPPR ARM TENDON	No Precert Req	
01714	ANESTH, UPPR ARM TENDON	No Precert Req	
01716	ANESTH, BICEPS TENDON RE	No Precert Req	
01730	ANESTH, UPPR ARM PROCEDU	No Precert Req	
01732	ANESTH, DX ELBOW ARTHROS	No Precert Req	
0173T	IOP MONIT IO PRESSURE	No Precert Req	
01740	ANESTH, UPPER ARM SURGER	No Precert Req	
01742	ANESTH, HUMERUS SURGERY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
01744	ANESTH, HUMERUS REPAIR	No Precert Req	
01756	ANESTH, RADICAL HUMERUS	No Precert Req	
01758	ANESTH, HUMERAL LESION S	No Precert Req	
01760	ANESTH, ELBOW REPLACEMEN	No Precert Req	
0176T	TRANSLUMINAL DILATION	No Precert Req	
01770	ANESTH, UPPR ARM ARTERY	No Precert Req	
01772	ANESTH, UPPR ARM EMBOLEC	No Precert Req	
0177T	TRANSLUMINAL DILATION W STENT	No Precert Req	
01780	ANESTH, UPPER ARM VEIN S	No Precert Req	
01782	ANESTH, UPPR ARM VEIN RE	No Precert Req	
0178T	64 LEAD ECG W I&R	No Precert Req	Experimental/Investigational/Unproven
0179T	64 LEAD ECG W TRACING	No Precert Req	Experimental/Investigational/Unproven
0180T	64 LEAD ECG W I&R ONLY	No Precert Req	Experimental/Investigational/Unproven
01810	ANESTH, LOWER ARM SURGER	No Precert Req	
0181T	CORNEAL HYSTERESIS	No Precert Req	Code deleted 12/31/2014
01820	ANESTH, LOWER ARM PROCED	No Precert Req	
01829	ANESTH, DX WRIST ARTHROS	No Precert Req	
01830	ANESTH, LOWER ARM SURGER	No Precert Req	
01832	ANESTH, WRIST REPLACEMEN	No Precert Req	
0183T	WOUND ULTRASOUND	No Precert Req	
01840	ANESTH, LWR ARM ARTERY S	No Precert Req	
01842	ANESTH, LWR ARM EMBOLECT	No Precert Req	
01844	ANESTH, VASCULAR SHUNT S	No Precert Req	
0184T	EXC RECTAL TUMOR ENDOS	No Precert Req	
01850	ANESTH, LOWER ARM VEIN S	No Precert Req	
01852	ANESTH, LWR ARM VEIN REP	No Precert Req	
0185T	COMPTR PROBABILITY ANALY	No Precert Req	
01860	ANESTH, LOWER ARM CASTIN	No Precert Req	
0186T	SUPRACHOROIDAL DRUG DELI	No Precert Req	
0187T	SCAN COMP OPHTHALMIC	No Precert Req	
0188T	VIDEOCONF CRIT CARE 74 M	No Precert Req	
0189T	VIDEOCONF CRIT CARE ADDL	No Precert Req	
01916	ANESTH, DX ARTERIOGRAPHY	No Precert Req	
01920	ANESTH, CATHETERIZE HEAR	No Precert Req	
01922	ANESTH, CAT OR MRI SCAN	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
01924	ANES, THER INTERVEN RAD,	No Precert Req	
01925	ANES, THER INTERVEN RAD,	No Precert Req	
01926	ANES, TX INTERV RAD HRT/	No Precert Req	
0192T	INSERT ANT SEGMENT DRAIN	No Precert Req	
01930	ANES, THER INTERVEN RAD,	No Precert Req	
01931	ANES, THER INTERVEN RAD,	No Precert Req	
01932	ANES, TX INTERV RAD, TH	No Precert Req	
01933	ANES, TX INTERV RAD, CRA	No Precert Req	
01935	ANEST, PERC IMG DX SP PR	No Precert Req	
01936	ANEST, PERC IMG TX SP PR	No Precert Req	
0193T	MICRO REMODEL FEMALE BLADDER	No Precert Req	
0194T	PROCALCITONIN (PCT)]	No Precert Req	
01951	ANESTH, BURN, LESS 4 PER	No Precert Req	
01952	ANESTH, BURN, 4-9 PERCEN	No Precert Req	
01953	ANESTH, BURN, EACH 9 PER	No Precert Req	
01958	ANESTH, ANTEPARTUM MANIP	No Precert Req	
01960	ANESTH, VAGINAL DELIVERY	No Precert Req	
01961	ANESTH, CS DELIVERY	No Precert Req	
01962	ANESTH, EMER HYSTERECTOM	No Precert Req	
01963	ANESTH, CS HYSTERECTOMY	No Precert Req	
01965	ANESTH, INC/MISSED AB PR	No Precert Req	
01966	ANESTH, INDUCED AB PROCE	No Precert Req	
01967	ANESTH/ANALG, VAG DELIVE	No Precert Req	
01968	ANES/ANALG CS DELIVER AD	No Precert Req	
01969	ANESTH/ANALG CS HYST ADD	No Precert Req	
0197T	INTRAFACTION TRACK MOTI	No Precert Req	Code deleted 12/31/2014
01990	SUPPORT FOR ORGAN DONOR	No Precert Req	
01991	ANESTH, NERVE BLOCK/INJ	No Precert Req	
01992	ANESTH, N BLOCK/INJ, PRO	No Precert Req	
01996	HOSP MANAGE CONT DRUG AD	No Precert Req	
01999	UNLISTED ANESTH PROCEDUR	No Precert Req	
0199T	PHYSIOLOGIC TREMOR RECOR	No Precert Req	Code deleted 12/31/2014
0203T	SLEEP STUDY UNATTENDED	No Precert Req	
0204T	SLEEP STUDY UNATTENDED	No Precert Req	
0205T	INIRS EACH VESSEL ADD-ON	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
0206T	REMOTE ALGORITHM ANALYS	No Precert Req	Experimental/Investigational/Unproven
0223T	ACOUSTIC ECG W/I&R	No Precert Req	Code deleted 12/31/2015 - Experimental/Investigational/Unprover
0224T	ACOUSTIC ECG 1 + ANALYSIS	No Precert Req	Code deleted 12/31/2015 - Experimental/Investigational/Unprover
0225T	ACOUSTIC ECG ANALY & REP	No Precert Req	Code deleted 12/31/2015 - Experimental/Investigational/Unprover
0226T	ANOSCOPY HRA W/SPEC COLL	No Precert Req	Code deleted 12/31/2014
0227T	ANOSCOPY HRA W/BIOPSY	No Precert Req	Code deleted 12/31/2014
0234T	TRLUML PERIP ATHRC RENAL	No Precert Req	
0235T	TRLUML PERIP ATHRC VISCE	No Precert Req	
0236T	TRLUML PERIP ATHRC ABD A	No Precert Req	
0237T	TRLUML PERIP ATHRC BRCHI	No Precert Req	
0238T	TRLUML PERIP ATHRC ILIAC	No Precert Req	
0239T	BIOIMPEDANCE SPECTROSCOP	No Precert Req	Code deleted 12/31/2014
0242T	GI TRACT TRANSIT & PRES	No Precert Req	
0249T	LIGATION HEMORRHOID W/US	No Precert Req	
0250T	INSERT BRONCHIAL VALVE	No Precert Req	
0251T	REMOV BRONCHIAL VALVE AD	No Precert Req	
0252T	BRONCHSCPC RMVL BRONCH V	No Precert Req	
0256T	EVASC AORTIC HRT VALVE	No Precert Req	
0257T	OPN TTHRC AORTIC HRT VAL	No Precert Req	
0258T	AORTIC HRT VALV W/O CARD	No Precert Req	
0259T	AORTIC HRT VALVE W/CARD	No Precert Req	
0260T	HYPTHRM BDY NEONATE 28D	No Precert Req	
0261T	HYPTHRM HEAD NEONATE 28D	No Precert Req	
0276T	BRONCH THERMOPLASTY 1 LO	No Precert Req	
0277T	BRONCH THERMOPLASTY LOBE	No Precert Req	Experimental/Investigational/Unproven
0278T	TEMPR	No Precert Req	
0279T	CTC TEST	No Precert Req	
0280T	CTC TEST W/I & R]	No Precert Req	
0287T	NEAR IFR GUIDE OF VASC S	No Precert Req	Code deleted 12/31/2016 - Experimental/Investigational/Unprover
0295T	EXT ECG COMPLETE	No Precert Req	
0296T	EXT ECG RECORDING	No Precert Req	
0297T	EXT ECG SCAN W/REPORT	No Precert Req	
0298T	EXT ECG REVIEW AND INTER	No Precert Req	
0302T	INS/REM IC ISCH MONITORING SYSTEM	No Precert Req	Code deleted
0303T	INS/REM IC ISCH MON SYS: ELECTRODE	No Precert Req	Code deleted

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Code	Description	PHS+ Review Type	Comments
0304T	INS/REM IC ISCH MON SYS: DEVICE	No Precert Req	Code deleted
0305T	PROGRAMMING DEVICE EVALUATION	No Precert Req	Code deleted
0306T	INTERROGATION DEVICE EVALUATION	No Precert Req	Code deleted
0307T	REM IC ISCH MONITOR DEVICE	No Precert Req	Code deleted
0311T	CALC & ANAL CENT ART PRESS	No Precert Req	Code deleted 12/31/2015
0318T	IMP PROSTH AORTIC HEART VALVE	No Precert Req	
0319T	INS SUBQ IMPLANT DEFIB SYSTEM	No Precert Req	Code deleted 12/31/2014
0320T	INS SUBQ DEFIB ELECTRODE	No Precert Req	Code deleted 12/31/2014
0321T	INS SUBQ IMPLANT DEFIB PULSE GEN	No Precert Req	Code deleted 12/31/2014
0323T	REM/REPLC SUBQ IMPLNT DEFIB PULSE G	No Precert Req	Code deleted 12/31/2014
0325T	REPO SUBQ IMPLANT DEFIB ELECTRODE	No Precert Req	Code deleted 12/31/2014
0326T	ELECTRO EVAL SUBQ IMPLANT DEFIB	No Precert Req	Code deleted 12/31/2014
0327T	INTERRO DEVICE EVAL (IN PERSON)	No Precert Req	Code deleted 12/31/2014
0328T	PROGRAMMING DEVICE EVALUATION	No Precert Req	Code deleted 12/31/2014
0334T	SI JOINT STABILIZATION FOR ARTHRODES	No Precert Req	Code deleted 12/31/2014
0343T	TRANSCATH MTRAL VLVE REPAIR	No Precert Req	Code deleted 12/31/2014
0344T	TRANSCATH MTRAL VLVE REPAIR	No Precert Req	Code deleted 12/31/2014
0396T	INTRAOP KINETIC BALNCE SENSR	No Precert Req	
0398T	MRGFUS STRTCTC LES ABLTJ	No Precert Req	Experimental/Investigational/Unproven
0399T	MYOCARDIAL STRAIN IMAGING	No Precert Req	
0400T	MLTISPECTRL DIGITAL LES ALYS	No Precert Req	Experimental/Investigational/Unproven
0401T	MLTISPECTRL DIGITAL LES ALYS	No Precert Req	Experimental/Investigational/Unproven
0403T	DIABETES PREV STANDARDIZED CURR	No Precert Req	
0419T	DSTRJ NEUROFIBROMATA XTNSV	No Precert Req	
0420T	DSTRJ NEUROFIBROMATA XTNSV	No Precert Req	
0437T	IMPLTJ SYNTH RNFCMT ADBL WALL	No Precert Req	
0469T	RTA POLARIZE SCAN OC SCR BI	No Precert Req	
0470T	OCT SKN IMG ACQUISJ I&R 1ST	No Precert Req	
0471T	OCT SKN IMG ACQUISJ I&R ADDL	No Precert Req	
0502F	SUBSEQUENT PRENATAL CARE	No Precert Req	
0503F	POSTPARTUM CARE VISIT	No Precert Req	
0505F	HEMODIALYSIS PLAN DOC'D	No Precert Req	
0507F	PERITON DIALYSIS PLAN DO	No Precert Req	
0509F	URINE INCON PLAN DOC'D	No Precert Req	
0513F	ELEV BP PLAN OF CARE DOC	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
0514F	CARE PLAN HGB DOC'D ESA	No Precert Req	
0516F	ANEMIA PLAN OF CARE DOC'	No Precert Req	
0517F	GLAUCOMA PLAN OF CARE DO	No Precert Req	
0518F	FALL PLAN OF CARE DOC'D	No Precert Req	
0519F	PLAN'D CHEMO DOC'D B/4 T	No Precert Req	
0520F	TISSUE DOSE DONE W/IN 5	No Precert Req	
0521F	PLAN OF CARE 4 PAIN DOC'	No Precert Req	
0525F	INITIAL VISIT FOR EPISOD	No Precert Req	
0526F	SUBS. VISIT FOR EPISODE	No Precert Req	
0528F	RCMND FLW-UP 10 YRS DOCD	No Precert Req	
0529F	INTRVL 3+YRS PTS CLNSCP]	No Precert Req	
0535F	DYSPNEA MNGMNT PLAN DOCD	No Precert Req	
0540F	GLUCO MNGMNT PLAN DOCD]	No Precert Req	
0545F	FOLLOW UP CARE PLAN MDD	No Precert Req	
0555F	SYMPTOM MGMNT PLAN CARE	No Precert Req	
0556F	PLAN CARE LIPID CONTROL	No Precert Req	
0557F	PLAN CAREMNG ANGNL SYMPT	No Precert Req	
0575F	HIV RNA PLAN CARE DOCD	No Precert Req	
1000F	TOBACCO USE ASSESSED	No Precert Req	
10021	FNA W/O IMAGE	No Precert Req	
10022	FNA W/IMAGE	No Precert Req	
1002F	ASSESS ANGINAL SYMPTOM/L	No Precert Req	
10030	GUIDE CATHET FLUID DRAINAGE	No Precert Req	
10035	PERQ DEV SOFT TISS 1ST IMAG	No Precert Req	
10036	PERQ DEV SOFT TISS ADD IMAG	No Precert Req	
1003F	LEVEL OF ACTIVITY ASSESS	No Precert Req	
10040	ACNE SURGERY	No Precert Req	
1004F	CLIN SYMP VOL OVRLD ASSE	No Precert Req	
1005F	ASTHMA SYMPTOMS EVALUATE	No Precert Req	
10060	DRAINAGE OF SKIN ABSCESS	No Precert Req	
10061	DRAINAGE OF SKIN ABSCESS	No Precert Req	
1006F	OSTEOARTHRITIS ASSESS	No Precert Req	
1007F	ANTI-INFLM/ANLGSC OTC AS	No Precert Req	
10080	DRAINAGE OF PILONIDAL CY	No Precert Req	
10081	DRAINAGE OF PILONIDAL CY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
1008F	GI/RENAL RISK ASSESS	No Precert Req	
1010F	SEVERITY ANGINA BY ACTVT	No Precert Req	
1011F	ANGINA PRESENT	No Precert Req	
10120	REMOVE FOREIGN BODY	No Precert Req	
10121	REMOVE FOREIGN BODY	No Precert Req	
1012F	ANGINA ABSENT	No Precert Req	
10140	DRAINAGE OF HEMATOMA/FLU	No Precert Req	
1015F	COPD SYMPTOMS ASSESS	No Precert Req	
10160	PUNCTURE DRAINAGE OF LES	No Precert Req	
10180	COMPLEX DRAINAGE, WOUND	No Precert Req	
1018F	ASSESS DYSPNEA NOT PRESE	No Precert Req	
1019F	ASSESS DYSPNEA PRESENT	No Precert Req	
1022F	PNEUMO IMM STATUS ASSESS	No Precert Req	
1026F	CO-MORBID CONDITION ASSE	No Precert Req	
1030F	INFLUENZA IMM STATUS ASS	No Precert Req	
1031F	SMOKING & 2ND HAND ASSES	No Precert Req	
1032F	SMOKER/EXPOSED 2ND HND S	No Precert Req	
1033F	TOBACCO NONSMOKER NOR 2N	No Precert Req	
1034F	CURRENT TOBACCO SMOKER	No Precert Req	
1035F	SMOKELESS TOBACCO USER	No Precert Req	
1036F	TOBACCO NON-USER	No Precert Req	
1038F	PERSISTENT ASTHMA	No Precert Req	
1039F	INTERMITTENT ASTHMA	No Precert Req	
1040F	DSM-IV INFO MDD DOC'D	No Precert Req	
1050F	HISTORY OF MOLE CHANGES	No Precert Req	
1052F	TYPE LOCATION ACTIVITY A	No Precert Req	
1055F	VISUAL FUNCT STATUS ASSE	No Precert Req	
1060F	DOC PERM/CONT/PAROX ATR	No Precert Req	
1061F	DOC LACK PERM+CONT+PAROX	No Precert Req	
1065F	ISCHM STROKE SYMP <3 HRS	No Precert Req	
1066F	ISCHM STROKE SYMP >=3 HR	No Precert Req	
1070F	ALARM SYMP ASSESSED ABSE	No Precert Req	
1071F	ALARM SYMP ASSESSED 1+PR	No Precert Req	
1090F	PRES/ANSN URINE INCON AS	No Precert Req	
1091F	URINE INCON CHARACTERIZE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
11000	DEBRIDE INFECTED SKIN	No Precert Req	
11001	DEBRIDE INFECTED SKIN AD	No Precert Req	
11008	REMOVE MESH FROM ABD WAL	No Precert Req	
1100F	PT FALLS ASSESS DOCD >=2	No Precert Req	
11010	DEBRIDE SKIN AT FX SITE	No Precert Req	
11011	DEBRIDE SKIN MUSC AT FX	No Precert Req	
11012	DEB SKIN BONE AT FX SITE	No Precert Req	
1101F	PT FALLS ASSESS DOCD<1/Y	No Precert Req	
11042	DEB SUBQ TISSUE 20 SQ CM	No Precert Req	
11043	DEB MUSC/FASCIA 20 SQ CM	No Precert Req	
11044	DEB BONE 20 SQ CM/<	No Precert Req	
11045	DEB SUBQ TISSUE ADD-ON	No Precert Req	
11046	DEB MUSC/FASCIA ADD-ON	No Precert Req	
11047	DEB BONE ADD-ON	No Precert Req	
11055	TRIM SKIN LESION	No Precert Req	
11056	TRIM SKIN LESIONS, 2 TO	No Precert Req	
11057	TRIM SKIN LESIONS, OVER	No Precert Req	
11100	BIOPSY, SKIN LESION	No Precert Req	
11101	BIOPSY, SKIN ADD-ON	No Precert Req	
1110F	PT LFT INPT FAC W/IN 60	No Precert Req	
1111F	DSCHRG MED/CURRENT MED M	No Precert Req	
1116F	AURIC/PERI PAIN ASSESSED	No Precert Req	
1118F	GERD SYMPS ASSESSED 12 M	No Precert Req	
1119F	INIT. EVAL FOR CONDITION	No Precert Req	
11200	REMOVAL OF SKIN TAGS	No Precert Req	
11201	REMOVE SKIN TAGS ADD-ON	No Precert Req	
1121F	SUBS. EVAL FOR CONDITION	No Precert Req	
1123F	ACP DISCUSS/DSCN MKR DOC	No Precert Req	
1124F	ACP DISCUSS-NO DSCNMKR D	No Precert Req	
1125F	AMNT PAIN NOTED; PAIN PR	No Precert Req	
1126F	AMNT PAIN NOTED; NONE PR	No Precert Req	
11300	SHAVE SKIN LESION	No Precert Req	
11301	SHAVE SKIN LESION	No Precert Req	
11302	SHAVE SKIN LESION	No Precert Req	
11303	SHAVE SKIN LESION	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
11305	SHAVE SKIN LESION	No Precert Req	
11306	SHAVE SKIN LESION	No Precert Req	
11307	SHAVE SKIN LESION	No Precert Req	
11308	SHAVE SKIN LESION	No Precert Req	
1130F	BK PAIN + FXN ASSESSED	No Precert Req	
11310	SHAVE SKIN LESION	No Precert Req	
11311	SHAVE SKIN LESION	No Precert Req	
11312	SHAVE SKIN LESION	No Precert Req	
11313	SHAVE SKIN LESION	No Precert Req	
1134F	EPSD BK PAIN FOR =< 6 WK	No Precert Req	
1135F	EPSD BK PAIN FOR > 6 WKS	No Precert Req	
1136F	EPSD BK PAIN FOR <= 12 W	No Precert Req	
1137F	EPSD BK PAIN FOR > 12 WK	No Precert Req	
11400	EXC TR-EXT B9+MARG 0.5 <	No Precert Req	
11401	EXC TR-EXT B9+MARG 0.6-1	No Precert Req	
11402	EXC TR-EXT B9+MARG 1.1-2	No Precert Req	
11403	EXC TR-EXT B9+MARG 2.1-3	No Precert Req	
11404	EXC TR-EXT B9+MARG 3.1-4	No Precert Req	
11406	EXC TR-EXT B9+MARG > 4.0	No Precert Req	
11420	EXC H-F-NK-SP B9+MARG 0.	No Precert Req	
11421	EXC H-F-NK-SP B9+MARG 0.	No Precert Req	
11422	EXC H-F-NK-SP B9+MARG 1.	No Precert Req	
11423	EXC H-F-NK-SP B9+MARG 2.	No Precert Req	
11424	EXC H-F-NK-SP B9+MARG 3.	No Precert Req	
11426	EXC H-F-NK-SP B9+MARG >	No Precert Req	
11440	EXC FACE-MM B9+MARG 0.5	No Precert Req	
11441	EXC FACE-MM B9+MARG 0.6-	No Precert Req	
11442	EXC FACE-MM B9+MARG 1.1-	No Precert Req	
11443	EXC FACE-MM B9+MARG 2.1-	No Precert Req	
11444	EXC FACE-MM B9+MARG 3.1-	No Precert Req	
11446	EXC FACE-MM B9+MARG > 4	No Precert Req	
11450	REMOVAL, SWEAT GLAND LES	No Precert Req	
11451	REMOVAL, SWEAT GLAND LES	No Precert Req	
11462	REMOVAL, SWEAT GLAND LES	No Precert Req	
11463	REMOVAL, SWEAT GLAND LES	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
11470	REMOVAL, SWEAT GLAND LES	No Precert Req	
11471	REMOVAL, SWEAT GLAND LES	No Precert Req	
1150F	DOC PT RSK DEATH W/IN 1Y	No Precert Req	
1151F	DOC NO PT RSK DEATH W/IN	No Precert Req	
1152F	DOC ADVNCD DIS COMFORT 1	No Precert Req	
1153F	DOC ADVNCD DIS CMFRT NOT	No Precert Req	
1157F	ADVNC CARE PLAN IN RCRD]	No Precert Req	
1158F	ADVNC CARE PLAN TLK DOCD	No Precert Req	
1159F	MED LIST DOCD IN RCRD]	No Precert Req	
11600	EXC TR-EXT MLG+MARG 0.5	No Precert Req	
11601	EXC TR-EXT MLG+MARG 0.6-	No Precert Req	
11602	EXC TR-EXT MLG+MARG 1.1-	No Precert Req	
11603	EXC TR-EXT MLG+MARG 2.1-	No Precert Req	
11604	EXC TR-EXT MLG+MARG 3.1-	No Precert Req	
11606	EXC TR-EXT MLG+MARG > 4	No Precert Req	
1160F	RVW MEDS BY RX/DR IN RCR	No Precert Req	
11620	EXC H-F-NK-SP MLG+MARG 0	No Precert Req	
11621	EXC H-F-NK-SP MLG+MARG 0	No Precert Req	
11622	EXC H-F-NK-SP MLG+MARG 1	No Precert Req	
11623	EXC H-F-NK-SP MLG+MARG 2	No Precert Req	
11624	EXC H-F-NK-SP MLG+MARG 3	No Precert Req	
11626	EXC H-F-NK-SP MLG+MAR >	No Precert Req	
11640	EXC FACE-MM MALIG+MARG 0	No Precert Req	
11641	EXC FACE-MM MALIG+MARG 0	No Precert Req	
11642	EXC FACE-MM MALIG+MARG 1	No Precert Req	
11643	EXC FACE-MM MALIG+MARG 2	No Precert Req	
11644	EXC FACE-MM MALIG+MARG 3	No Precert Req	
11646	EXC FACE-MM MLG+MARG > 4	No Precert Req	
1170F	FXNL STATUS ASSESSED]	No Precert Req	
11719	TRIM NAIL(S)	No Precert Req	
11720	DEBRIDE NAIL, 1-5	No Precert Req	
11721	DEBRIDE NAIL, 6 OR MORE	No Precert Req	
11730	REMOVAL OF NAIL PLATE	No Precert Req	
11732	REMOVE NAIL PLATE, ADD-O	No Precert Req	
11740	DRAIN BLOOD FROM UNDER N	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
11750	REMOVAL OF NAIL BED	No Precert Req	
11752	REMOVE NAIL BED/FINGER T	No Precert Req	Code deleted 12/31/2016
11755	BIOPSY, NAIL UNIT	No Precert Req	
1175F	FUNCTION STAT ASSESSED R	No Precert Req	
11760	REPAIR OF NAIL BED	No Precert Req	
11762	RECONSTRUCTION OF NAIL B	No Precert Req	
11765	EXCISION OF NAIL FOLD, T	No Precert Req	
11770	REMOVAL OF PILONIDAL LES	No Precert Req	
11771	REMOVAL OF PILONIDAL LES	No Precert Req	
11772	REMOVAL OF PILONIDAL LES	No Precert Req	
1180F	THROMBOEMB RISK ASSESSED	No Precert Req	
1181F	NEUROPSYCHIA SYMPTS ASSE	No Precert Req	
1182F	NEUROPSYCHI SYMPT 1+PRES	No Precert Req	
1183F	NEUROPSYCHIATRIC SYMP AB	No Precert Req	
11900	INJECTION INTO SKIN LESI	No Precert Req	
11901	ADDED SKIN LESIONS INJEC	No Precert Req	
11920	CORRECT SKIN COLOR DEFEC	No Precert Req	
11921	CORRECT SKIN COLOR DEFEC	No Precert Req	
11922	CORRECT SKIN COLOR DEFEC	No Precert Req	
11975	INSERT CONTRACEPTIVE CAP	No Precert Req	
11976	REMOVAL OF CONTRACEPTIVE	No Precert Req	
11977	REMOVAL/REINSERT CONTRA	No Precert Req	
11980	IMPLANT HORMONE PELLE(S	No Precert Req	
11981	INSERT DRUG IMPLANT DEVI	No Precert Req	
11982	REMOVE DRUG IMPLANT DEVI	No Precert Req	
11983	REMOVE/INSERT DRUG IMPLA	No Precert Req	
12001	REPAIR SUPERFICIAL WOUND	No Precert Req	
12002	REPAIR SUPERFICIAL WOUND	No Precert Req	
12004	REPAIR SUPERFICIAL WOUND	No Precert Req	
12005	REPAIR SUPERFICIAL WOUND	No Precert Req	
12006	REPAIR SUPERFICIAL WOUND	No Precert Req	
12007	REPAIR SUPERFICIAL WOUND	No Precert Req	
1200F	SEIZURE TYPE(S)+ FRQ DOC	No Precert Req	
12011	REPAIR SUPERFICIAL WOUND	No Precert Req	
12013	REPAIR SUPERFICIAL WOUND	No Precert Req	

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12014	REPAIR SUPERFICIAL WOUND	No Precert Req	
12015	REPAIR SUPERFICIAL WOUND	No Precert Req	
12016	REPAIR SUPERFICIAL WOUND	No Precert Req	
12017	REPAIR SUPERFICIAL WOUND	No Precert Req	
12018	REPAIR SUPERFICIAL WOUND	No Precert Req	
12020	CLOSURE OF SPLIT WOUND	No Precert Req	
12021	CLOSURE OF SPLIT WOUND	No Precert Req	
12031	LAYER CLOSURE OF WOUND(S	No Precert Req	
12032	LAYER CLOSURE OF WOUND(S	No Precert Req	
12034	LAYER CLOSURE OF WOUND(S	No Precert Req	
12035	LAYER CLOSURE OF WOUND(S	No Precert Req	
12036	LAYER CLOSURE OF WOUND(S	No Precert Req	
12037	LAYER CLOSURE OF WOUND(S	No Precert Req	
12041	LAYER CLOSURE OF WOUND(S	No Precert Req	
12042	LAYER CLOSURE OF WOUND(S	No Precert Req	
12044	LAYER CLOSURE OF WOUND(S	No Precert Req	
12045	LAYER CLOSURE OF WOUND(S	No Precert Req	
12046	LAYER CLOSURE OF WOUND(S	No Precert Req	
12047	LAYER CLOSURE OF WOUND(S	No Precert Req	
12051	LAYER CLOSURE OF WOUND(S	No Precert Req	
12052	LAYER CLOSURE OF WOUND(S	No Precert Req	
12053	LAYER CLOSURE OF WOUND(S	No Precert Req	
12054	LAYER CLOSURE OF WOUND(S	No Precert Req	
12055	LAYER CLOSURE OF WOUND(S	No Precert Req	
12056	LAYER CLOSURE OF WOUND(S	No Precert Req	
12057	LAYER CLOSURE OF WOUND(S	No Precert Req	
1205F	EPI ETIOL SYND RVWD AND	No Precert Req	
1220F	PT SCREENED FOR DEPRESSI	No Precert Req	
13100	REPAIR OF WOUND OR LESIO	No Precert Req	
13101	REPAIR OF WOUND OR LESIO	No Precert Req	
13102	REPAIR WOUND/LESION ADD-	No Precert Req	
13120	REPAIR OF WOUND OR LESIO	No Precert Req	
13121	REPAIR OF WOUND OR LESIO	No Precert Req	
13122	REPAIR WOUND/LESION ADD-	No Precert Req	
13131	REPAIR OF WOUND OR LESIO	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
13132	REPAIR OF WOUND OR LESIO	No Precert Req	
13133	REPAIR WOUND/LESION ADD-	No Precert Req	
13150	REPAIR OF WOUND OR LESIO	No Precert Req	
13151	REPAIR OF WOUND OR LESIO	No Precert Req	
13152	REPAIR OF WOUND OR LESIO	No Precert Req	
13153	REPAIR WOUND/LESION ADD-	No Precert Req	
13160	LATE CLOSURE OF WOUND	No Precert Req	
14000	SKIN TISSUE REARRANGEMEN	No Precert Req	
14001	SKIN TISSUE REARRANGEMEN	No Precert Req	
1400F	PRKNS DIAG RVIEWED	No Precert Req	
14020	SKIN TISSUE REARRANGEMEN	No Precert Req	
14021	SKIN TISSUE REARRANGEMEN	No Precert Req	
14040	SKIN TISSUE REARRANGEMEN	No Precert Req	
14041	SKIN TISSUE REARRANGEMEN	No Precert Req	
14060	SKIN TISSUE REARRANGEMEN	No Precert Req	
14061	SKIN TISSUE REARRANGEMEN	No Precert Req	
14301	SKIN TISSUE REARRANGEMEN	No Precert Req	
14302	SKIN TISSUE REARRANGE AD	No Precert Req	
14350	SKIN TISSUE REARRANGEMEN	No Precert Req	
1450F	SYMPTOMS IMPROVED/CON SIS	No Precert Req	
1451F	SYMPT SHOW CLIN IMPORT D	No Precert Req	
1460F	QUAL CARD DIAG PRIOR 12	No Precert Req	
1461F	NO QUAL CARD DIAG PRIOR	No Precert Req	
1490F	DEM SEVERITY CLASSIFIED	No Precert Req	
1493F	DEM SEVERITY CLASS SEVER	No Precert Req	
1494F	COGNIT ASSESSED AND REVI	No Precert Req	
15002	WND PREP, CH/INF, TRK/AR	No Precert Req	
15003	WND PREP, CH/INF ADDL 10	No Precert Req	
15004	WND PREP CH/INF, F/N/HF/	No Precert Req	
15005	WND PREP, F/N/HF/G, ADDL	No Precert Req	
15040	HARVEST CULTURED SKIN GR	No Precert Req	
15050	SKIN PINCH GRAFT	No Precert Req	
15100	SKIN SPLT GRFT, TRNK/ARM	No Precert Req	
15101	SKIN SPLT GRFT T/A/L, AD	No Precert Req	
15110	EPIDRM AUTOGRFT TRNK/ARM	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
15111	EPIDRM AUTOGRFT T/A/L AD	No Precert Req	
15115	EPIDRM A-GRFT FACE/NCK/H	No Precert Req	
15116	EPIDRM A-GRFT F/N/HF/G A	No Precert Req	
15120	SKN SPLT A-GRFT FAC/NCK/	No Precert Req	
15121	SKN SPLT A-GRFT F/N/HF/G	No Precert Req	
15130	DERM AUTOGRAFT, TRNK/ARM	No Precert Req	
15131	DERM AUTOGRAFT T/A/L ADD	No Precert Req	
15135	DERM AUTOGRAFT FACE/NCK/	No Precert Req	
15136	DERM AUTOGRAFT, F/N/HF/G	No Precert Req	
15170	ACELL GRAFT TRUNK/ARMS/L	No Precert Req	
15171	ACELL GRAFT T/ARM/LEG AD	No Precert Req	
15175	ACELLULAR GRAFT, F/N/HF/	No Precert Req	
15176	ACELL GRAFT, F/N/HF/G AD	No Precert Req	
15200	SKIN FULL GRAFT, TRUNK	No Precert Req	
15201	SKIN FULL GRAFT TRUNK AD	No Precert Req	
15220	SKIN FULL GRAFT SCLP/ARM	No Precert Req	
15221	SKIN FULL GRAFT ADD-ON	No Precert Req	
15240	SKIN FULL GRFT FACE/GENI	No Precert Req	
15241	SKIN FULL GRAFT ADD-ON	No Precert Req	
15260	SKIN FULL GRAFT EEN & LI	No Precert Req	
15261	SKIN FULL GRAFT ADD-ON	No Precert Req	
15300	APPLY SKINALLOGRFT, T/AR	No Precert Req	
15301	APPLY SKNALLOGRFT T/A/L	No Precert Req	
15320	APPLY SKIN ALLOGRFT F/N/	No Precert Req	
15321	APLY SKNALLOGRFT F/N/HFG	No Precert Req	
15330	APLY ACELL ALOGRFT T/ARM	No Precert Req	
15331	APLY ACELL GRFT T/A/L AD	No Precert Req	
15335	APPLY ACELL GRAFT, F/N/H	No Precert Req	
15336	APLY ACELL GRFT F/N/HF/G	No Precert Req	
15340	APPLY CULT SKIN SUBSTITU	No Precert Req	
15341	APPLY CULT SKIN SUB ADD-	No Precert Req	
15360	APPLY CULT DERM SUB, T/A	No Precert Req	
15361	APLY CULT DERM SUB T/A/L	No Precert Req	
15365	APPLY CULT DERM SUB F/N/	No Precert Req	
15366	APPLY CULT DERM F/HF/G A	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
15400	APPLY SKIN XENOGRAFT, T/	No Precert Req	
15401	APPLY SKN XENOGRFT T/A/L	No Precert Req	
15420	APPLY SKIN XGRAFT, F/N/H	No Precert Req	
15421	APPLY SKN XGRFT F/N/HF/G	No Precert Req	
15430	APPLY ACELLULAR XENOGRAF	No Precert Req	
15431	APPLY ACELLULAR XGRAFT A	No Precert Req	
15570	FORM SKIN PEDICLE FLAP	No Precert Req	
15576	FORM SKIN PEDICLE FLAP	No Precert Req	
15600	SKIN GRAFT	No Precert Req	
15610	SKIN GRAFT	No Precert Req	
15620	SKIN GRAFT	No Precert Req	
15630	SKIN GRAFT	No Precert Req	
15650	TRANSFER SKIN PEDICLE FL	No Precert Req	
15736	MUSCLE-SKIN GRAFT, ARM	No Precert Req	
15770	DERMA-FAT-FASCIA GRAFT	No Precert Req	
15775	HAIR TRANSPLANT PUNCH GR	No Precert Req	
15776	HAIR TRANSPLANT PUNCH GR	No Precert Req	
15780	ABRASION TREATMENT OF SK	No Precert Req	
15781	ABRASION TREATMENT OF SK	No Precert Req	
15782	ABRASION TREATMENT OF SK	No Precert Req	
15783	ABRASION TREATMENT OF SK	No Precert Req	
15788	CHEMICAL PEEL, FACE, EPI	No Precert Req	
15789	CHEMICAL PEEL, FACE, DER	No Precert Req	
15792	CHEMICAL PEEL, NONFACIAL	No Precert Req	
15793	CHEMICAL PEEL, NONFACIAL	No Precert Req	
15826	REMOVAL OF BROW WRINKLES	No Precert Req	
15850	REMOVAL OF SUTURES	No Precert Req	
15851	REMOVAL OF SUTURES	No Precert Req	
15852	DRESSING CHANGE NOT FOR	No Precert Req	
15860	TEST FOR BLOOD FLOW IN G	No Precert Req	
16000	INITIAL TREATMENT OF BUR	No Precert Req	
16035	INCISION OF BURN SCAB, I	No Precert Req	
17000	DESTROY BENIGN/PREMLG LE	No Precert Req	
17003	DESTROY LESIONS, 2-14	No Precert Req	
17004	DESTROY LESIONS, 15 OR M	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
17110	DESTRUCT LESION, 1-14	No Precert Req	
17111	DESTRUCT LESION, 15 OR M	No Precert Req	
17250	CHEMICAL CAUTERY, TISSUE	No Precert Req	
17260	DESTRUCTION OF SKIN LESI	No Precert Req	
17261	DESTRUCTION OF SKIN LESI	No Precert Req	
17262	DESTRUCTION OF SKIN LESI	No Precert Req	
17263	DESTRUCTION OF SKIN LESI	No Precert Req	
17264	DESTRUCTION OF SKIN LESI	No Precert Req	
17266	DESTRUCTION OF SKIN LESI	No Precert Req	
17270	DESTRUCTION OF SKIN LESI	No Precert Req	
17271	DESTRUCTION OF SKIN LESI	No Precert Req	
17272	DESTRUCTION OF SKIN LESI	No Precert Req	
17273	DESTRUCTION OF SKIN LESI	No Precert Req	
17274	DESTRUCTION OF SKIN LESI	No Precert Req	
17276	DESTRUCTION OF SKIN LESI	No Precert Req	
17280	DESTRUCTION OF SKIN LESI	No Precert Req	
17281	DESTRUCTION OF SKIN LESI	No Precert Req	
17282	DESTRUCTION OF SKIN LESI	No Precert Req	
17283	DESTRUCTION OF SKIN LESI	No Precert Req	
17284	DESTRUCTION OF SKIN LESI	No Precert Req	
17286	DESTRUCTION OF SKIN LESI	No Precert Req	
17311	MOHS, 1 STAGE, H/N/HF/G	No Precert Req	
17312	MOHS ADDL STAGE	No Precert Req	
17313	MOHS, 1 STAGE, T/A/L	No Precert Req	
17314	MOHS, ADDL STAGE, T/A/L	No Precert Req	
17315	MOHS SURG, ADDL BLOCK	No Precert Req	
17340	CRYOTHERAPY OF SKIN	No Precert Req	
17360	SKIN PEEL THERAPY	No Precert Req	
17380	HAIR REMOVAL BY ELECTROL	No Precert Req	
19000	DRAINAGE OF BREAST LESIO	No Precert Req	
19001	DRAIN BREAST LESION ADD-	No Precert Req	
19020	INCISION OF BREAST LESIO	No Precert Req	
19030	INJECTION FOR BREAST X-R	No Precert Req	
19081	BX BREAST 1ST LESION STRTCTC	No Precert Req	
19082	BX BREAST ADD LESION STRTCTC	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
19083	BX BREAST 1ST LESION US IMAG	No Precert Req	
19084	BX BREAST ADD LESION US IMAG	No Precert Req	
19085	BX BREAST 1ST LESION MR IMAG	No Precert Req	
19086	BX BREAST ADD LESION MR IMAG	No Precert Req	
19100	BX BREAST PERCUT W/O IMA	No Precert Req	
19101	BIOPSY OF BREAST, OPEN	No Precert Req	
19102	BX BREAST PERCUT W/IMAGE	No Precert Req	
19103	BX BREAST PERCUT W/DEVIC	No Precert Req	
19110	NIPPLE EXPLORATION	No Precert Req	
19112	EXCISE BREAST DUCT FISTU	No Precert Req	
19120	REMOVAL OF BREAST LESION	No Precert Req	
19125	EXCISION, BREAST LESION	No Precert Req	
19126	EXCISION, ADDL BREAST LE	No Precert Req	
20005	INCISION OF DEEP ABSCESS	No Precert Req	
2000F	BLOOD PRESSURE MEASURE	No Precert Req	
2001F	WEIGHT RECORD	No Precert Req	
2002F	CLIN SIGN VOL OVRLD ASSE	No Precert Req	
2004F	INITIAL EXAM INVOLVED JO	No Precert Req	
20101	EXPLORE WOUND, CHEST	No Precert Req	
20102	EXPLORE WOUND, ABDOMEN	No Precert Req	
20103	EXPLORE WOUND, EXTREMITY	No Precert Req	
2010F	VITAL SIGNS RECORDED	No Precert Req	
2014F	MENTAL STATUS ASSESS	No Precert Req	
20150	EXCISE EPIPHYSEAL BAR	No Precert Req	
2015F	ASTHMA IMPAIRMENT ASSESS	No Precert Req	
2016F	ASTHMA RISK ASSESS	No Precert Req	
2018F	HYDRATION STATUS ASSESS	No Precert Req	
2019F	DILATED MACUL EXAM DONE	No Precert Req	
20200	MUSCLE BIOPSY	No Precert Req	
20205	DEEP MUSCLE BIOPSY	No Precert Req	
20206	NEEDLE BIOPSY, MUSCLE	No Precert Req	
2020F	DILATED FUNDUS EVAL DONE	No Precert Req	
2021F	DILAT MACUL+EXAM DONE	No Precert Req	
20220	BONE BIOPSY, TROCAR/NEED	No Precert Req	
20225	BONE BIOPSY, TROCAR/NEED	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
2022F	DIL RETINA EXAM INTERP R	No Precert Req	
20240	BONE BIOPSY, EXCISIONAL	No Precert Req	
20245	BONE BIOPSY, EXCISIONAL	No Precert Req	
2024F	7 FIELD PHOTO INTERP DOC	No Precert Req	
20250	OPEN BONE BIOPSY	No Precert Req	
20251	OPEN BONE BIOPSY	No Precert Req	
2026F	EYE IMAGE VALID TO DX RE	No Precert Req	
2027F	OPTIC NERVE HEAD EVAL DO	No Precert Req	
2028F	FOOT EXAM PERFORMED	No Precert Req	
2029F	COMPLETE PHYS SKIN EXAM	No Precert Req	
2030F	H2O STAT DOC'D, NORMAL	No Precert Req	
2031F	H2O STAT DOC'D, DEHYDRAT	No Precert Req	
2035F	TYMP MEMB MOTION EXAM'D	No Precert Req	
2040F	BK PN XM ON INIT VISIT D	No Precert Req	
2044F	DOC MNTL TST B/4 BK TRXM	No Precert Req	
20500	INJECTION OF SINUS TRACT	No Precert Req	
20501	INJECT SINUS TRACT FOR X	No Precert Req	
2050F	WOUND CHAR SIZE ETC DOCD	No Precert Req	
20520	REMOVAL OF FOREIGN BODY	No Precert Req	
20525	REMOVAL OF FOREIGN BODY	No Precert Req	
20526	THER INJECTION, CARP TUN	No Precert Req	
20550	INJ TENDON SHEATH/LIGAME	No Precert Req	
20551	INJ TENDON ORIGIN/INSERT	No Precert Req	
20552	INJ TRIGGER POINT, 1/2 M	No Precert Req	
20553	INJECT TRIGGER POINTS, =	No Precert Req	
20555	ANEST, PERC IMG TX SP PR	No Precert Req	
20600	DRAIN/INJECT, JOINT/BURS	No Precert Req	
20604	DRAIN/INJ JOINT/BURSA W/US	No Precert Req	
20605	DRAIN/INJECT, JOINT/BURS	No Precert Req	
20606	DRAIN/INJ JOINT/BURSA W/US	No Precert Req	
2060F	PT TALK EVAL HLTHWKR RE	No Precert Req	
20610	DRAIN/INJECT, JOINT/BURS	No Precert Req	
20611	DRAIN/INJ JOINT/BURSA W/US	No Precert Req	
20612	ASPIRATE/INJ GANGLION CY	No Precert Req	
20615	TREATMENT OF BONE CYST	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
20650	INSERT AND REMOVE BONE P	No Precert Req	
20660	APPLY, REM FIXATION DEVI	No Precert Req	
20661	APPLICATION OF HEAD BRAC	No Precert Req	
20662	APPLICATION OF PELVIS BR	No Precert Req	
20663	APPLICATION OF THIGH BRA	No Precert Req	
20664	APPLICATION OF HALO	No Precert Req	
20665	REMOVAL OF FIXATION DEVI	No Precert Req	
20670	REMOVAL OF SUPPORT IMPLA	No Precert Req	
20680	REMOVAL OF SUPPORT IMPLA	No Precert Req	
20693	ADJUST BONE FIXATION DEV	No Precert Req	
20694	REMOVE BONE FIXATION DEV	No Precert Req	
20697	COMP EXT FIXATE STRUT CH	No Precert Req	
20900	REMOVAL OF BONE FOR GRAF	No Precert Req	
20920	REMOVAL OF FASCIA FOR GR	No Precert Req	
20922	REMOVAL OF FASCIA FOR GR	No Precert Req	
20924	REMOVAL OF TENDON FOR GR	No Precert Req	
20926	REMOVAL OF TISSUE FOR GR	No Precert Req	
20950	FLUID PRESSURE, MUSCLE	No Precert Req	
20974	ELECTRICAL BONE STIMULAT	No Precert Req	
20979	US BONE STIMULATION	No Precert Req	
20982	ABLATE, BONE TUMOR(S) PE	No Precert Req	
20983	ABLATE BONE TUMOR(S) PERQ	No Precert Req	
20985	CPTR-ASST DIR MS PX	No Precert Req	
21010	INCISION OF JAW JOINT	No Precert Req	
21011	EXC FACE LES SC < 2 CM	No Precert Req	
21012	EXC FACE LES SBQ 2+CM	No Precert Req	
21013	EXC FACE TUM DEEP < 2 CM	No Precert Req	
21014	EXC FACE TUM DEEP 2+ CM	No Precert Req	
21015	RESECTION OF FACIAL TUMO	No Precert Req	
21016	RESECT FACE TUM + CM	No Precert Req	
21026	EXCISION OF FACIAL BONE(No Precert Req	
21029	CONTOUR OF FACE BONE LES	No Precert Req	
21030	EXCISE MAX/ZYGOMA B9 TUM	No Precert Req	
21031	REMOVE EXOSTOSIS, MANDIB	No Precert Req	
21034	EXCISE MAX/ZYGOMA MLG TU	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
21040	EXCISE MANDIBLE LESION	No Precert Req	
21046	REMOVE MANDIBLE CYST COM	No Precert Req	
21047	EXCISE LWR JAW CYST W/RE	No Precert Req	
21048	REMOVE MAXILLA CYST COMP	No Precert Req	
21049	EXCIS UPPR JAW CYST W/RE	No Precert Req	
21070	REMOVE CORONOID PROCESS	No Precert Req	
21084	PREPARE FACE/ORAL PROSTH	No Precert Req	
21086	PREPARE FACE/ORAL PROSTH	No Precert Req	
21087	PREPARE FACE/ORAL PROSTH	No Precert Req	
21100	MAXILLOFACIAL FIXATION	No Precert Req	
21116	INJECTION, JAW JOINT X-R	No Precert Req	
21175	RECONSTRUCT ORBIT/FOREHE	No Precert Req	
21256	RECONSTRUCTION OF ORBIT	No Precert Req	
21260	REVISE EYE SOCKETS	No Precert Req	
21261	REVISE EYE SOCKETS	No Precert Req	
21263	REVISE EYE SOCKETS	No Precert Req	
21267	REVISE EYE SOCKETS	No Precert Req	
21268	REVISE EYE SOCKETS	No Precert Req	
21275	REVISION, ORBITOFACIAL B	No Precert Req	
21295	REVISION OF JAW MUSCLE/B	No Precert Req	
21296	REVISION OF JAW MUSCLE/B	No Precert Req	
21310	TREATMENT OF NOSE FRACTU	No Precert Req	
21315	TREATMENT OF NOSE FRACTU	No Precert Req	
21320	TREATMENT OF NOSE FRACTU	No Precert Req	
21330	TREATMENT OF NOSE FRACTU	No Precert Req	
21336	TREAT NASAL SEPTAL FRACT	No Precert Req	
21337	TREAT NASAL SEPTAL FRACT	No Precert Req	
21338	TREAT NASOETHMOID FRACTU	No Precert Req	
21339	TREAT NASOETHMOID FRACTU	No Precert Req	
21340	TREATMENT OF NOSE FRACTU	No Precert Req	
21343	TREATMENT OF SINUS FRACT	No Precert Req	
21344	TREATMENT OF SINUS FRACT	No Precert Req	
21345	TREAT NOSE/JAW FRACTURE	No Precert Req	
21356	TREAT CHEEK BONE FRACTUR	No Precert Req	
21400	TREAT EYE SOCKET FRACTUR	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
21401	TREAT EYE SOCKET FRACTUR	No Precert Req	
21421	TREAT MOUTH ROOF FRACTUR	No Precert Req	
21431	TREAT CRANIOFACIAL FRACT	No Precert Req	
21440	TREAT DENTAL RIDGE FRACT	No Precert Req	
21445	TREAT DENTAL RIDGE FRACT	No Precert Req	
21450	TREAT LOWER JAW FRACTURE	No Precert Req	
21451	TREAT LOWER JAW FRACTURE	No Precert Req	
21452	TREAT LOWER JAW FRACTURE	No Precert Req	
21453	TREAT LOWER JAW FRACTURE	No Precert Req	
21480	RESET DISLOCATED JAW	No Precert Req	
21485	RESET DISLOCATED JAW	No Precert Req	
21490	REPAIR DISLOCATED JAW	No Precert Req	
21495	TREAT HYOID BONE FRACTUR	No Precert Req	Code deleted 12/31/2016
21501	DRAIN NECK/CHEST LESION	No Precert Req	
21502	DRAIN CHEST LESION	No Precert Req	
21510	DRAINAGE OF BONE LESION	No Precert Req	
21550	BIOPSY OF NECK/CHEST	No Precert Req	
21552	EXC NECK LES SC 3+ CM	No Precert Req	
21554	EXC NECK TUM DEEP 5+ CM	No Precert Req	
21555	REMOVE LESION, NECK/CHES	No Precert Req	
21556	REMOVE LESION, NECK/CHES	No Precert Req	
21558	RESCT NECK FM 5+ CM	No Precert Req	
21600	PARTIAL REMOVAL OF RIB	No Precert Req	
21610	PARTIAL REMOVAL OF RIB	No Precert Req	
21615	REMOVAL OF RIB	No Precert Req	
21616	REMOVAL OF RIB AND NERVE	No Precert Req	
21620	PARTIAL REMOVAL OF STERN	No Precert Req	
21700	REVISION OF NECK MUSCLE	No Precert Req	
21705	REVISION OF NECK MUSCLE/	No Precert Req	
21720	REVISION OF NECK MUSCLE	No Precert Req	
21725	REVISION OF NECK MUSCLE	No Precert Req	
21750	REPAIR OF STERNUM SEPARA	No Precert Req	
21805	TREATMENT OF RIB FRACTUR	No Precert Req	Code deleted 12/31/2015
21811	OPTX OF RIB FX W/FIXJ SCOPE	No Precert Req	
21812	TREATMENT OF RIB FRACTURE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
21813	TREATMENT OF RIB FRACTURE	No Precert Req	
21820	TREAT STERNUM FRACTURE	No Precert Req	
21825	TREAT STERNUM FRACTURE	No Precert Req	
21920	BIOPSY SOFT TISSUE OF BA	No Precert Req	
21925	BIOPSY SOFT TISSUE OF BA	No Precert Req	
21930	REMOVE LESION, BACK OR F	No Precert Req	
21931	EXC BACK LES SC 3+ CM	No Precert Req	
21932	EXC BACK TUM DEEP < 5 CM	No Precert Req	
21933	EXC BACK TUM DEEP 5+ CM	No Precert Req	
21935	REMOVE TUMOR, BACK	No Precert Req	
21936	RESECT BACK TUM 5+ CM	No Precert Req	
22900	EXC ABDL TUM DEEP <5 CM	No Precert Req	
22901	EXC BACK TUM DEEP 5+ CM	No Precert Req	
22902	EXC ABD LES SC < 3 CM	No Precert Req	
22903	EXC ABD LES SC > 3 CM	No Precert Req	
22904	RESECT ABD TUM < 5 CM	No Precert Req	
22905	RESECT ABD TUM > 5 CM	No Precert Req	
23125	REMOVAL OF COLLAR BONE	No Precert Req	
23190	PARTIAL REMOVAL OF SCAPU	No Precert Req	
23195	REMOVAL OF HEAD OF HUMER	No Precert Req	
23331	REMOVE SHOULDER FOREIGN	No Precert Req	
23332	REMOVE SHOULDER FOREIGN	No Precert Req	
23350	INJECTION FOR SHOULDER X	No Precert Req	
23395	MUSCLE TRANSFER, SHOULDER	No Precert Req	
23397	MUSCLE TRANSFERS	No Precert Req	
23405	INCISION OF TENDON & MUS	No Precert Req	
23406	INCISE TENDON(S) & MUSCL	No Precert Req	
23480	REVISION OF COLLAR BONE	No Precert Req	
23485	REVISION OF COLLAR BONE	No Precert Req	
23500	TREAT CLAVICLE FRACTURE	No Precert Req	
23505	TREAT CLAVICLE FRACTURE	No Precert Req	
23515	TREAT CLAVICLE FRACTURE	No Precert Req	
23520	TREAT CLAVICLE DISLOCATI	No Precert Req	
23525	TREAT CLAVICLE DISLOCATI	No Precert Req	
23530	TREAT CLAVICLE DISLOCATI	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
23540	TREAT CLAVICLE DISLOCATI	No Precert Req	
23545	TREAT CLAVICLE DISLOCATI	No Precert Req	
23550	TREAT CLAVICLE DISLOCATI	No Precert Req	
23570	TREAT SHOULDER BLADE FX	No Precert Req	
23575	TREAT SHOULDER BLADE FX	No Precert Req	
23585	TREAT SCAPULA FRACTURE	No Precert Req	
23600	TREAT HUMERUS FRACTURE	No Precert Req	
23605	TREAT HUMERUS FRACTURE	No Precert Req	
23615	TREAT HUMERUS FRACTURE	No Precert Req	
23620	TREAT HUMERUS FRACTURE	No Precert Req	
23625	TREAT HUMERUS FRACTURE	No Precert Req	
23630	TREAT HUMERUS FRACTURE	No Precert Req	
23650	TREAT SHOULDER DISLOCATI	No Precert Req	
23655	TREAT SHOULDER DISLOCATI	No Precert Req	
23660	TREAT SHOULDER DISLOCATI	No Precert Req	
23665	TREAT DISLOCATION/FRACTU	No Precert Req	
23670	TREAT DISLOCATION/FRACTU	No Precert Req	
23675	TREAT DISLOCATION/FRACTU	No Precert Req	
23680	TREAT DISLOCATION/FRACTU	No Precert Req	
23930	DRAINAGE OF ARM LESION	No Precert Req	
23931	DRAINAGE OF ARM BURSA	No Precert Req	
23935	DRAIN ARM/ELBOW BONE LES	No Precert Req	
24000	EXPLORATORY ELBOW SURGER	No Precert Req	
24006	RELEASE ELBOW JOINT	No Precert Req	
24065	BIOPSY ARM/ELBOW SOFT TI	No Precert Req	
24066	BIOPSY ARM/ELBOW SOFT TI	No Precert Req	
24071	EXC ARM/ELBOW LES SC 3+	No Precert Req	
24073	EX ARM/ELBOW TUM DEEP >	No Precert Req	
24075	REMOVE ARM/ELBOW LESION	No Precert Req	
24076	REMOVE ARM/ELBOW LESION	No Precert Req	
24077	REMOVE TUMOR OF ARM/ELBO	No Precert Req	
24079	RESECT ARM/ELBOW TUM > 5	No Precert Req	
24100	BIOPSY ELBOW JOINT LININ	No Precert Req	
24101	EXPLORE/TREAT ELBOW JOIN	No Precert Req	
24102	REMOVE ELBOW JOINT LININ	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
24105	REMOVAL OF ELBOW BURSA	No Precert Req	
24110	REMOVE HUMERUS LESION	No Precert Req	
24115	REMOVE/GRAFT BONE LESION	No Precert Req	
24116	REMOVE/GRAFT BONE LESION	No Precert Req	
24120	REMOVE ELBOW LESION	No Precert Req	
24125	REMOVE/GRAFT BONE LESION	No Precert Req	
24126	REMOVE/GRAFT BONE LESION	No Precert Req	
24130	REMOVAL OF HEAD OF RADIU	No Precert Req	
24134	REMOVAL OF ARM BONE LESI	No Precert Req	
24136	REMOVE RADIUS BONE LESIO	No Precert Req	
24138	REMOVE ELBOW BONE LESION	No Precert Req	
24140	PARTIAL REMOVAL OF ARM B	No Precert Req	
24149	RADICAL RESECTION OF ELB	No Precert Req	
24160	REMOVE ELBOW JOINT IMPLA	No Precert Req	
24164	REMOVE RADIUS HEAD IMPLA	No Precert Req	
24200	REMOVAL OF ARM FOREIGN B	No Precert Req	
24201	REMOVAL OF ARM FOREIGN B	No Precert Req	
24220	INJECTION FOR ELBOW X-RA	No Precert Req	
24301	MUSCLE/TENDON TRANSFER	No Precert Req	
24305	ARM TENDON LENGTHENING	No Precert Req	
24310	REVISION OF ARM TENDON	No Precert Req	
24320	REPAIR OF ARM TENDON	No Precert Req	
24330	REVISION OF ARM MUSCLES	No Precert Req	
24331	REVISION OF ARM MUSCLES	No Precert Req	
24332	TENOLYSIS, TRICEPS	No Precert Req	
24340	REPAIR OF BICEPS TENDON	No Precert Req	
24341	REPAIR ARM TENDON/MUSCLE	No Precert Req	
24342	REPAIR OF RUPTURED TENDO	No Precert Req	
24343	REPR ELBOW LAT LIGMNT W/	No Precert Req	
24344	RECONSTRUCT ELBOW LAT LI	No Precert Req	
24345	REPR ELBW MED LIGMNT W/T	No Precert Req	
24346	RECONSTRUCT ELBOW MED LI	No Precert Req	
24357	REPAIR ELBOW, PERC	No Precert Req	
24358	REPAIR ELBOW W/DEB, OPEN	No Precert Req	
24359	REPAIR ELBOW W/DEB, OPEN	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
24360	RECONSTRUCT ELBOW JOINT	No Precert Req	
24361	RECONSTRUCT ELBOW JOINT	No Precert Req	
24362	RECONSTRUCT ELBOW JOINT	No Precert Req	
24363	REPLACE ELBOW JOINT	No Precert Req	
24435	REPAIR HUMERUS WITH GRAF	No Precert Req	
24470	REVISION OF ELBOW JOINT	No Precert Req	
24498	REINFORCE HUMERUS	No Precert Req	
24500	TREAT HUMERUS FRACTURE	No Precert Req	
24505	TREAT HUMERUS FRACTURE	No Precert Req	
24516	TREAT HUMERUS FRACTURE	No Precert Req	
24530	TREAT HUMERUS FRACTURE	No Precert Req	
24535	TREAT HUMERUS FRACTURE	No Precert Req	
24538	TREAT HUMERUS FRACTURE	No Precert Req	
24545	TREAT HUMERUS FRACTURE	No Precert Req	
24546	TREAT HUMERUS FRACTURE	No Precert Req	
24560	TREAT HUMERUS FRACTURE	No Precert Req	
24565	TREAT HUMERUS FRACTURE	No Precert Req	
24566	TREAT HUMERUS FRACTURE	No Precert Req	
24575	TREAT HUMERUS FRACTURE	No Precert Req	
24576	TREAT HUMERUS FRACTURE	No Precert Req	
24577	TREAT HUMERUS FRACTURE	No Precert Req	
24579	TREAT HUMERUS FRACTURE	No Precert Req	
24582	TREAT HUMERUS FRACTURE	No Precert Req	
24586	TREAT ELBOW FRACTURE	No Precert Req	
24600	TREAT ELBOW DISLOCATION	No Precert Req	
24605	TREAT ELBOW DISLOCATION	No Precert Req	
24620	TREAT ELBOW FRACTURE	No Precert Req	
24635	TREAT ELBOW FRACTURE	No Precert Req	
24640	TREAT ELBOW DISLOCATION	No Precert Req	
24650	TREAT RADIUS FRACTURE	No Precert Req	
24655	TREAT RADIUS FRACTURE	No Precert Req	
24665	TREAT RADIUS FRACTURE	No Precert Req	
24666	TREAT RADIUS FRACTURE	No Precert Req	
24670	TREAT ULNAR FRACTURE	No Precert Req	
24675	TREAT ULNAR FRACTURE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
24685	TREAT ULNAR FRACTURE	No Precert Req	
24935	REVISION OF AMPUTATION	No Precert Req	
24940	REVISION OF UPPER ARM	No Precert Req	
25000	INCISION OF TENDON SHEAT	No Precert Req	
25001	INCISE FLEXOR CARPI RADI	No Precert Req	
25031	DRAINAGE OF FOREARM BURS	No Precert Req	
25035	TREAT FOREARM BONE LESIO	No Precert Req	
25040	EXPLORE/TREAT WRIST JOIN	No Precert Req	
25065	BIOPSY FOREARM SOFT TISS	No Precert Req	
25066	BIOPSY FOREARM SOFT TISS	No Precert Req	
25071	EXC FOREARM LES SC > 3 C	No Precert Req	
25073	EXC FOREARM TUM DEEP 3+	No Precert Req	
25075	REMOVAL FOREARM LESION S	No Precert Req	
25076	REMOVAL FOREARM LESION D	No Precert Req	
25077	REMOVE TUMOR, FOREARM/WR	No Precert Req	
25078	RESECT FOREARM/WRIST TUM	No Precert Req	
25085	INCISION OF WRIST CAPSUL	No Precert Req	
25100	BIOPSY OF WRIST JOINT	No Precert Req	
25101	EXPLORE/TREAT WRIST JOIN	No Precert Req	
25105	REMOVE WRIST JOINT LININ	No Precert Req	
25107	REMOVE WRIST JOINT CARTI	No Precert Req	
25109	EXCISE TENDON FOREARM/WR	No Precert Req	
25110	REMOVE WRIST TENDON LESI	No Precert Req	
25111	REMOVE WRIST TENDON LESI	No Precert Req	
25112	REREMOVE WRIST TENDON LE	No Precert Req	
25115	REMOVE WRIST/FOREARM LES	No Precert Req	
25116	REMOVE WRIST/FOREARM LES	No Precert Req	
25118	EXCISE WRIST TENDON SHEA	No Precert Req	
25119	PARTIAL REMOVAL OF ULNA	No Precert Req	
25120	REMOVAL OF FOREARM LESIO	No Precert Req	
25125	REMOVE/GRAFT FOREARM LES	No Precert Req	
25126	REMOVE/GRAFT FOREARM LES	No Precert Req	
25130	REMOVAL OF WRIST LESION	No Precert Req	
25135	REMOVE & GRAFT WRIST LES	No Precert Req	
25136	REMOVE & GRAFT WRIST LES	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
25145	REMOVE FOREARM BONE LESI	No Precert Req	
25210	REMOVAL OF WRIST BONE	No Precert Req	
25215	REMOVAL OF WRIST BONES	No Precert Req	
25230	PARTIAL REMOVAL OF RADIU	No Precert Req	
25240	PARTIAL REMOVAL OF ULNA	No Precert Req	
25246	INJECTION FOR WRIST X-RA	No Precert Req	
25248	REMOVE FOREARM FOREIGN B	No Precert Req	
25250	REMOVAL OF WRIST PROSTHE	No Precert Req	
25251	REMOVAL OF WRIST PROSTHE	No Precert Req	
25260	REPAIR FOREARM TENDON/MU	No Precert Req	
25263	REPAIR FOREARM TENDON/MU	No Precert Req	
25265	REPAIR FOREARM TENDON/MU	No Precert Req	
25270	REPAIR FOREARM TENDON/MU	No Precert Req	
25272	REPAIR FOREARM TENDON/MU	No Precert Req	
25274	REPAIR FOREARM TENDON/MU	No Precert Req	
25275	REPAIR FOREARM TENDON SH	No Precert Req	
25280	REVISE WRIST/FOREARM TEN	No Precert Req	
25290	INCISE WRIST/FOREARM TEN	No Precert Req	
25295	RELEASE WRIST/FOREARM TE	No Precert Req	
25300	FUSION OF TENDONS AT WRI	No Precert Req	
25301	FUSION OF TENDONS AT WRI	No Precert Req	
25310	TRANSPLANT FOREARM TENDO	No Precert Req	
25312	TRANSPLANT FOREARM TENDO	No Precert Req	
25315	REVISE PALSY HAND TENDON	No Precert Req	
25316	REVISE PALSY HAND TENDON	No Precert Req	
25320	REPAIR/REVISE WRIST JOIN	No Precert Req	
25332	REVISE WRIST JOINT	No Precert Req	
25335	REALIGNMENT OF HAND	No Precert Req	
25337	RECONSTRUCT ULNA/RADIOUL	No Precert Req	
25350	REVISION OF RADIUS	No Precert Req	
25355	REVISION OF RADIUS	No Precert Req	
25360	REVISION OF ULNA	No Precert Req	
25365	REVISE RADIUS & ULNA	No Precert Req	
25370	REVISE RADIUS OR ULNA	No Precert Req	
25375	REVISE RADIUS & ULNA	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
25390	SHORTEN RADIUS OR ULNA	No Precert Req	
25391	LENGTHEN RADIUS OR ULNA	No Precert Req	
25392	SHORTEN RADIUS & ULNA	No Precert Req	
25393	LENGTHEN RADIUS & ULNA	No Precert Req	
25394	REPAIR CARPAL BONE, SHOR	No Precert Req	
25441	RECONSTRUCT WRIST JOINT	No Precert Req	
25442	RECONSTRUCT WRIST JOINT	No Precert Req	
25443	RECONSTRUCT WRIST JOINT	No Precert Req	
25444	RECONSTRUCT WRIST JOINT	No Precert Req	
25445	RECONSTRUCT WRIST JOINT	No Precert Req	
25446	WRIST REPLACEMENT	No Precert Req	
25447	REPAIR WRIST JOINT(S)	No Precert Req	
25450	REVISION OF WRIST JOINT	No Precert Req	
25455	REVISION OF WRIST JOINT	No Precert Req	
25490	REINFORCE RADIUS	No Precert Req	
25491	REINFORCE ULNA	No Precert Req	
25492	REINFORCE RADIUS AND ULN	No Precert Req	
25500	TREAT FRACTURE OF RADIUS	No Precert Req	
25505	TREAT FRACTURE OF RADIUS	No Precert Req	
25515	TREAT FRACTURE OF RADIUS	No Precert Req	
25520	TREAT FRACTURE OF RADIUS	No Precert Req	
25530	TREAT FRACTURE OF ULNA	No Precert Req	
25535	TREAT FRACTURE OF ULNA	No Precert Req	
25560	TREAT FRACTURE RADIUS &	No Precert Req	
25565	TREAT FRACTURE RADIUS &	No Precert Req	
25574	TREAT FRACTURE RADIUS &	No Precert Req	
25600	TREAT FRACTURE RADIUS/UL	No Precert Req	
25605	TREAT FRACTURE RADIUS/UL	No Precert Req	
25606	TREAT FX DISTAL RADIAL	No Precert Req	
25607	TREAT FX RAD EXTRA-ARTIC	No Precert Req	
25608	TREAT FX RAD INTRA-ARTIC	No Precert Req	
25609	TREAT FX RADIAL 3+ FRAG	No Precert Req	
25622	TREAT WRIST BONE FRACTUR	No Precert Req	
25624	TREAT WRIST BONE FRACTUR	No Precert Req	
25628	TREAT WRIST BONE FRACTUR	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
25630	TREAT WRIST BONE FRACTUR	No Precert Req	
25635	TREAT WRIST BONE FRACTUR	No Precert Req	
25645	TREAT WRIST BONE FRACTUR	No Precert Req	
25650	TREAT WRIST BONE FRACTUR	No Precert Req	
25651	PIN ULNAR STYLOID FRACTU	No Precert Req	
25652	TREAT FRACTURE ULNAR STY	No Precert Req	
25660	TREAT WRIST DISLOCATION	No Precert Req	
25670	TREAT WRIST DISLOCATION	No Precert Req	
25671	PIN RADIOULNAR DISLOCATI	No Precert Req	
25676	TREAT WRIST DISLOCATION	No Precert Req	
25680	TREAT WRIST FRACTURE	No Precert Req	
25685	TREAT WRIST FRACTURE	No Precert Req	
25690	TREAT WRIST DISLOCATION	No Precert Req	
25695	TREAT WRIST DISLOCATION	No Precert Req	
25800	FUSION OF WRIST JOINT	No Precert Req	
25805	FUSION/GRAFT OF WRIST JO	No Precert Req	
25810	FUSION/GRAFT OF WRIST JO	No Precert Req	
25820	FUSION OF HAND BONES	No Precert Req	
25825	FUSE HAND BONES WITH GRA	No Precert Req	
25830	FUSION, RADIOULNAR JNT/U	No Precert Req	
25907	AMPUTATION FOLLOW-UP SUR	No Precert Req	
25920	AMPUTATE HAND AT WRIST	No Precert Req	
25922	AMPUTATE HAND AT WRIST	No Precert Req	
25924	AMPUTATION FOLLOW-UP SUR	No Precert Req	
25927	AMPUTATION OF HAND	No Precert Req	
25929	AMPUTATION FOLLOW-UP SUR	No Precert Req	
25931	AMPUTATION FOLLOW-UP SUR	No Precert Req	
26010	DRAINAGE OF FINGER ABSCE	No Precert Req	
26011	DRAINAGE OF FINGER ABSCE	No Precert Req	
26020	DRAIN HAND TENDON SHEATH	No Precert Req	
26025	DRAINAGE OF PALM BURSA	No Precert Req	
26030	DRAINAGE OF PALM BURSA(S	No Precert Req	
26034	TREAT HAND BONE LESION	No Precert Req	
26035	DECOMPRESS FINGERS/HAND	No Precert Req	
26037	DECOMPRESS FINGERS/HAND	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
26040	RELEASE PALM CONTRACTURE	No Precert Req	
26045	RELEASE PALM CONTRACTURE	No Precert Req	
26055	INCISE FINGER TENDON SHE	No Precert Req	
26060	INCISION OF FINGER TENDO	No Precert Req	
26070	EXPLORE/TREAT HAND JOINT	No Precert Req	
26075	EXPLORE/TREAT FINGER JOI	No Precert Req	
26080	EXPLORE/TREAT FINGER JOI	No Precert Req	
26100	BIOPSY HAND JOINT LINING	No Precert Req	
26105	BIOPSY FINGER JOINT LINI	No Precert Req	
26110	BIOPSY FINGER JOINT LINI	No Precert Req	
26111	EXC HAND LES SC > 1.5 CM	No Precert Req	
26113	EXC HAND TUM DEEP > 1.5	No Precert Req	
26115	REMOVAL HAND LESION SUBC	No Precert Req	
26116	REMOVAL HAND LESION, DEE	No Precert Req	
26117	REMOVE TUMOR, HAND/FINGE	No Precert Req	
26118	EXC HAND TUM RA > 3 CM	No Precert Req	
26121	RELEASE PALM CONTRACTURE	No Precert Req	
26123	RELEASE PALM CONTRACTURE	No Precert Req	
26125	RELEASE PALM CONTRACTURE	No Precert Req	
26130	REMOVE WRIST JOINT LININ	No Precert Req	
26135	REVISE FINGER JOINT, EAC	No Precert Req	
26140	REVISE FINGER JOINT, EAC	No Precert Req	
26145	TENDON EXCISION, PALM/FI	No Precert Req	
26160	REMOVE TENDON SHEATH LES	No Precert Req	
26170	REMOVAL OF PALM TENDON,	No Precert Req	
26180	REMOVAL OF FINGER TENDON	No Precert Req	
26185	REMOVE FINGER BONE	No Precert Req	
26200	REMOVE HAND BONE LESION	No Precert Req	
26205	REMOVE/GRAFT BONE LESION	No Precert Req	
26210	REMOVAL OF FINGER LESION	No Precert Req	
26215	REMOVE/GRAFT FINGER LESI	No Precert Req	
26230	PARTIAL REMOVAL OF HAND	No Precert Req	
26235	PARTIAL REMOVAL, FINGER	No Precert Req	
26236	PARTIAL REMOVAL, FINGER	No Precert Req	
26250	EXTENSIVE HAND SURGERY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
26260	EXTENSIVE FINGER SURGERY	No Precert Req	
26262	PARTIAL REMOVAL OF FINGE	No Precert Req	
26320	REMOVAL OF IMPLANT FROM	No Precert Req	
26340	MANIPULATE FINGER W/ANES	No Precert Req	
26350	REPAIR FINGER/HAND TENDO	No Precert Req	
26352	REPAIR/GRAFT HAND TENDON	No Precert Req	
26356	REPAIR FINGER/HAND TENDO	No Precert Req	
26357	REPAIR FINGER/HAND TENDO	No Precert Req	
26358	REPAIR/GRAFT HAND TENDON	No Precert Req	
26370	REPAIR FINGER/HAND TENDO	No Precert Req	
26372	REPAIR/GRAFT HAND TENDON	No Precert Req	
26373	REPAIR FINGER/HAND TENDO	No Precert Req	
26390	REVISE HAND/FINGER TENDO	No Precert Req	
26392	REPAIR/GRAFT HAND TENDON	No Precert Req	
26410	REPAIR HAND TENDON	No Precert Req	
26412	REPAIR/GRAFT HAND TENDON	No Precert Req	
26415	EXCISION, HAND/FINGER TE	No Precert Req	
26416	GRAFT HAND OR FINGER TEN	No Precert Req	
26418	REPAIR FINGER TENDON	No Precert Req	
26420	REPAIR/GRAFT FINGER TEND	No Precert Req	
26426	REPAIR FINGER/HAND TENDO	No Precert Req	
26428	REPAIR/GRAFT FINGER TEND	No Precert Req	
26432	REPAIR FINGER TENDON	No Precert Req	
26433	REPAIR FINGER TENDON	No Precert Req	
26434	REPAIR/GRAFT FINGER TEND	No Precert Req	
26437	REALIGNMENT OF TENDONS	No Precert Req	
26440	RELEASE PALM/FINGER TEND	No Precert Req	
26442	RELEASE PALM & FINGER TE	No Precert Req	
26445	RELEASE HAND/FINGER TEND	No Precert Req	
26449	RELEASE FOREARM/HAND TEN	No Precert Req	
26450	INCISION OF PALM TENDON	No Precert Req	
26455	INCISION OF FINGER TENDO	No Precert Req	
26460	INCISE HAND/FINGER TENDO	No Precert Req	
26471	FUSION OF FINGER TENDONS	No Precert Req	
26474	FUSION OF FINGER TENDONS	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
26476	TENDON LENGTHENING	No Precert Req	
26477	TENDON SHORTENING	No Precert Req	
26478	LENGTHENING OF HAND TEND	No Precert Req	
26479	SHORTENING OF HAND TENDO	No Precert Req	
26480	TRANSPLANT HAND TENDON	No Precert Req	
26483	TRANSPLANT/GRAFT HAND TE	No Precert Req	
26485	TRANSPLANT PALM TENDON	No Precert Req	
26489	TRANSPLANT/GRAFT PALM TE	No Precert Req	
26490	REVISE THUMB TENDON	No Precert Req	
26492	TENDON TRANSFER WITH GRA	No Precert Req	
26494	HAND TENDON/MUSCLE TRANS	No Precert Req	
26496	REVISE THUMB TENDON	No Precert Req	
26497	FINGER TENDON TRANSFER	No Precert Req	
26498	FINGER TENDON TRANSFER	No Precert Req	
26499	REVISION OF FINGER	No Precert Req	
26500	HAND TENDON RECONSTRUCTI	No Precert Req	
26502	HAND TENDON RECONSTRUCTI	No Precert Req	
26508	RELEASE THUMB CONTRACTUR	No Precert Req	
26510	THUMB TENDON TRANSFER	No Precert Req	
26516	FUSION OF KNUCKLE JOINT	No Precert Req	
26517	FUSION OF KNUCKLE JOINTS	No Precert Req	
26518	FUSION OF KNUCKLE JOINTS	No Precert Req	
26520	RELEASE KNUCKLE CONTRACT	No Precert Req	
26525	RELEASE FINGER CONTRACTU	No Precert Req	
26530	REVISE KNUCKLE JOINT	No Precert Req	
26531	REVISE KNUCKLE WITH IMPL	No Precert Req	
26535	REVISE FINGER JOINT	No Precert Req	
26536	REVISE/IMPLANT FINGER JO	No Precert Req	
26540	REPAIR HAND JOINT	No Precert Req	
26541	REPAIR HAND JOINT WITH G	No Precert Req	
26542	REPAIR HAND JOINT WITH G	No Precert Req	
26545	RECONSTRUCT FINGER JOINT	No Precert Req	
26546	REPAIR NONUNION HAND	No Precert Req	
26548	RECONSTRUCT FINGER JOINT	No Precert Req	
26550	CONSTRUCT THUMB REPLACEM	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
26551	GREAT TOE-HAND TRANSFER	No Precert Req	
26553	SINGLE TRANSFER, TOE-HAN	No Precert Req	
26554	DOUBLE TRANSFER, TOE-HAN	No Precert Req	
26555	POSITIONAL CHANGE OF FIN	No Precert Req	
26556	TOE JOINT TRANSFER	No Precert Req	
26560	REPAIR OF WEB FINGER	No Precert Req	
26561	REPAIR OF WEB FINGER	No Precert Req	
26562	REPAIR OF WEB FINGER	No Precert Req	
26565	CORRECT METACARPAL FLAW	No Precert Req	
26567	CORRECT FINGER DEFORMITY	No Precert Req	
26568	LENGTHEN METACARPAL/FING	No Precert Req	
26580	REPAIR HAND DEFORMITY	No Precert Req	
26587	RECONSTRUCT EXTRA FINGER	No Precert Req	
26590	REPAIR FINGER DEFORMITY	No Precert Req	
26591	REPAIR MUSCLES OF HAND	No Precert Req	
26593	RELEASE MUSCLES OF HAND	No Precert Req	
26596	EXCISION CONSTRICTING TI	No Precert Req	
26600	TREAT METACARPAL FRACTUR	No Precert Req	
26605	TREAT METACARPAL FRACTUR	No Precert Req	
26607	TREAT METACARPAL FRACTUR	No Precert Req	
26608	TREAT METACARPAL FRACTUR	No Precert Req	
26615	TREAT METACARPAL FRACTUR	No Precert Req	
26641	TREAT THUMB DISLOCATION	No Precert Req	
26645	TREAT THUMB FRACTURE	No Precert Req	
26650	TREAT THUMB FRACTURE	No Precert Req	
26665	TREAT THUMB FRACTURE	No Precert Req	
26670	TREAT HAND DISLOCATION	No Precert Req	
26675	TREAT HAND DISLOCATION	No Precert Req	
26676	PIN HAND DISLOCATION	No Precert Req	
26685	TREAT HAND DISLOCATION	No Precert Req	
26686	TREAT HAND DISLOCATION	No Precert Req	
26700	TREAT KNUCKLE DISLOCATIO	No Precert Req	
26705	TREAT KNUCKLE DISLOCATIO	No Precert Req	
26706	PIN KNUCKLE DISLOCATION	No Precert Req	
26715	TREAT KNUCKLE DISLOCATIO	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
26720	TREAT FINGER FRACTURE, E	No Precert Req	
26725	TREAT FINGER FRACTURE, E	No Precert Req	
26727	TREAT FINGER FRACTURE, E	No Precert Req	
26735	TREAT FINGER FRACTURE, E	No Precert Req	
26740	TREAT FINGER FRACTURE, E	No Precert Req	
26742	TREAT FINGER FRACTURE, E	No Precert Req	
26746	TREAT FINGER FRACTURE, E	No Precert Req	
26750	TREAT FINGER FRACTURE, E	No Precert Req	
26755	TREAT FINGER FRACTURE, E	No Precert Req	
26756	PIN FINGER FRACTURE, EAC	No Precert Req	
26765	TREAT FINGER FRACTURE, E	No Precert Req	
26770	TREAT FINGER DISLOCATION	No Precert Req	
26775	TREAT FINGER DISLOCATION	No Precert Req	
26776	PIN FINGER DISLOCATION	No Precert Req	
26785	TREAT FINGER DISLOCATION	No Precert Req	
26820	THUMB FUSION WITH GRAFT	No Precert Req	
26841	FUSION OF THUMB	No Precert Req	
26842	THUMB FUSION WITH GRAFT	No Precert Req	
26843	FUSION OF HAND JOINT	No Precert Req	
26844	FUSION/GRAFT OF HAND JOI	No Precert Req	
26850	FUSION OF KNUCKLE	No Precert Req	
26852	FUSION OF KNUCKLE WITH G	No Precert Req	
26860	FUSION OF FINGER JOINT	No Precert Req	
26861	FUSION OF FINGER JNT, AD	No Precert Req	
26862	FUSION/GRAFT OF FINGER J	No Precert Req	
26863	FUSE/GRAFT ADDED JOINT	No Precert Req	
26910	AMPUTATE METACARPAL BONE	No Precert Req	
26951	AMPUTATION OF FINGER/THU	No Precert Req	
26952	AMPUTATION OF FINGER/THU	No Precert Req	
27000	INCISION OF HIP TENDON	No Precert Req	
27001	INCISION OF HIP TENDON	No Precert Req	
27003	INCISION OF HIP TENDON	No Precert Req	
27005	INCISION OF HIP TENDON	No Precert Req	
27006	INCISION OF HIP TENDONS	No Precert Req	
27025	INCISION OF HIP/THIGH FA	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
27027	BUTTOCK FASCIOTOMY]	No Precert Req	
27035	DENERVATION OF HIP JOINT	No Precert Req	
27036	EXCISION OF HIP JOINT/MU	No Precert Req	
27050	BIOPSY OF SACROILIAC JOI	No Precert Req	
27057	BUTTOCK FASCIOTOMY]	No Precert Req	
27060	REMOVAL OF ISCHIAL BURSA	No Precert Req	
27062	REMOVE FEMUR LESION/BURS	No Precert Req	
27080	REMOVAL OF TAIL BONE	No Precert Req	
27093	INJECTION FOR HIP X-RAY	No Precert Req	
27095	INJECTION FOR HIP X-RAY	No Precert Req	
27096	INJECT SACROILIAC JOINT	No Precert Req	
27097	REVISION OF HIP TENDON	No Precert Req	
27098	TRANSFER TENDON TO PELVI	No Precert Req	
27100	TRANSFER OF ABDOMINAL MU	No Precert Req	
27105	TRANSFER OF SPINAL MUSCL	No Precert Req	
27110	TRANSFER OF ILIOPSOAS MU	No Precert Req	
27111	TRANSFER OF ILIOPSOAS MU	No Precert Req	
27170	REPAIR/GRAFT FEMUR HEAD/	No Precert Req	
27185	REVISION OF FEMUR EPIPHY	No Precert Req	
27200	TREAT TAIL BONE FRACTURE	No Precert Req	
27202	TREAT TAIL BONE FRACTURE	No Precert Req	
27250	TREAT HIP DISLOCATION	No Precert Req	
27252	TREAT HIP DISLOCATION	No Precert Req	
27256	TREAT HIP DISLOCATION	No Precert Req	
27257	TREAT HIP DISLOCATION	No Precert Req	
27265	TREAT HIP DISLOCATION	No Precert Req	
27266	TREAT HIP DISLOCATION	No Precert Req	
27267	CLTX THIGH FX	No Precert Req	
27268	CLTX THIGH FX W/MNPT	No Precert Req	
27282	FUSION OF PUBIC BONES	No Precert Req	
27284	FUSION OF HIP JOINT	No Precert Req	
27286	FUSION OF HIP JOINT	No Precert Req	
27305	INCISE THIGH TENDON & FA	No Precert Req	
27306	INCISION OF THIGH TENDON	No Precert Req	
27307	INCISION OF THIGH TENDON	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
27325	NEURECTOMY, HAMSTRING	No Precert Req	
27326	NEURECTOMY, POPLITEAL	No Precert Req	
27345	REMOVAL OF KNEE CYST	No Precert Req	
27350	REMOVAL OF KNEECAP	No Precert Req	
27370	INJECTION FOR KNEE X-RAY	No Precert Req	
27380	REPAIR OF KNEECAP TENDON	No Precert Req	
27381	REPAIR/GRAFT KNEECAP TEN	No Precert Req	
27385	REPAIR OF THIGH MUSCLE	No Precert Req	
27386	REPAIR/GRAFT OF THIGH MU	No Precert Req	
27390	INCISION OF THIGH TENDON	No Precert Req	
27391	INCISION OF THIGH TENDON	No Precert Req	
27392	INCISION OF THIGH TENDON	No Precert Req	
27393	LENGTHENING OF THIGH TEN	No Precert Req	
27394	LENGTHENING OF THIGH TEN	No Precert Req	
27395	LENGTHENING OF THIGH TEN	No Precert Req	
27396	TRANSPLANT OF THIGH TEND	No Precert Req	
27397	TRANSPLANTS OF THIGH TEN	No Precert Req	
27400	REVISE THIGH MUSCLES/TEN	No Precert Req	
27430	REVISION OF THIGH MUSCLE	No Precert Req	
27435	INCISION OF KNEE JOINT	No Precert Req	
27437	REVISE KNEECAP	No Precert Req	
27475	SURGERY TO STOP LEG GROW	No Precert Req	
27477	SURGERY TO STOP LEG GROW	No Precert Req	
27479	SURGERY TO STOP LEG GROW	No Precert Req	
27485	SURGERY TO STOP LEG GROW	No Precert Req	
27496	DECOMPRESSION OF THIGH/K	No Precert Req	
27497	DECOMPRESSION OF THIGH/K	No Precert Req	
27498	DECOMPRESSION OF THIGH/K	No Precert Req	
27499	DECOMPRESSION OF THIGH/K	No Precert Req	
27508	TREATMENT OF THIGH FRACT	No Precert Req	
27510	TREATMENT OF THIGH FRACT	No Precert Req	
27516	TREAT THIGH FX GROWTH PL	No Precert Req	
27517	TREAT THIGH FX GROWTH PL	No Precert Req	
27520	TREAT KNEECAP FRACTURE	No Precert Req	
27530	TREAT KNEE FRACTURE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
27532	TREAT KNEE FRACTURE	No Precert Req	
27535	TREAT KNEE FRACTURE	No Precert Req	
27536	TREAT KNEE FRACTURE	No Precert Req	
27538	TREAT KNEE FRACTURE(S)	No Precert Req	
27550	TREAT KNEE DISLOCATION	No Precert Req	
27552	TREAT KNEE DISLOCATION	No Precert Req	
27556	TREAT KNEE DISLOCATION	No Precert Req	
27557	TREAT KNEE DISLOCATION	No Precert Req	
27558	TREAT KNEE DISLOCATION	No Precert Req	
27560	TREAT KNEECAP DISLOCATIO	No Precert Req	
27562	TREAT KNEECAP DISLOCATIO	No Precert Req	
27580	FUSION OF KNEE	No Precert Req	
27600	DECOMPRESSION OF LOWER L	No Precert Req	
27601	DECOMPRESSION OF LOWER L	No Precert Req	
27602	DECOMPRESSION OF LOWER L	No Precert Req	
27603	DRAIN LOWER LEG LESION	No Precert Req	
27604	DRAIN LOWER LEG BURSA	No Precert Req	
27605	INCISION OF ACHILLES TEN	No Precert Req	
27606	INCISION OF ACHILLES TEN	No Precert Req	
27607	TREAT LOWER LEG BONE LES	No Precert Req	
27610	EXPLORE/TREAT ANKLE JOIN	No Precert Req	
27612	EXPLORATION OF ANKLE JOI	No Precert Req	
27613	BIOPSY LOWER LEG SOFT TI	No Precert Req	
27614	BIOPSY LOWER LEG SOFT TI	No Precert Req	
27615	REMOVE TUMOR, LOWER LEG	No Precert Req	
27616	RESECT LEG/ANKLE TUM 5+	No Precert Req	
27618	REMOVE LOWER LEG LESION	No Precert Req	
27619	REMOVE LOWER LEG LESION	No Precert Req	
27620	EXPLORE/TREAT ANKLE JOIN	No Precert Req	
27625	REMOVE ANKLE JOINT LININ	No Precert Req	
27626	REMOVE ANKLE JOINT LININ	No Precert Req	
27632	EXC LE/ANKLE LES SC 3 + C	No Precert Req	
27634	EXC LEG/ANKLE TUM DEEP 5	No Precert Req	
27648	INJECTION FOR ANKLE X-RA	No Precert Req	
27650	REPAIR ACHILLES TENDON	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
27652	REPAIR/GRAFT ACHILLES TE	No Precert Req	
27654	REPAIR OF ACHILLES TENDO	No Precert Req	
27675	REPAIR LOWER LEG TENDONS	No Precert Req	
27676	REPAIR LOWER LEG TENDONS	No Precert Req	
27680	RELEASE OF LOWER LEG TEN	No Precert Req	
27681	RELEASE OF LOWER LEG TEN	No Precert Req	
27685	REVISION OF LOWER LEG TE	No Precert Req	
27686	REVISE LOWER LEG TENDONS	No Precert Req	
27687	REVISION OF CALF TENDON	No Precert Req	
27690	REVISE LOWER LEG TENDON	No Precert Req	
27691	REVISE LOWER LEG TENDON	No Precert Req	
27692	REVISE ADDITIONAL LEG TE	No Precert Req	
27695	REPAIR OF ANKLE LIGAMENT	No Precert Req	
27696	REPAIR OF ANKLE LIGAMENT	No Precert Req	
27698	REPAIR OF ANKLE LIGAMENT	No Precert Req	
27705	INCISION OF TIBIA	No Precert Req	
27707	INCISION OF FIBULA	No Precert Req	
27709	INCISION OF TIBIA & FIBU	No Precert Req	
27712	REALIGNMENT OF LOWER LEG	No Precert Req	
27715	REVISION OF LOWER LEG	No Precert Req	
27726	REPAIR FIBULA NONUNION	No Precert Req	
27730	REPAIR OF TIBIA EPIPHYSI	No Precert Req	
27732	REPAIR OF FIBULA EPIPHYS	No Precert Req	
27734	REPAIR LOWER LEG EPIPHYS	No Precert Req	
27740	REPAIR OF LEG EPIPHYSES	No Precert Req	
27742	REPAIR OF LEG EPIPHYSES	No Precert Req	
27745	REINFORCE TIBIA	No Precert Req	
27750	TREATMENT OF TIBIA FRACT	No Precert Req	
27752	TREATMENT OF TIBIA FRACT	No Precert Req	
27756	TREATMENT OF TIBIA FRACT	No Precert Req	
27758	TREATMENT OF TIBIA FRACT	No Precert Req	
27759	TREATMENT OF TIBIA FRACT	No Precert Req	
27760	TREATMENT OF ANKLE FRACT	No Precert Req	
27762	TREATMENT OF ANKLE FRACT	No Precert Req	
27766	TREATMENT OF ANKLE FRACT	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
27767	CLTX POST ANKLE FX	No Precert Req	
27768	CLTX POST ANKLE FX W/MNP	No Precert Req	
27769	OPTX POST ANKLE FX	No Precert Req	
27780	TREATMENT OF FIBULA FRAC	No Precert Req	
27781	TREATMENT OF FIBULA FRAC	No Precert Req	
27784	TREATMENT OF FIBULA FRAC	No Precert Req	
27786	TREATMENT OF ANKLE FRACT	No Precert Req	
27788	TREATMENT OF ANKLE FRACT	No Precert Req	
27792	TREATMENT OF ANKLE FRACT	No Precert Req	
27808	TREATMENT OF ANKLE FRACT	No Precert Req	
27810	TREATMENT OF ANKLE FRACT	No Precert Req	
27814	TREATMENT OF ANKLE FRACT	No Precert Req	
27816	TREATMENT OF ANKLE FRACT	No Precert Req	
27818	TREATMENT OF ANKLE FRACT	No Precert Req	
27822	TREATMENT OF ANKLE FRACT	No Precert Req	
27823	TREATMENT OF ANKLE FRACT	No Precert Req	
27824	TREAT LOWER LEG FRACTURE	No Precert Req	
27825	TREAT LOWER LEG FRACTURE	No Precert Req	
27826	TREAT LOWER LEG FRACTURE	No Precert Req	
27827	TREAT LOWER LEG FRACTURE	No Precert Req	
27828	TREAT LOWER LEG FRACTURE	No Precert Req	
27829	TREAT LOWER LEG JOINT	No Precert Req	
27830	TREAT LOWER LEG DISLOCAT	No Precert Req	
27831	TREAT LOWER LEG DISLOCAT	No Precert Req	
27832	TREAT LOWER LEG DISLOCAT	No Precert Req	
27840	TREAT ANKLE DISLOCATION	No Precert Req	
27842	TREAT ANKLE DISLOCATION	No Precert Req	
27846	TREAT ANKLE DISLOCATION	No Precert Req	
27848	TREAT ANKLE DISLOCATION	No Precert Req	
28001	DRAINAGE OF BURSA OF FOO	No Precert Req	
28002	TREATMENT OF FOOT INFECT	No Precert Req	
28003	TREATMENT OF FOOT INFECT	No Precert Req	
28005	TREAT FOOT BONE LESION	No Precert Req	
28008	INCISION OF FOOT FASCIA	No Precert Req	
28010	INCISION OF TOE TENDON	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
28011	INCISION OF TOE TENDONS	No Precert Req	
28020	EXPLORATION OF FOOT JOIN	No Precert Req	
28022	EXPLORATION OF FOOT JOIN	No Precert Req	
28024	EXPLORATION OF TOE JOINT	No Precert Req	
28035	DECOMPRESSION OF TIBIA N	No Precert Req	
28039	EXC FOOT/TOE TUM SC > 1.	No Precert Req	
28041	EXC FOOT/TOE TUM DEEP 1	No Precert Req	
28043	EXCISION OF FOOT LESION	No Precert Req	
28045	EXCISION OF FOOT LESION	No Precert Req	
28046	RESECTION OF TUMOR, FOOT	No Precert Req	
28047	RESECT FOOT/TOE TUMOR >	No Precert Req	
28050	BIOPSY OF FOOT JOINT LIN	No Precert Req	
28052	BIOPSY OF FOOT JOINT LIN	No Precert Req	
28054	BIOPSY OF TOE JOINT LINI	No Precert Req	
28055	NEURECTOMY, FOOT	No Precert Req	
28060	PARTIAL REMOVAL, FOOT FA	No Precert Req	
28062	REMOVAL OF FOOT FASCIA	No Precert Req	
28070	REMOVAL OF FOOT JOINT LI	No Precert Req	
28072	REMOVAL OF FOOT JOINT LI	No Precert Req	
28080	REMOVAL OF FOOT LESION	No Precert Req	
28086	EXCISE FOOT TENDON SHEAT	No Precert Req	
28088	EXCISE FOOT TENDON SHEAT	No Precert Req	
28090	REMOVAL OF FOOT LESION	No Precert Req	
28092	REMOVAL OF TOE LESIONS	No Precert Req	
28100	REMOVAL OF ANKLE/HEEL LE	No Precert Req	
28102	REMOVE/GRAFT FOOT LESION	No Precert Req	
28103	REMOVE/GRAFT FOOT LESION	No Precert Req	
28104	REMOVAL OF FOOT LESION	No Precert Req	
28106	REMOVE/GRAFT FOOT LESION	No Precert Req	
28107	REMOVE/GRAFT FOOT LESION	No Precert Req	
28108	REMOVAL OF TOE LESIONS	No Precert Req	
28110	PART REMOVAL OF METATARS	No Precert Req	
28111	PART REMOVAL OF METATARS	No Precert Req	
28112	PART REMOVAL OF METATARS	No Precert Req	
28113	PART REMOVAL OF METATARS	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
28114	REMOVAL OF METATARSAL HE	No Precert Req	
28116	REVISION OF FOOT	No Precert Req	
28118	REMOVAL OF HEEL BONE	No Precert Req	
28119	REMOVAL OF HEEL SPUR	No Precert Req	
28120	PART REMOVAL OF ANKLE/HE	No Precert Req	
28122	PARTIAL REMOVAL OF FOOT	No Precert Req	
28124	PARTIAL REMOVAL OF TOE	No Precert Req	
28126	PARTIAL REMOVAL OF TOE	No Precert Req	
28130	REMOVAL OF ANKLE BONE	No Precert Req	
28140	REMOVAL OF METATARSAL	No Precert Req	
28150	REMOVAL OF TOE	No Precert Req	
28153	PARTIAL REMOVAL OF TOE	No Precert Req	
28160	PARTIAL REMOVAL OF TOE	No Precert Req	
28171	EXTENSIVE FOOT SURGERY	No Precert Req	
28173	EXTENSIVE FOOT SURGERY	No Precert Req	
28175	EXTENSIVE FOOT SURGERY	No Precert Req	
28190	REMOVAL OF FOOT FOREIGN	No Precert Req	
28192	REMOVAL OF FOOT FOREIGN	No Precert Req	
28193	REMOVAL OF FOOT FOREIGN	No Precert Req	
28200	REPAIR OF FOOT TENDON	No Precert Req	
28202	REPAIR/GRAFT OF FOOT TEN	No Precert Req	
28208	REPAIR OF FOOT TENDON	No Precert Req	
28210	REPAIR/GRAFT OF FOOT TEN	No Precert Req	
28220	RELEASE OF FOOT TENDON	No Precert Req	
28222	RELEASE OF FOOT TENDONS	No Precert Req	
28225	RELEASE OF FOOT TENDON	No Precert Req	
28226	RELEASE OF FOOT TENDONS	No Precert Req	
28230	INCISION OF FOOT TENDON(No Precert Req	
28232	INCISION OF TOE TENDON	No Precert Req	
28234	INCISION OF FOOT TENDON	No Precert Req	
28238	REVISION OF FOOT TENDON	No Precert Req	
28240	RELEASE OF BIG TOE	No Precert Req	
28250	REVISION OF FOOT FASCIA	No Precert Req	
28260	RELEASE OF MIDFOOT JOINT	No Precert Req	
28261	REVISION OF FOOT TENDON	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
28262	REVISION OF FOOT AND ANK	No Precert Req	
28264	RELEASE OF MIDFOOT JOINT	No Precert Req	
28270	RELEASE OF FOOT CONTRACT	No Precert Req	
28272	RELEASE OF TOE JOINT, EA	No Precert Req	
28280	FUSION OF TOES	No Precert Req	
28285	REPAIR OF HAMMERTOES	No Precert Req	
28286	REPAIR OF HAMMERTOES	No Precert Req	
28288	PARTIAL REMOVAL OF FOOT	No Precert Req	
28289	REPAIR HALLUX RIGIDUS	No Precert Req	
28290	CORRECTION OF BUNION	No Precert Req	Code deleted 12/31/2016
28291	CORRJ HALUX RIGDUS W/IMPLT	No Precert Req	
28292	CORRECTION OF BUNION	No Precert Req	
28294	CORRECTION OF BUNION	No Precert Req	Code deleted 12/31/2016
28295	CORRECTION HALLUX VALGUS	No Precert Req	
28296	CORRECTION OF BUNION	No Precert Req	
28297	CORRECTION OF BUNION	No Precert Req	
28298	CORRECTION OF BUNION	No Precert Req	
28299	CORRECTION OF BUNION	No Precert Req	
28300	INCISION OF HEEL BONE	No Precert Req	
28302	INCISION OF ANKLE BONE	No Precert Req	
28304	INCISION OF MIDFOOT BONE	No Precert Req	
28305	INCISE/GRAFT MIDFOOT BON	No Precert Req	
28306	INCISION OF METATARSAL	No Precert Req	
28307	INCISION OF METATARSAL	No Precert Req	
28308	INCISION OF METATARSAL	No Precert Req	
28310	REVISION OF BIG TOE	No Precert Req	
28312	REVISION OF TOE	No Precert Req	
28313	REPAIR DEFORMITY OF TOE	No Precert Req	
28315	REMOVAL OF SESAMOID BONE	No Precert Req	
28320	REPAIR OF FOOT BONES	No Precert Req	
28322	REPAIR OF METATARSALS	No Precert Req	
28340	RESECT ENLARGED TOE TISS	No Precert Req	
28341	RESECT ENLARGED TOE	No Precert Req	
28344	REPAIR EXTRA TOE(S)	No Precert Req	
28345	REPAIR WEBBED TOE(S)	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
28400	TREATMENT OF HEEL FRACTU	No Precert Req	
28405	TREATMENT OF HEEL FRACTU	No Precert Req	
28406	TREATMENT OF HEEL FRACTU	No Precert Req	
28415	TREAT HEEL FRACTURE	No Precert Req	
28420	TREAT/GRAFT HEEL FRACTUR	No Precert Req	
28430	TREATMENT OF ANKLE FRACT	No Precert Req	
28435	TREATMENT OF ANKLE FRACT	No Precert Req	
28436	TREATMENT OF ANKLE FRACT	No Precert Req	
28445	TREAT ANKLE FRACTURE	No Precert Req	
28450	TREAT MIDFOOT FRACTURE,	No Precert Req	
28455	TREAT MIDFOOT FRACTURE,	No Precert Req	
28456	TREAT MIDFOOT FRACTURE	No Precert Req	
28465	TREAT MIDFOOT FRACTURE,	No Precert Req	
28470	TREAT METATARSAL FRACTUR	No Precert Req	
28475	TREAT METATARSAL FRACTUR	No Precert Req	
28476	TREAT METATARSAL FRACTUR	No Precert Req	
28485	TREAT METATARSAL FRACTUR	No Precert Req	
28490	TREAT BIG TOE FRACTURE	No Precert Req	
28495	TREAT BIG TOE FRACTURE	No Precert Req	
28496	TREAT BIG TOE FRACTURE	No Precert Req	
28505	TREAT BIG TOE FRACTURE	No Precert Req	
28510	TREATMENT OF TOE FRACTUR	No Precert Req	
28515	TREATMENT OF TOE FRACTUR	No Precert Req	
28525	TREAT TOE FRACTURE	No Precert Req	
28530	TREAT SESAMOID BONE FRAC	No Precert Req	
28531	TREAT SESAMOID BONE FRAC	No Precert Req	
28540	TREAT FOOT DISLOCATION	No Precert Req	
28545	TREAT FOOT DISLOCATION	No Precert Req	
28546	TREAT FOOT DISLOCATION	No Precert Req	
28555	REPAIR FOOT DISLOCATION	No Precert Req	
28570	TREAT FOOT DISLOCATION	No Precert Req	
28575	TREAT FOOT DISLOCATION	No Precert Req	
28576	TREAT FOOT DISLOCATION	No Precert Req	
28585	REPAIR FOOT DISLOCATION	No Precert Req	
28600	TREAT FOOT DISLOCATION	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
28605	TREAT FOOT DISLOCATION	No Precert Req	
28606	TREAT FOOT DISLOCATION	No Precert Req	
28615	REPAIR FOOT DISLOCATION	No Precert Req	
28630	TREAT TOE DISLOCATION	No Precert Req	
28635	TREAT TOE DISLOCATION	No Precert Req	
28636	TREAT TOE DISLOCATION	No Precert Req	
28645	REPAIR TOE DISLOCATION	No Precert Req	
28660	TREAT TOE DISLOCATION	No Precert Req	
28665	TREAT TOE DISLOCATION	No Precert Req	
28666	TREAT TOE DISLOCATION	No Precert Req	
28675	REPAIR OF TOE DISLOCATIO	No Precert Req	
28715	FUSION OF FOOT BONES	No Precert Req	
28725	FUSION OF FOOT BONES	No Precert Req	
28740	FUSION OF FOOT BONES	No Precert Req	
28750	FUSION OF BIG TOE JOINT	No Precert Req	
28755	FUSION OF BIG TOE JOINT	No Precert Req	
28760	FUSION OF BIG TOE JOINT	No Precert Req	
28810	AMPUTATION TOE & METATAR	No Precert Req	
28820	AMPUTATION OF TOE	No Precert Req	
28825	PARTIAL AMPUTATION OF TO	No Precert Req	
29000	APPLICATION OF BODY CAST	No Precert Req	
29010	APPLICATION OF BODY CAST	No Precert Req	
29015	APPLICATION OF BODY CAST	No Precert Req	
29020	APPLICATION OF BODY CAST	No Precert Req	
29025	APPLICATION OF BODY CAST	No Precert Req	
29035	APPLICATION OF BODY CAST	No Precert Req	
29040	APPLICATION OF BODY CAST	No Precert Req	
29044	APPLICATION OF BODY CAST	No Precert Req	
29046	APPLICATION OF BODY CAST	No Precert Req	
29049	APPLICATION OF FIGURE EI	No Precert Req	
29055	APPLICATION OF SHOULDER	No Precert Req	
29058	APPLICATION OF SHOULDER	No Precert Req	
29065	APPLICATION OF LONG ARM	No Precert Req	
29075	APPLICATION OF FOREARM C	No Precert Req	
29085	APPLY HAND/WRIST CAST	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
29086	APPLY FINGER CAST	No Precert Req	
29105	APPLY LONG ARM SPLINT	No Precert Req	
29125	APPLY FOREARM SPLINT	No Precert Req	
29126	APPLY FOREARM SPLINT	No Precert Req	
29130	APPLICATION OF FINGER SP	No Precert Req	
29131	APPLICATION OF FINGER SP	No Precert Req	
29200	STRAPPING OF CHEST	No Precert Req	Experimental/Investigational/Unproven
29240	STRAPPING OF SHOULDER	No Precert Req	Experimental/Investigational/Unproven
29260	STRAPPING OF ELBOW OR WR	No Precert Req	Experimental/Investigational/Unproven
29280	STRAPPING OF HAND OR FIN	No Precert Req	
29305	APPLICATION OF HIP CAST	No Precert Req	
29325	APPLICATION OF HIP CASTS	No Precert Req	
29345	APPLICATION OF LONG LEG	No Precert Req	
29355	APPLICATION OF LONG LEG	No Precert Req	
29358	APPLY LONG LEG CAST BRAC	No Precert Req	
29365	APPLICATION OF LONG LEG	No Precert Req	
29405	APPLY SHORT LEG CAST	No Precert Req	
29425	APPLY SHORT LEG CAST	No Precert Req	
29435	APPLY SHORT LEG CAST	No Precert Req	
29440	ADDITION OF WALKER TO CA	No Precert Req	
29445	APPLY RIGID LEG CAST	No Precert Req	
29450	APPLICATION OF LEG CAST	No Precert Req	
29505	APPLICATION, LONG LEG SP	No Precert Req	
29515	APPLICATION LOWER LEG SP	No Precert Req	
29520	STRAPPING OF HIP	No Precert Req	Experimental/Investigational/Unproven
29530	STRAPPING OF KNEE	No Precert Req	Experimental/Investigational/Unproven
29540	STRAPPING OF ANKLE AND/O	No Precert Req	
29550	STRAPPING OF TOES	No Precert Req	
29580	APPLICATION OF PASTE BOO	No Precert Req	
29581	APPLY MULTLAY COMPRS LWR	No Precert Req	
29582	APPLY MULTLAY COMPRS UPR	No Precert Req	
29583	APPLY MULTLAY COMPRS UPR	No Precert Req	
29584	APPL MULTLAY COMPRS ARM/	No Precert Req	
29590	APPLICATION OF FOOT SPLI	No Precert Req	
29700	REMOVAL/REVISION OF CAST	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
29705	REMOVAL/REVISION OF CAST	No Precert Req	
29710	REMOVAL/REVISION OF CAST	No Precert Req	
29715	REMOVAL/REVISION OF CAST	No Precert Req	
29720	REPAIR OF BODY CAST	No Precert Req	
29730	WINDOWING OF CAST	No Precert Req	
29740	WEDGING OF CAST	No Precert Req	
29750	WEDGING OF CLUBFOOT CAST	No Precert Req	
29830	ELBOW ARTHROSCOPY	No Precert Req	
29834	ELBOW ARTHROSCOPY/SURGER	No Precert Req	
29835	ELBOW ARTHROSCOPY/SURGER	No Precert Req	
29836	ELBOW ARTHROSCOPY/SURGER	No Precert Req	
29837	ELBOW ARTHROSCOPY/SURGER	No Precert Req	
29838	ELBOW ARTHROSCOPY/SURGER	No Precert Req	
29840	WRIST ARTHROSCOPY	No Precert Req	
29843	WRIST ARTHROSCOPY/SURGER	No Precert Req	
29844	WRIST ARTHROSCOPY/SURGER	No Precert Req	
29845	WRIST ARTHROSCOPY/SURGER	No Precert Req	
29846	WRIST ARTHROSCOPY/SURGER	No Precert Req	
29847	WRIST ARTHROSCOPY/SURGER	No Precert Req	
29848	WRIST ENDOSCOPY/SURGERY	No Precert Req	
29891	ANKLE ARTHROSCOPY/SURGER	No Precert Req	
29892	ANKLE ARTHROSCOPY/SURGER	No Precert Req	
29893	SCOPE, PLANTAR FASCIOTOM	No Precert Req	
29894	ANKLE ARTHROSCOPY/SURGER	No Precert Req	
29895	ANKLE ARTHROSCOPY/SURGER	No Precert Req	
29897	ANKLE ARTHROSCOPY/SURGER	No Precert Req	
29898	ANKLE ARTHROSCOPY/SURGER	No Precert Req	
29899	Unlisted ANKLE ARTHROSCOPY/SURGER	No Precert Req	
29900	MCP JOINT ARTHROSCOPY, D	No Precert Req	
29901	MCP JOINT ARTHROSCOPY, S	No Precert Req	
29902	MCP JOINT ARTHROSCOPY, S	No Precert Req	
29904	SUBTALAR ARTHRO W/FB RMV	No Precert Req	
29905	SUBTALAR ARTHRO W/EXC	No Precert Req	
29906	SUBTALAR ARTHRO W/DEB	No Precert Req	
29907	SUBTALAR ARTHRO W/FUSION	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
30000	DRAINAGE OF NOSE LESION	No Precert Req	
30020	DRAINAGE OF NOSE LESION	No Precert Req	
3006F	CXR DOC REV	No Precert Req	
3008F	BODY MASS INDEX DOCD	No Precert Req	
30100	INTRANASAL BIOPSY	No Precert Req	
30110	REMOVAL OF NOSE POLYP(S)	No Precert Req	
30115	REMOVAL OF NOSE POLYP(S)	No Precert Req	
30117	REMOVAL OF INTRANASAL LE	No Precert Req	
30118	REMOVAL OF INTRANASAL LE	No Precert Req	
3011F	LIPID PANEL DOC REV	No Precert Req	
30120	REVISION OF NOSE	No Precert Req	
30124	REMOVAL OF NOSE LESION	No Precert Req	
30125	REMOVAL OF NOSE LESION	No Precert Req	
30130	EXCISE INFERIOR TURBINAT	No Precert Req	
30140	RESECT INFERIOR TURBINAT	No Precert Req	
3014F	SCREEN MAMMO DOC REV	No Precert Req	
3015F	CERV CANCER SCREEN DOCD	No Precert Req	
30160	REMOVAL OF NOSE	No Precert Req	
3016F	PT SCRND UNHLTHY OH USE]	No Precert Req	
3017F	COLORECTAL CA SCREEN DOC	No Precert Req	
3018F	PRE-PRXD RSK ET AL DOCD]	No Precert Req	
3019F	LVEF ASSESS PLANPOST DSC	No Precert Req	
30200	INJECTION TREATMENT OF N	No Precert Req	
3020F	LVF ASSESS	No Precert Req	
30210	NASAL SINUS THERAPY	No Precert Req	
3021F	LVEF MOD/SEVER DEPRS SYS	No Precert Req	
30220	INSERT NASAL SEPTAL BUTT	No Precert Req	
3022F	LVEF >= TO 40% SYSTOLIC	No Precert Req	
3023F	SPIROM DOC REV	No Precert Req	
3025F	SPIROM FEV/FVC <70% W CO	No Precert Req	
3027F	SPIROM FEV/FVC>=70% WO C	No Precert Req	
3028F	O2 SATURATION DOC REV	No Precert Req	
30300	REMOVE NASAL FOREIGN BOD	No Precert Req	
30310	REMOVE NASAL FOREIGN BOD	No Precert Req	
30320	REMOVE NASAL FOREIGN BOD	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
3035F	O2 SATURATION <=88% /PAO	No Precert Req	
3037F	O2 SATURATION >88% /PAO>	No Precert Req	
3038F	PULM FX W/IN 12 MON B/4	No Precert Req	
3040F	FEV <40% PREDICTED VALUE	No Precert Req	
3042F	FEV>=40% PREDICTED VALUE	No Precert Req	
3044F	HG A1C LEVEL < 7.0%	No Precert Req	
3045F	HG A1C LEVEL 7.0-9.0%	No Precert Req	
3046F	HEMOGLOBIN A1C LEVEL >9.	No Precert Req	
3047F	HEMOGLOBIN A1C LEVEL <=9	No Precert Req	
3048F	LDL-C <100 MG/DL	No Precert Req	
3049F	LDL-C 100-129 MG/DL	No Precert Req	
3050F	LDL-C >= 130 MG/DL	No Precert Req	
30520	REPAIR OF NASAL SEPTUM	No Precert Req	
30540	REPAIR NASAL DEFECT	No Precert Req	
30545	REPAIR NASAL DEFECT	No Precert Req	
3055F	LVEF LESS THAN/EQUAL TO	No Precert Req	
30560	RELEASE OF NASAL ADHESIO	No Precert Req	
3056F	LVEF GREATER THAN 35%	No Precert Req	
30580	REPAIR UPPER JAW FISTULA	No Precert Req	
30600	REPAIR MOUTH/NOSE FISTUL	No Precert Req	
3060F	POS MICROALBUMINURIA REV	No Precert Req	
3061F	NEG MICROALBUMINURIA REV	No Precert Req	
3062F	POS MACROALBUMINURIA REV	No Precert Req	
30630	REPAIR NASAL SEPTUM DEFE	No Precert Req	
3066F	NEPHROPATHY DOC TX	No Precert Req	
3072F	LOW RISK FOR RETINOPATHY	No Precert Req	
3073F	PRE-SURG EYE MEASURES DO	No Precert Req	
3074F	SYST BP < 130 MM HG	No Precert Req	
3075F	SYST BP >= 130-139 MM HG	No Precert Req	
3076F	SYST BP < 140 MM HG	No Precert Req	
3077F	SYST BP >= 140 MM HG	No Precert Req	
3078F	DIAST BP < 80 MM HG	No Precert Req	
3079F	DIAST BP 80-89 MM HG	No Precert Req	
30801	ABLATE INF TURBINATE, SU	No Precert Req	
30802	CAUTERIZATION, INNER NOS	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
3080F	DIAST BP >= 90 MM HG	No Precert Req	
3082F	KT/V <1.2	No Precert Req	
3083F	KT/V > 1.2 AND <1.7	No Precert Req	
3084F	KT/V >= 1.7	No Precert Req	
3085F	SUICIDE RISK ASSESSED	No Precert Req	
3088F	MDD, MILD	No Precert Req	
3089F	MDD, MODERATE	No Precert Req	
30901	CONTROL OF NOSEBLEED	No Precert Req	
30903	CONTROL OF NOSEBLEED	No Precert Req	
30905	CONTROL OF NOSEBLEED	No Precert Req	
30906	REPEAT CONTROL OF NOSEBL	No Precert Req	
3090F	MDD, SEVERE; W/O PSYCH	No Precert Req	
30915	LIGATION, NASAL SINUS AR	No Precert Req	
3091F	MDD, SEVERE; W/ PSYCH	No Precert Req	
30920	LIGATION, UPPER JAW ARTE	No Precert Req	
3092F	MDD, IN REMISSION	No Precert Req	
30930	THER FX, NASAL INF TURBI	No Precert Req	
3093F	DOC NEW DIAG 1ST ADDL. M	No Precert Req	
3095F	CENTRAL DEXA RESULTS DOC	No Precert Req	
3096F	CENTRAL DEXA ORDERED	No Precert Req	
31000	IRRIGATION, MAXILLARY SI	No Precert Req	
31002	IRRIGATION, SPHENOID SIN	No Precert Req	
3100F	CAROT BLK DOC'D W/ CAROT	No Precert Req	
3101F	INTL CAROT BLK 30-99% RA	No Precert Req	
31020	EXPLORATION, MAXILLARY S	No Precert Req	
3102F	INT CAROT BLK <30%	No Precert Req	
31030	EXPLORATION, MAXILLARY S	No Precert Req	
31032	EXPLORE SINUS, REMOVE PO	No Precert Req	
31040	EXPLORATION BEHIND UPPER	No Precert Req	
31050	EXPLORATION, SPHENOID SI	No Precert Req	
31051	SPHENOID SINUS SURGERY	No Precert Req	
31070	EXPLORATION OF FRONTAL S	No Precert Req	
31075	EXPLORATION OF FRONTAL S	No Precert Req	
31080	REMOVAL OF FRONTAL SINUS	No Precert Req	
31081	REMOVAL OF FRONTAL SINUS	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
31084	REMOVAL OF FRONTAL SINUS	No Precert Req	
31085	REMOVAL OF FRONTAL SINUS	No Precert Req	
31086	REMOVAL OF FRONTAL SINUS	No Precert Req	
31087	REMOVAL OF FRONTAL SINUS	No Precert Req	
31090	EXPLORATION OF SINUSES	No Precert Req	
3110F	PRES/ABSN HMRHG/LESION D	No Precert Req	
3111F	CT/MRI BRAIN DONE W/IN 2	No Precert Req	
3112F	CT/MRI BRAIN DONE >24 HR	No Precert Req	
3115F	QUANT RESULTS ACTIVITY +	No Precert Req	
3117F	HF ASSESSMENT TOOL COMPL	No Precert Req	
3118F	NY HEART ASSOC CLASS DOC	No Precert Req	
3119F	NO EVAL ACTIVITY CLIN SY	No Precert Req	
31200	REMOVAL OF ETHMOID SINUS	No Precert Req	
31201	REMOVAL OF ETHMOID SINUS	No Precert Req	
31205	REMOVAL OF ETHMOID SINUS	No Precert Req	
3120F	12-LEAD ECG PERFORMED	No Precert Req	
31231	NASAL ENDOSCOPY, DX	No Precert Req	
31233	NASAL/SINUS ENDOSCOPY, D	No Precert Req	
31235	NASAL/SINUS ENDOSCOPY, D	No Precert Req	
31237	NASAL/SINUS ENDOSCOPY, S	No Precert Req	
31238	NASAL/SINUS ENDOSCOPY, S	No Precert Req	
31239	NASAL/SINUS ENDOSCOPY, S	No Precert Req	
31240	NASAL/SINUS ENDOSCOPY, S	No Precert Req	
31253	NSL/SINS NDSC TOTAL	No Precert Req	
31254	REVISION OF ETHMOID SINU	No Precert Req	
31255	REMOVAL OF ETHMOID SINUS	No Precert Req	
31256	EXPLORATION MAXILLARY SI	No Precert Req	
31257	NSL/SINS NDSC TOT W/SPHENDT	No Precert Req	
31267	ENDOSCOPY, MAXILLARY SIN	No Precert Req	
3126F	ESOPH BX RPRT W/DYSPL INFO	No Precert Req	
31276	SINUS ENDOSCOPY, SURGICA	No Precert Req	
31287	NASAL/SINUS ENDOSCOPY, S	No Precert Req	
31288	NASAL/SINUS ENDOSCOPY, S	No Precert Req	
31290	NASAL/SINUS ENDOSCOPY, S	No Precert Req	
31291	NASAL/SINUS ENDOSCOPY, S	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
31292	NASAL/SINUS ENDOSCOPY, S	No Precert Req	
31293	NASAL/SINUS ENDOSCOPY, S	No Precert Req	
31294	NASAL/SINUS ENDOSCOPY, S	No Precert Req	
3130F	UPPER GI ENDOSCOPY PERFO	No Precert Req	
31320	DIAGNOSTIC INCISION, LAR	No Precert Req	
3132F	DOC REF UPPER GI ENDOSCO	No Precert Req	
3140F	FORCEPS ESOPH BIOPSY DON	No Precert Req	
3141F	UPPER GI ENDO SHOWS BARR	No Precert Req	
3142F	UPPER GI ENDO NOT BARRTT	No Precert Req	
3143F	DOC ORDER BARIUM SWALLOW	No Precert Req	
31502	CHANGE OF WINDPIPE AIRWA	No Precert Req	
31505	DIAGNOSTIC LARYNGOSCOPY	No Precert Req	
3150F	FORCEPS ESOPH BIOPSY DON	No Precert Req	
31510	LARYNGOSCOPY WITH BIOPSY	No Precert Req	
31511	REMOVE FOREIGN BODY, LAR	No Precert Req	
31512	REMOVAL OF LARYNX LESION	No Precert Req	
31513	INJECTION INTO VOCAL COR	No Precert Req	
31515	LARYNGOSCOPY FOR ASPIRAT	No Precert Req	
31520	DX LARYNGOSCOPY, NEWBORN	No Precert Req	
31525	DX LARYNGOSCOPY EXCL NB	No Precert Req	
31526	DX LARYNGOSCOPY W/OPER S	No Precert Req	
31527	LARYNGOSCOPY FOR TREATME	No Precert Req	
31528	LARYNGOSCOPY AND DILATIO	No Precert Req	
31529	LARYNGOSCOPY AND DILATIO	No Precert Req	
31530	LARYNGOSCOPY W/FB REMOVA	No Precert Req	
31531	LARYNGOSCOPY W/FB & OP S	No Precert Req	
31535	LARYNGOSCOPY W/BIOPSY	No Precert Req	
31536	LARYNGOSCOPY W/BX & OP S	No Precert Req	
31540	LARYNGOSCOPY W/EXC OF TU	No Precert Req	
31541	LARYNSCOP W/TUMR EXC + S	No Precert Req	
31545	REMOVE VC LESION W/SCOPE	No Precert Req	
31546	REMOVE VC LESION SCOPE/G	No Precert Req	
31551	LARYNGOPLASTY LARYNGEAL STEN	No Precert Req	
31552	LARYNGOPLASTY LARYNGEAL STEN	No Precert Req	
31553	LARYNGOPLASTY LARYNGEAL STEN	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
31554	LARYNGOPLASTY LARYNGEAL STEN	No Precert Req	
3155F	CYTOGEN TEST MARROW B/4	No Precert Req	
31560	LARYNGOSCOPY W/ARYTENOIDE	No Precert Req	
31561	LARYNSCOP, REMVE CART +	No Precert Req	
31570	LARYNGOSCOPE W/VC INJ	No Precert Req	
31571	LARYNGOSCOPE W/VC INJ + S	No Precert Req	
31572	LARGSC W/LASER DSTRJ LES	No Precert Req	
31573	LARGSC W/THER INJECTION	No Precert Req	
31574	LARGSC W/NJX AUGMENTATION	No Precert Req	
31575	DIAGNOSTIC LARYNGOSCOPY	No Precert Req	
31576	LARYNGOSCOPY WITH BIOPSY	No Precert Req	
31577	REMOVE FOREIGN BODY, LAR	No Precert Req	
31578	REMOVAL OF LARYNX LESION	No Precert Req	
31579	DIAGNOSTIC LARYNGOSCOPY	No Precert Req	
31580	REVISION OF LARYNX	No Precert Req	
31582	REVISION OF LARYNX	No Precert Req	Code deleted 12/31/2016
31584	TREAT LARYNX FRACTURE	No Precert Req	
31587	REVISION OF LARYNX	No Precert Req	
31588	REVISION OF LARYNX	No Precert Req	Code deleted 12/31/2016
31590	REINNERVATE LARYNX	No Precert Req	
31591	LARYNGOPLASTY MEDIALIZATION	No Precert Req	
31592	CRICOTRACHEAL RESECTION	No Precert Req	
31595	LARYNX NERVE SURGERY	No Precert Req	
31600	INCISION OF WINDPIPE	No Precert Req	
31601	INCISION OF WINDPIPE	No Precert Req	
31605	INCISION OF WINDPIPE	No Precert Req	
3160F	DOC FE+ STORES B/4 EPO T	No Precert Req	
31610	INCISION OF WINDPIPE	No Precert Req	
31611	SURGERY/SPEECH PROSTHESI	No Precert Req	
31612	PUNCTURE/CLEAR WINDPIPE	No Precert Req	
31613	REPAIR WINDPIPE OPENING	No Precert Req	
31614	REPAIR WINDPIPE OPENING	No Precert Req	
31615	VISUALIZATION OF WINDPIP	No Precert Req	
31620	ENDOBONCHIAL US ADD-ON	No Precert Req	Code deleted 12/31/2015
31622	DX BRONCHOSCOPE/WASH	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
31623	DX BRONCHOSCOPE/BRUSH	No Precert Req	
31624	DX BRONCHOSCOPE/LAVAGE	No Precert Req	
31625	BRONCHOSCOPY W/BIOPSY(S)	No Precert Req	
31626	BRONCHOSCOPY W/MARKERS	No Precert Req	
31627	NAVIGATIONAL BRONCHOSCOP	No Precert Req	
31628	BRONCHOSCOPY/LUNG BX, EA	No Precert Req	
31629	BRONCHOSCOPY/NEEDLE BX,	No Precert Req	
31630	BRONCHOSCOPY DILATE/FX R	No Precert Req	
31631	BRONCHOSCOPY, DILATE W/S	No Precert Req	
31632	BRONCHOSCOPY/LUNG BX, AD	No Precert Req	
31633	BRONCHOSCOPY/NEEDLE BX A	No Precert Req	
31634	BRONCH W/BALLOON OCCLUSI	No Precert Req	
31635	BRONCHOSCOPY W/FB REMOVA	No Precert Req	
31636	BRONCHOSCOPY, BRONCH STE	No Precert Req	
31637	BRONCHOSCOPY, STENT ADD-	No Precert Req	
31638	BRONCHOSCOPY, REVISE STE	No Precert Req	
31640	BRONCHOSCOPY W/TUMOR EXC	No Precert Req	
31641	BRONCHOSCOPY, TREAT BLOC	No Precert Req	
31645	BRONCHOSCOPY, CLEAR AIRW	No Precert Req	
31646	BRONCHOSCOPY, RECLEAR AI	No Precert Req	
31652	BRONCH EBUS SAMPLNG 1/2 NODE	No Precert Req	
31653	BRONCH EBUS SAMPLNG 3/> NODE	No Precert Req	
31654	BRONCH EBUS IVNTJ PERPH LES	No Precert Req	
31656	BRONCHOSCOPY, INJ FOR X-	No Precert Req	
31676	BRONCHOSCOPY, STENT ADD-	No Precert Req	
3170F	FLOW CYTO DONE B/4 TX	No Precert Req	
31715	INJECTION FOR BRONCHUS X	No Precert Req	
31717	BRONCHIAL BRUSH BIOPSY	No Precert Req	
31720	CLEARANCE OF AIRWAYS	No Precert Req	
31725	CLEARANCE OF AIRWAYS	No Precert Req	
31730	INTRO, WINDPIPE WIRE/TUB	No Precert Req	
31785	REMOVE WINDPIPE LESION	No Precert Req	
31820	CLOSURE OF WINDPIPE LESI	No Precert Req	
31825	REPAIR OF WINDPIPE DEFEC	No Precert Req	
31830	REVISE WINDPIPE SCAR	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
3200F	BARIUM SWALLOW TEST NOT	No Precert Req	
3210F	GRP A STREP TEST PERFORM	No Precert Req	
3215F	PT IMMUNITY TO HEP A DOC	No Precert Req	
3216F	PT IMMUNITY TO HEP B DOC	No Precert Req	
3218F	RNA TSTING HEP C DOCD DO	No Precert Req	
3220F	HEP C QUANT RNA TSTNG DO	No Precert Req	
32215	TREAT CHEST LINING	No Precert Req	
3230F	NOTE HRING TEST W/IN 6 M	No Precert Req	
32400	NEEDLE BIOPSY CHEST LINI	No Precert Req	
32405	BIOPSY, LUNG OR MEDIASTI	No Precert Req	
32420	PUNCTURE/CLEAR LUNG	No Precert Req	
32421	THORACENTESIS FOR ASPIRA	No Precert Req	
32422	THORACENTESIS W/TUBE INS	No Precert Req	
3250F	NONPRIM LOC ANAT BX SITE	No Precert Req	
32540	REMOVAL OF LUNG LESION	No Precert Req	
32551	INSERTION OF CHEST TUBE	No Precert Req	
32552	REMOVE LUNG CATHETER	No Precert Req	
32560	TREAT LUNG LINING CHEMIC	No Precert Req	
32561	LYSE CHEST FIBRIN INIT D	No Precert Req	
32562	LYSE CHEST FIBRIN SUBQ D	No Precert Req	
32601	THORACOSCOPY, DIAGNOSTIC	No Precert Req	
32602	THORACOSCOPY, DIAGNOSTIC	No Precert Req	
32605	THORACOSCOPY, DIAGNOSTIC	No Precert Req	
32606	THORACOSCOPY, DIAGNOSTIC	No Precert Req	
32607	THORACOSCOPY W/BX INFILT	No Precert Req	
32608	THORACOSCOPY W/BX NODULE	No Precert Req	
32609	THORACOSCOPY W/BX PLEURA	No Precert Req	
3260F	PT CAT/PN CAT/HIST GRD D	No Precert Req	
32650	THORACOSCOPY, SURGICAL	No Precert Req	
32651	THORACOSCOPY, SURGICAL	No Precert Req	
32652	THORACOSCOPY, SURGICAL	No Precert Req	
32653	THORACOSCOPY, SURGICAL	No Precert Req	
32655	THORACOSCOPY, SURGICAL	No Precert Req	
32656	THORACOSCOPY, SURGICAL	No Precert Req	
32657	THORACOSCOPY, SURGICAL	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
3265F	RNA TSTNG HEPC VIR ORD/D	No Precert Req	
32666	THORACOSCOPY W/WEDGE RES	No Precert Req	
32667	THORACOSCOPY W/W RESECT	No Precert Req	
32668	THORACOSCOPY W/W RESECT	No Precert Req	
3266F	HEPC GN TSTNG DOC'D B/4T	No Precert Req	
32672	THORACOSCOPY FOR LVRS	No Precert Req	
3268F	PSA/T/GLSC DOC'D B/4 TXM	No Precert Req	
3269F	BONE SCN B/4 TXMNT/AFTR	No Precert Req	
32701	THORACIC TARGET FOR SRS/SBRT	No Precert Req	
3270F	BONE SCN B/4 TXMNT/AFTR	No Precert Req	
3271F	LOW RISK, PROSTATE CANC	No Precert Req	
3272F	MED. RISK, PROSTATE CANC	No Precert Req	
3273F	HIGH RISK, PROSTATE CANC	No Precert Req	
3274F	PROST CNCR RSK NOT LW/MD	No Precert Req	
3278F	SERUM LVLS CA/IPTH/LPD O	No Precert Req	
3279F	HGB LVL >/= 13 G/DL	No Precert Req	
3280F	HGB LVL 11-12.9 G/DL	No Precert Req	
3281F	HGB LVL < 11 G/DL	No Precert Req	
3284F	LOP DOWN> 15% OF PRE-SVC	No Precert Req	
3285F	IOP DOWN <15% OF PRE-SVC	No Precert Req	
3288F	FALL RISK ASSESSMENT DOC	No Precert Req	
3290F	PT=D(RH)- AND UNSENSITIZ	No Precert Req	
3291F	PT=D(RH)+ OR SENSITIZED	No Precert Req	
3292F	HIV TSTNG ASKED/DOC'D/RE	No Precert Req	
3293F	ABO RH BLOOD TYPING DOCD	No Precert Req	
3294F	GRP B STREP SCREENING DO	No Precert Req	
32998	PERQ RF ABLATE TX, PUL T	No Precert Req	
3300F	AJCC STAGE DOC'D B/4 THX	No Precert Req	
3301F	CANCER STAGE DOC'D, META	No Precert Req	
33141	HEART TMR W/OTHER PROCED	No Precert Req	
3315F	ER+ OR PR+ BREAST CANCER	No Precert Req	
3316F	ER- OR PR- BREAST CANCER	No Precert Req	
3317F	PATH RPT MALIG CANCER DO	No Precert Req	
3318F	PATH RPT MALIG CANCER DO	No Precert Req	
3319F	X-RAY/CT/ULTRSND ET AL O	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
33202	INSERT EPICARD ELTRD, OP	No Precert Req	
33203	INSERT EPICARD ELTRD, EN	No Precert Req	
33206	INSERTION OF HEART PACEM	No Precert Req	
33207	INSERTION OF HEART PACEM	No Precert Req	
33208	INSERTION OF HEART PACEM	No Precert Req	
3320F	NO XRAY/CT/ ET AL ORD'D	No Precert Req	
33210	INSERTION OF HEART ELECT	No Precert Req	
33211	INSERTION OF HEART ELECT	No Precert Req	
33212	INSERTION OF PULSE GENER	No Precert Req	
33213	INSERTION OF PULSE GENER	No Precert Req	
33214	UPGRADE OF PACEMAKER SYS	No Precert Req	
33215	REPOSITION PACING-DEFIB	No Precert Req	
33216	INSERT LEAD PACE-DEFIB,	No Precert Req	
33217	INSERT LEAD PACE-DEFIB,	No Precert Req	
33218	REPAIR LEAD PACE-DEFIB,	No Precert Req	
3321F	AJCC CNCR 0/1A MELAN DOC	No Precert Req	
33220	REPAIR LEAD PACE-DEFIB,	No Precert Req	
33221	INSERT PULSE GEN MULT LE	No Precert Req	
33222	REVISE POCKET, PACEMAKER	No Precert Req	
33223	REVISE POCKET, PACING-DE	No Precert Req	
33224	INSERT PACING LEAD & CON	No Precert Req	
33225	L VENTRIC PACING LEAD AD	No Precert Req	
33226	REPOSITION L VENTRIC LEA	No Precert Req	
33227	REMOVE&REPLACE PM GEN SI	No Precert Req	
33228	REMV&REPLC PM GEN DUAL L	No Precert Req	
33229	REMV&REPLC PM GEN MULT L	No Precert Req	
3322F	MELAN>AJCC STAGE 0 OR IA	No Precert Req	
33233	REMOVAL OF PACEMAKER SYS	No Precert Req	
33234	REMOVAL OF PACEMAKER SYS	No Precert Req	
33235	REMOVAL PACEMAKER ELECTR	No Precert Req	
33236	REMOVE ELECTRODE/THORACO	No Precert Req	
33237	REMOVE ELECTRODE/THORACO	No Precert Req	
33238	REMOVE ELECTRODE/THORACO	No Precert Req	
3323F	CLIN NODE STGBG DOCD B/4	No Precert Req	
33241	REMOVE PULSE GENERATOR	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
33243	REMOVE ELTRD/THORACOTOMY	No Precert Req	
33244	REMOVE ELTRD, TRANSVEN	No Precert Req	
3324F	MRI CT SCAN ORD RVWD RQS	No Precert Req	
33250	ABLATE HEART DYSRHYTHM F	No Precert Req	
33251	ABLATE HEART DYSRHYTHM F	No Precert Req	
33254	ABLATE ATRIA, LMTD	No Precert Req	
33255	ABLATE ATRIA W/O BYPASS,	No Precert Req	
33257	ABLATE ATRIA, LMTD, ADD-	No Precert Req	
33258	ABLATE ATRIA, X10SV, ADD	No Precert Req	
33259	ABLATE ATRIA W/BYPASS AD	No Precert Req	
3325F	PREOP ASSES 4 CATARACT S	No Precert Req	
33261	ABLATE HEART DYSRHYTHM F	No Precert Req	
33262	REMV&REPLC CVD GEN SING	No Precert Req	
33263	REMV&REPLC CVD GEN DUAL	No Precert Req	
33264	REMV&REPLC CVD GEN MULT	No Precert Req	
33265	ABLATE ATRIA W/BYPASS, E	No Precert Req	
33266	ABLATE ATRIA W/O BYPASS	No Precert Req	
33272	RMVL OF SUBQ DEFIBRILLATOR	No Precert Req	
33273	REPOS PREV IMPLTBL SUBQ DFB	No Precert Req	
33282	IMPLANT PAT-ACTIVE HT RE	No Precert Req	
33284	REMOVE PAT-ACTIVE HT REC	No Precert Req	
3328F	PRFRMNC DOCD 2 WKS B/4 S	No Precert Req	
3330F	IMAGING STUDY ORDERED (B	No Precert Req	
3331F	BK IMAGING TST NOT ORDER	No Precert Req	
33390	VALVULOPLASTY AORTIC VALVE	No Precert Req	
33391	VALVULOPLASTY AORTIC VALVE	No Precert Req	
3340F	BRST IMAG-RPT/DATACAT 0	No Precert Req	
3341F	BRST IMAG-RPT/DATACAT 1	No Precert Req	
3342F	BRST IMAG-RPT/DATACAT 2	No Precert Req	
3343F	BRST IMAG-RPT/DATACAT 3	No Precert Req	
3344F	BRST IMAG-RPT/DATACAT 4	No Precert Req	
3345F	BRST IMAG-RPT/DATACAT 5	No Precert Req	
3350F	MAMMO BX PROVEN MALIG DO	No Precert Req	
3351F	NEG SCRN DEP SYMP BY DEP	No Precert Req	
3352F	NO SIG DEP SYMP BY DEP T	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
3353F	MILD-MOD DEP SYMP BY DEP	No Precert Req	
3354F	CLIN SIG DEP SYM BY DEP	No Precert Req	
3370F	AJCC BRST CNCR STAGE 0 D	No Precert Req	
3372F	AJCC BRST CNCR STAGE 1+D	No Precert Req	
3374F	AJCC BRST CNCR STAGE 1+D	No Precert Req	
3376F	AJCC BRST CNCR STAGE 2 D	No Precert Req	
33782	NIKAIDOH PROC	No Precert Req	
33783	NIKAIDOH PROC W/OSTIA IM	No Precert Req	
3378F	AJCC BRST CNCR STAGE 3 D	No Precert Req	
3380F	AJCC BRST CNCR STAGE 4 D	No Precert Req	
33820	REVISE MAJOR VESSEL	No Precert Req	
33822	REVISE MAJOR VESSEL	No Precert Req	
33824	REVISE MAJOR VESSEL	No Precert Req	
3382F	AJCC CLN CNCR STAGE 0 DO	No Precert Req	
3384F	AJCC CLN CNCR STAGE 1 DO	No Precert Req	
3386F	AJCC CLN CNCR STAGE 2 DO	No Precert Req	
3388F	AJCC CLN CNCR STAGE 3 DO	No Precert Req	
3390F	AJCC CLN CNCR STAGE 4 DO	No Precert Req	
33946	ECMO/ECLS INITIATION VENOUS	No Precert Req	
33947	ECMO/ECLS INITIATION ARTERY	No Precert Req	
33948	ECMO/ECLS DAILY MGMT-VENOUS	No Precert Req	
33949	ECMO/ECLS DAILY MGMT ARTERY	No Precert Req	
33951	ECMO/ECLS INSJ PRPH CANNULA	No Precert Req	
33952	ECMO/ECLS INSJ PRPH CANNULA	No Precert Req	
33953	ECMO/ECLS INSJ PRPH CANNULA	No Precert Req	
33954	ECMO/ECLS INSJ PRPH CANNULA	No Precert Req	
33955	ECMO/ECLS INSJ CTR CANNULA	No Precert Req	
33956	ECMO/ECLS INSJ CTR CANNULA	No Precert Req	
33957	ECMO/ECLS REPOS PERPH CNULA	No Precert Req	
33958	ECMO/ECLS REPOS PERPH CNULA	No Precert Req	
33959	ECMO/ECLS REPOS PERPH CNULA	No Precert Req	
33962	ECMO/ECLS REPOS PERPH CNULA	No Precert Req	
33963	ECMO/ECLS REPOS PERPH CNULA	No Precert Req	
33964	ECMO/ECLS REPOS PERPH CNULA	No Precert Req	
33965	ECMO/ECLS RMVL PERPH CANNULA	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
33966	ECMO/ECLS RMVL PRPH CANNULA	No Precert Req	
33969	ECMO/ECLS RMVL PERPH CANNULA	No Precert Req	
33984	ECMO/ECLS RMVL PRPH CANNULA	No Precert Req	
33985	ECMO/ECLS RMVL CTR CANNULA	No Precert Req	
33986	ECMO/ECLS RMVL CTR CANNULA	No Precert Req	
33987	ARTERY EXPOS/GRAFT ARTERY	No Precert Req	
33988	INSERTION OF LEFT HEART VENT	No Precert Req	
33989	REMOVAL OF LEFT HEART VENT	No Precert Req	
3450F	DYSPNEA SCRND, NO-MILD D	No Precert Req	
3451F	DYSPNEA SCRND MOD-HIGH D	No Precert Req	
3452F	DYSPNEA NOT SCREENED]	No Precert Req	
3455F	TB SCRNG DONE INTERPD 6M	No Precert Req	
3470F	RA DISEASE ACTIVITY, LOW]	No Precert Req	
3471F	RA DISEASE ACTIVITY, MOD]	No Precert Req	
3472F	RA DISEASE ACTIVITY, HIGH	No Precert Req	
3475F	DISEASE PROGN RA POOR DO	No Precert Req	
3476F	DISEASE PROGN RA GOOD DO	No Precert Req	
34800	ENDOVAS AAA REPR W/SM TU	No Precert Req	
34802	ENDOVAS AAA REPR W/2-P P	No Precert Req	
34803	ENDOVAS AAA REPR W/3-P P	No Precert Req	
34804	ENDOVAS AAA REPR W/1-P P	No Precert Req	
34805	ENDOVAS AAA REPR W/LONG	No Precert Req	
34808	ENDOVAS ILIAC A DEVICE A	No Precert Req	
34839	PLNNING PT SPEC FENEST GRAFT	No Precert Req	
3490F	HISTORY-AIDS DEFINING CO	No Precert Req	
3491F	HIV UNSURE BABY OF HIV+M	No Precert Req	
3492F	HISTORY CD4+CELL COUNT <	No Precert Req	
3493F	NO HIST CD4+CELL CNT <35	No Precert Req	
3494F	CD4+CELL COUNT <200 CELL	No Precert Req	
3495F	CD4+CELL CNT 200-499 CEL	No Precert Req	
3496F	CD4+ CELL COUNT +500 CE]	No Precert Req	
3497F	CD4+CELL PERCENTAGE <15%	No Precert Req	
3498F	CD4+ CELL %>=15%(HIV)	No Precert Req	
3500F	CD4+CELL CNT/% DOCD AS D	No Precert Req	
3502F	HIV RNA VRL LD<LMTS QUAN	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
3503F	HIV RNA VRL LDNOT<LMTS Q	No Precert Req	
3510F	DOC TB SCRNG-RSLTS INTER	No Precert Req	
3511F	CHLMYD/GONRH TSTS DOCD D	No Precert Req	
3512F	SYPH SCRNG DOCD AS DONE]	No Precert Req	
3513F	HEP B SCRNG DOCD AS DONE	No Precert Req	
3514F	HEP C SCRNG DOCD AS DONE	No Precert Req	
3515F	PT HAS DOCD IMMUN TO HEP	No Precert Req	
3517F	HBV ASSESS&RESULTS INTRP	No Precert Req	
35188	REPAIR BLOOD VESSEL LESI	No Precert Req	
35201	REPAIR BLOOD VESSEL LESI	No Precert Req	
35206	REPAIR BLOOD VESSEL LESI	No Precert Req	
35207	REPAIR BLOOD VESSEL LESI	No Precert Req	
3520F	CDIFFICILE TESTING PERFO	No Precert Req	
35226	REPAIR BLOOD VESSEL LESI	No Precert Req	
35231	REPAIR BLOOD VESSEL LESI	No Precert Req	
35236	REPAIR BLOOD VESSEL LESI	No Precert Req	
35256	REPAIR BLOOD VESSEL LESI	No Precert Req	
35261	REPAIR BLOOD VESSEL LESI	No Precert Req	
35266	REPAIR BLOOD VESSEL LESI	No Precert Req	
35286	REPAIR BLOOD VESSEL LESI	No Precert Req	
35460	REPAIR VENOUS BLOCKAGE	No Precert Req	Code deleted 12/31/2016
35471	REPAIR ARTERIAL BLOCKAGE	No Precert Req	Code deleted 12/31/2016
35472	REPAIR ARTERIAL BLOCKAGE	No Precert Req	Code deleted 12/31/2016
35475	REPAIR ARTERIAL BLOCKAGE	No Precert Req	Code deleted 12/31/2016
35476	REPAIR VENOUS BLOCKAGE	No Precert Req	Code deleted 12/31/2016
35500	HARVEST VEIN FOR BYPASS	No Precert Req	
3550F	PT HAS DOCD IMMUN TO HEP	No Precert Req	
3551F	INTRMED RSK THROMBOEMBOL	No Precert Req	
3552F	HGH RISK THROMBOEMBOLISM	No Precert Req	
3555F	PT INR MEASUREMENT PERFO	No Precert Req	
35642	ARTERY BYPASS GRAFT	No Precert Req	
35645	ARTERY BYPASS GRAFT	No Precert Req	
35682	COMPOSITE BYPASS GRAFT	No Precert Req	
35683	COMPOSITE BYPASS GRAFT	No Precert Req	
35685	BYPASS GRAFT PATENCY/PAT	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
35686	BYPASS GRAFT/AV FIST PAT	No Precert Req	
35697	REIMPLANT ARTERY EACH	No Precert Req	
35701	EXPLORATION, CAROTID ART	No Precert Req	
3570F	RPRT BONE SCINT X-REF W/	No Precert Req	
35721	EXPLORATION, FEMORAL ART	No Precert Req	
3572F	PT CONSID POSS RISK FX]	No Precert Req	
3573F	PT NOT CONS POSS RISK FX	No Precert Req	
35741	EXPLORATION POPLITEAL AR	No Precert Req	
35761	EXPLORATION OF ARTERY/VE	No Precert Req	
35800	EXPLORE NECK VESSELS	No Precert Req	
35860	EXPLORE LIMB VESSELS	No Precert Req	
35870	REPAIR VESSEL GRAFT DEFE	No Precert Req	
35883	REVISE GRAFT W/NONAUTO G	No Precert Req	
35901	EXCISION, GRAFT, NECK	No Precert Req	
35903	EXCISION, GRAFT, EXTREMI	No Precert Req	
35905	EXCISION, GRAFT, THORAX	No Precert Req	
35907	EXCISION, GRAFT, ABDOMEN	No Precert Req	
36000	PLACE NEEDLE IN VEIN	No Precert Req	
36002	PSEUDOANEURYSM INJECTION	No Precert Req	
36005	INJECTION EXT VENOGRAPHY	No Precert Req	
36010	PLACE CATHETER IN VEIN	No Precert Req	
36011	PLACE CATHETER IN VEIN	No Precert Req	
36012	PLACE CATHETER IN VEIN	No Precert Req	
36013	PLACE CATHETER IN ARTERY	No Precert Req	
36014	PLACE CATHETER IN ARTERY	No Precert Req	
36015	PLACE CATHETER IN ARTERY	No Precert Req	
36100	ESTABLISH ACCESS TO ARTE	No Precert Req	
36120	ESTABLISH ACCESS TO ARTE	No Precert Req	
36140	ESTABLISH ACCESS TO ARTE	No Precert Req	
36147	ACCESS AV DIAL GRFT FOR	No Precert Req	Code deleted 12/31/2016
36148	ACCESS AV DIAL GRFT FOR	No Precert Req	Code deleted 12/31/2016
36160	ESTABLISH ACCESS TO AORT	No Precert Req	
36200	PLACE CATHETER IN AORTA	No Precert Req	
36215	PLACE CATHETER IN ARTERY	No Precert Req	
36216	PLACE CATHETER IN ARTERY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
36217	PLACE CATHETER IN ARTERY	No Precert Req	
36218	PLACE CATHETER IN ARTERY	No Precert Req	
36224	PLACE CATH CAROTID ARTERY	No Precert Req	
36226	PLACE CATH VERTEBRAL ARTERY	No Precert Req	
36245	PLACE CATHETER IN ARTERY	No Precert Req	
36246	PLACE CATHETER IN ARTERY	No Precert Req	
36247	PLACE CATHETER IN ARTERY	No Precert Req	
36248	PLACE CATHETER IN ARTERY	No Precert Req	
36251	INS CATH REN ART 1ST UNI	No Precert Req	
36252	INS CATH REN ART 1ST BIL	No Precert Req	
36253	INS CATH REN ART 2ND+ UN	No Precert Req	
36254	INS CATH REN ART 2ND+ BI	No Precert Req	
36400	BL DRAW < 3 YRS FEM/JUGU	No Precert Req	
36405	BL DRAW < 3 YRS SCALP VE	No Precert Req	
36406	BL DRAW < 3 YRS OTHER VE	No Precert Req	
36410	NON-ROUTINE BL DRAW > 3	No Precert Req	
36415	ROUTINE VENIPUNCTURE	No Precert Req	
36416	CAPILLARY BLOOD DRAW	No Precert Req	
36420	VEIN ACCESS CUTDOWN < 1	No Precert Req	
36425	VEIN ACCESS CUTDOWN > 1	No Precert Req	
36430	BLOOD TRANSFUSION SERVIC	No Precert Req	
36440	BL PUSH TRANSFUSE, 2 YR	No Precert Req	
36455	BL EXCHANGE/TRANSFUSE NO	No Precert Req	
36456	PRTL EXCHANGE TRANFUSE NB	No Precert Req	
36460	TRANSFUSION SERVICE, FET	No Precert Req	
36465	NJX NONCMPND SCLRSNT 1 VEIN	No Precert Req	
36466	NJX NONCMPND SCLRSNT MLT VN	No Precert Req	
36481	INSERTION OF CATHETER, V	No Precert Req	
36500	INSERTION OF CATHETER, V	No Precert Req	
3650F	EEG ORDERED RVWD REQSTD	No Precert Req	
36510	INSERTION OF CATHETER, V	No Precert Req	
36511	APHERESIS WBC	No Precert Req	
36512	APHERESIS RBC	No Precert Req	
36513	APHERESIS PLATELETS	No Precert Req	
36515	APHERESIS, ADSORP/REINFU	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
36555	INSERT NON-TUNNEL CV CAT	No Precert Req	
36556	INSERT NON-TUNNEL CV CAT	No Precert Req	
36557	INSERT TUNNELED CV CATH	No Precert Req	
36558	INSERT TUNNELED CV CATH	No Precert Req	
36560	INSERT TUNNELED CV CATH	No Precert Req	
36561	INSERT TUNNELED CV CATH	No Precert Req	
36563	INSERT TUNNELED CV CATH	No Precert Req	
36565	INSERT TUNNELED CV CATH	No Precert Req	
36566	INSERT TUNNELED CV CATH	No Precert Req	
36568	INSERT PICC CATH	No Precert Req	
36569	INSERT PICC CATH	No Precert Req	
36570	INSERT PICVAD CATH	No Precert Req	
36571	INSERT PICVAD CATH	No Precert Req	
36575	REPAIR TUNNELED CV CATH	No Precert Req	
36576	REPAIR TUNNELED CV CATH	No Precert Req	
36578	REPLACE TUNNELED CV CATH	No Precert Req	
36580	REPLACE CVAD CATH	No Precert Req	
36581	REPLACE TUNNELED CV CATH	No Precert Req	
36582	REPLACE TUNNELED CV CATH	No Precert Req	
36583	REPLACE TUNNELED CV CATH	No Precert Req	
36584	REPLACE PICC CATH	No Precert Req	
36585	REPLACE PICVAD CATH	No Precert Req	
36589	REMOVAL TUNNELED CV CATH	No Precert Req	
36590	REMOVAL TUNNELED CV CATH	No Precert Req	
36591	DRAW BLOOD OFF VENOUS DE	No Precert Req	
36592	COLLECT BLOOD FROM PICC	No Precert Req	
36593	DECLLOT VASCULAR DEVICE	No Precert Req	
36595	MECH REMOV TUNNELED CV C	No Precert Req	
36596	MECH REMOV TUNNELED CV C	No Precert Req	
36597	REPOSITION VENOUS CATHET	No Precert Req	
36598	INJ W/FLUOR, EVAL CV DEV	No Precert Req	
36600	WITHDRAWAL OF ARTERIAL B	No Precert Req	
36620	INSERTION CATHETER, ARTE	No Precert Req	
36625	INSERTION CATHETER, ARTE	No Precert Req	
36640	INSERTION CATHETER, ARTE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
36660	INSERTION CATHETER, ARTE	No Precert Req	
36680	INSERT NEEDLE, BONE CAVI	No Precert Req	
36800	INSERTION OF CANNULA	No Precert Req	
36810	INSERTION OF CANNULA	No Precert Req	
36815	INSERTION OF CANNULA	No Precert Req	
36818	AV FUSE, UPPR ARM, CEPHA	No Precert Req	
36819	AV FUSE, UPPR ARM, BASIL	No Precert Req	
36820	AV FUSION/FOREARM VEIN	No Precert Req	
36821	AV FUSION DIRECT ANY SIT	No Precert Req	
36823	INSERTION OF CANNULA(S)	No Precert Req	
36825	ARTERY-VEIN AUTOGRAFT	No Precert Req	
36830	ARTERY-VEIN NONAUTOGRAFT	No Precert Req	
36831	OPEN THROMBECT AV FISTUL	No Precert Req	
36832	AV FISTULA REVISION, OPE	No Precert Req	
36833	AV FISTULA REVISION	No Precert Req	
36835	ARTERY TO VEIN SHUNT	No Precert Req	
36838	DIST REVAS LIGATION, HEM	No Precert Req	
36860	EXTERNAL CANNULA DECLETT	No Precert Req	
36861	CANNULA DECLETTING	No Precert Req	
36870	PERCUT THROMBECT AV FIST	No Precert Req	Code deleted 12/31/2016
36901	INTRO CATH DIALYSIS CIRCUIT	No Precert Req	
36902	INTRO CATH DIALYSIS CIRCUIT	No Precert Req	
36903	INTRO CATH DIALYSIS CIRCUIT	No Precert Req	
36904	THRMBC/NFS DIALYSIS CIRCUIT	No Precert Req	
36905	THRMBC/NFS DIALYSIS CIRCUIT	No Precert Req	
36906	THRMBC/NFS DIALYSIS CIRCUIT	No Precert Req	
36907	BALO ANGIOP CTR DIALYSIS SEG	No Precert Req	
36908	STENT PLMT CTR DIALYSIS SEG	No Precert Req	
36909	DIALYSIS CIRCUIT EMBOLJ	No Precert Req	
3700F	PSYCH DISORDERS ASSESSED	No Precert Req	
37182	INSERT HEPATIC SHUNT (TI	No Precert Req	
37183	REMOVE HEPATIC SHUNT (TI	No Precert Req	
37184	PRIM ART MECH THROMBECTO	No Precert Req	
37185	PRIM ART M-THROMBECT ADD	No Precert Req	
37186	SEC ART M-THROMBECT ADD-	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
37187	VENOUS MECH THROMBECTOMY	No Precert Req	
37188	VENOUS M-THROMBECTOMY AD	No Precert Req	
37191	INS ENDOVAS VENA CAVA FI	No Precert Req	
37192	REDO ENDOVAS VENA CAVA F	No Precert Req	
37193	REM ENDOVAS VENA CAVA FI	No Precert Req	
37195	THROMBOLYTIC THERAPY, ST	No Precert Req	
37200	TRANSCATHETER BIOPSY	No Precert Req	
37201	TRANSCATHETER THERAPY IN	No Precert Req	
37202	TRANSCATHETER THERAPY IN	No Precert Req	Code deleted 12/31/2015
37203	TRANSCATHETER RETRIEVAL	No Precert Req	
37204	TRANSCATHETER OCCLUSION	No Precert Req	
37205	TRANSCATH IV STENT, PERC	No Precert Req	
37206	TRANSCATH IV STENT/PERC	No Precert Req	
37207	TRANSCATH IV STENT, OPEN	No Precert Req	
37208	TRANSCATH IV STENT/OPEN	No Precert Req	
37209	CHANGE IV CATH AT THROMB	No Precert Req	
3720F	COGNIT IMPAIRMENT ASSESS	No Precert Req	
37210	EMBOLIZATION UTERINE FIB	No Precert Req	
37215	TRANSCATH STENT, CCA W/E	No Precert Req	
37216	TRANSCATH STENT, CCA W/O	No Precert Req	
37218	STENT PLACEMT ANTE CAROTID	No Precert Req	
37220	ILIAC REVASC	No Precert Req	
37221	ILIAC REVASC W/STENT	No Precert Req	
37222	ILIAC REVASC ADD-ON	No Precert Req	
37223	ILIAC REVASC W/STENT ADD	No Precert Req	
37224	FEM/POPL REVAS W/TLA	No Precert Req	
37225	FEM/POPL REVAS W/ATHER	No Precert Req	
37226	FEM/POPL REVAS W/STENT	No Precert Req	
37227	FEM/POPL REVAS STNT & AT	No Precert Req	
37228	TIB/PER REVASC W/TLA	No Precert Req	
37229	TIB/PER REVASC W/ATHER	No Precert Req	
37230	TIB/PER REVASC W/STENT	No Precert Req	
37231	TIB/PER REVASC STENT & A	No Precert Req	
37232	TIB/PER REVASC ADD-ON	No Precert Req	
37233	TIB/PER REVASC W/ATHER A	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
37234	REVSC OPN/PRQ TIB/PERO S	No Precert Req	
37235	TIB/PER REVASC STNT & AT	No Precert Req	
37236	OPEN/PERQ PLACE STENT 1ST	No Precert Req	
37237	OPEN/PERQ PLACE STENT EA ADD	No Precert Req	
37238	OPEN/PERQ PLACE STENT SAME	No Precert Req	
37239	OPEN/PERQ PLACE STENT EA ADD	No Precert Req	
37242	VASC EMBOLIZE/OCCLUDE ARTERY	No Precert Req	
37246	TRLUML BALO ANGIOP 1ST ART	No Precert Req	
37247	TRLUML BALO ANGIOP ADDL ART	No Precert Req	
37248	TRLUML BALO ANGIOP 1ST VEIN	No Precert Req	
37249	TRLUML BALO ANGIOP ADDL VEIN	No Precert Req	
37250	IV US FIRST VESSEL ADD-O	No Precert Req	Code deleted 12/31/2015
37251	IV US EACH ADD VESSEL AD	No Precert Req	Code deleted 12/31/2015
37252	INTRVASC US NONCORONARY 1ST	No Precert Req	
37253	INTRVASC US NONCORONARY ADDL	No Precert Req	
3725F	SCREEN DEPRESSION PERFOR	No Precert Req	
3750F	PTNOTRCVNGSTEROID>/=10MG	No Precert Req	
37565	LIGATION OF NECK VEIN	No Precert Req	
37600	LIGATION OF NECK ARTERY	No Precert Req	
37605	LIGATION OF NECK ARTERY	No Precert Req	
37606	LIGATION OF NECK ARTERY	No Precert Req	
37607	LIGATION OF A-V FISTULA	No Precert Req	
37609	TEMPORAL ARTERY PROCEDUR	No Precert Req	
37615	LIGATION OF NECK ARTERY	No Precert Req	
37616	LIGATION OF CHEST ARTERY	No Precert Req	
37617	LIGATION OF ABDOMEN ARTE	No Precert Req	
37618	LIGATION OF EXTREMITY AR	No Precert Req	
3775F	ADENOMA DETECTED SCREENING	No Precert Req	
3776F	ADENOMA NOT DETECT SCREENING	No Precert Req	
37788	REVASCULARIZATION, PENIS	No Precert Req	
38120	LAPAROSCOPY, SPLENECTOMY	No Precert Req	
38200	INJECTION FOR SPLEEN X-R	No Precert Req	
38220	BONE MARROW ASPIRATION	No Precert Req	
38221	BONE MARROW BIOPSY	No Precert Req	
38300	DRAINAGE, LYMPH NODE LES	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
38305	DRAINAGE, LYMPH NODE LES	No Precert Req	
38308	INCISION OF LYMPH CHANNE	No Precert Req	
38380	THORACIC DUCT PROCEDURE	No Precert Req	
38381	THORACIC DUCT PROCEDURE	No Precert Req	
38382	THORACIC DUCT PROCEDURE	No Precert Req	
38500	BIOPSY/REMOVAL, LYMPH NO	No Precert Req	
38505	NEEDLE BIOPSY, LYMPH NOD	No Precert Req	
38510	BIOPSY/REMOVAL, LYMPH NO	No Precert Req	
38520	BIOPSY/REMOVAL, LYMPH NO	No Precert Req	
38525	BIOPSY/REMOVAL, LYMPH NO	No Precert Req	
38542	EXPLORE DEEP NODE(S), NE	No Precert Req	
38550	REMOVAL, NECK/ARMPIT LES	No Precert Req	
38555	REMOVAL, NECK/ARMPIT LES	No Precert Req	
38700	REMOVAL OF LYMPH NODES,	No Precert Req	
38720	REMOVAL OF LYMPH NODES,	No Precert Req	
38724	REMOVAL OF LYMPH NODES,	No Precert Req	
38740	REMOVE ARMPIT LYMPH NODE	No Precert Req	
38745	REMOVE ARMPIT LYMPH NODE	No Precert Req	
38790	INJECT FOR LYMPHATIC X-R	No Precert Req	
38792	IDENTIFY SENTINEL NODE	No Precert Req	
38794	ACCESS THORACIC LYMPH DU	No Precert Req	
38900	IO MAP OF STENT LYMPH NO	No Precert Req	
39000	EXPLORATION OF CHEST	No Precert Req	
39010	EXPLORATION OF CHEST	No Precert Req	
39200	REMOVAL CHEST LESION	No Precert Req	
39220	REMOVAL CHEST LESION	No Precert Req	
39400	VISUALIZATION OF CHEST	No Precert Req	
39401	MEDIASTINOSCPY W/MEDSTNL BX	No Precert Req	
39402	MEDIASTINOSCPY W/LMPH NOD BX	No Precert Req	
39503	REPAIR OF DIAPHRAGM HERN	No Precert Req	
4000F	TOBACCO USE TXMNT COUNSE	No Precert Req	
4001F	TOBACCO USE TXMNT, PHARM	No Precert Req	
4002F	STATIN THERAPY, RX	No Precert Req	
4003F	PT ED WRITE/ORAL, PTS W/	No Precert Req	
4004F	PT TOBACCO USE DONE RCVD	No Precert Req	

Code deleted 12/31/2015

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Code	Description	PHS+ Review Type	Comments
4005F	PHARM THX FOR OP RX'D	No Precert Req	
4006F	BETA-BLOCKER THERAPY RX	No Precert Req	
4008F	BETA-BLOCKER THERAPY RXD	No Precert Req	
4009F	ACE/ARB INHIBITOR THERAP	No Precert Req	
4010F	ACE/ARB THERAPY TXD/TAKE	No Precert Req	
4011F	ORAL ANTIPLATELET THERAP	No Precert Req	
4012F	WARFARIN THERAPY RX	No Precert Req	
4013F	STATIN THERAPY/CURRENTLY	No Precert Req	
4014F	WRITTEN DISCHARGE INSTR	No Precert Req	
4015F	PERSIST ASTHMA MEDICINE	No Precert Req	
4016F	ANTI-INFLM/ANLGSC AGENT	No Precert Req	
4017F	GI PROPHYLAXIS FOR NSAID	No Precert Req	
4018F	THERAPY EXERCISE JOINT R	No Precert Req	
4019F	DOC RECPT COUNSL VIT D/C	No Precert Req	
4025F	INHALED BRONCHODILATOR T	No Precert Req	
4030F	OXYGEN THERAPY RX	No Precert Req	
4033F	PULMONARY REHAB REC	No Precert Req	
4035F	INFLUENZA IMM REC	No Precert Req	
4037F	INFLUENZA IMM ORDER/ADMI	No Precert Req	
4040F	PNEUMOC IMM ORDER/ADMIN	No Precert Req	
4041F	DOC ORDER CEFAZOLIN/CEFU	No Precert Req	
4042F	DOC ANTIBIO NOT GIVEN	No Precert Req	
4043F	DOC ORDER GIVEN STOP ANT	No Precert Req	
4044F	DOC ORDER GIVEN VTE PROP	No Precert Req	
4045F	EMPIRIC ANTIBIOTIC RX	No Precert Req	
4046F	DOC ANTIBIO GIVEN B/4 SU	No Precert Req	
4047F	DOC ANTIBIO GIVEN B/4 SU	No Precert Req	
4048F	DOC ANTIBIO GIVEN B/4 SU	No Precert Req	
40490	BIOPSY OF LIP	No Precert Req	
4049F	DOC ORDER GIVEN STOP ANT	No Precert Req	
40500	PARTIAL EXCISION OF LIP	No Precert Req	
4050F	HT CARE PLAN DOC	No Precert Req	
40510	PARTIAL EXCISION OF LIP	No Precert Req	
4051F	REFERRED FOR AN AV FISTU	No Precert Req	
40520	PARTIAL EXCISION OF LIP	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
40525	RECONSTRUCT LIP WITH FLA	No Precert Req	
40527	RECONSTRUCT LIP WITH FLA	No Precert Req	
4052F	HEMODIALYSIS VIA AV FIST	No Precert Req	
40530	PARTIAL REMOVAL OF LIP	No Precert Req	
4053F	HEMODIALYSIS VIA AV GRAF	No Precert Req	
4054F	HEMODIALYSIS VIA CATHETE	No Precert Req	
4055F	PT. RCVNG PERITON DIALYS	No Precert Req	
4056F	APPROP. ORAL REHYD RECOM	No Precert Req	
4058F	PED GASTRO ED GIVEN,CARE	No Precert Req	
40650	REPAIR LIP	No Precert Req	
40652	REPAIR LIP	No Precert Req	
40654	REPAIR LIP	No Precert Req	
4066F	ECT PROVIDED	No Precert Req	
4067F	PT REFERRAL FOR ECT DOC	No Precert Req	
4069F	VTE PROPHYLAXIS RCVD	No Precert Req	
40700	REPAIR CLEFT LIP/NASAL	No Precert Req	
40701	REPAIR CLEFT LIP/NASAL	No Precert Req	
4070F	DVT PROPHYLX RECVD DAY 2	No Precert Req	
4073F	ORAL ANTIPLAT THX RX DIS	No Precert Req	
4075F	ANTICOAG THX RX AT DISCH	No Precert Req	
4077F	DOC TP-A ADMIN CONSIDERE	No Precert Req	
4079F	DOC REHAB SVCS CONSIDERE	No Precert Req	
40800	DRAINAGE OF MOUTH LESION	No Precert Req	
40801	DRAINAGE OF MOUTH LESION	No Precert Req	
40804	REMOVAL, FOREIGN BODY, M	No Precert Req	
40805	REMOVAL, FOREIGN BODY, M	No Precert Req	
40806	INCISION OF LIP FOLD	No Precert Req	
40808	BIOPSY OF MOUTH LESION	No Precert Req	
40810	EXCISION OF MOUTH LESION	No Precert Req	
40812	EXCISE/REPAIR MOUTH LESI	No Precert Req	
40814	EXCISE/REPAIR MOUTH LESI	No Precert Req	
40816	EXCISION OF MOUTH LESION	No Precert Req	
40818	EXCISE ORAL MUCOSA FOR G	No Precert Req	
40819	EXCISE LIP OR CHEEK FOLD	No Precert Req	
40820	TREATMENT OF MOUTH LESIO	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
40830	REPAIR MOUTH LACERATION	No Precert Req	
40831	REPAIR MOUTH LACERATION	No Precert Req	
40840	RECONSTRUCTION OF MOUTH	No Precert Req	
40842	RECONSTRUCTION OF MOUTH	No Precert Req	
40843	RECONSTRUCTION OF MOUTH	No Precert Req	
40844	RECONSTRUCTION OF MOUTH	No Precert Req	
40845	RECONSTRUCTION OF MOUTH	No Precert Req	
4084F	ASPIRIN RECV'D W/IN 24 H	No Precert Req	
4086F	ASPIRIN/CLOPIDOGRAL RXD	No Precert Req	
4090F	PT RCVNG EPO THXPY	No Precert Req	
4095F	PT NOT RCVNG EPO THXPY	No Precert Req	
41000	DRAINAGE OF MOUTH LESION	No Precert Req	
41005	DRAINAGE OF MOUTH LESION	No Precert Req	
41006	DRAINAGE OF MOUTH LESION	No Precert Req	
41007	DRAINAGE OF MOUTH LESION	No Precert Req	
41008	DRAINAGE OF MOUTH LESION	No Precert Req	
41009	DRAINAGE OF MOUTH LESION	No Precert Req	
4100F	BIPHOS THXPY VEIN ORD/RE	No Precert Req	
41010	INCISION OF TONGUE FOLD	No Precert Req	
41015	DRAINAGE OF MOUTH LESION	No Precert Req	
41016	DRAINAGE OF MOUTH LESION	No Precert Req	
41017	DRAINAGE OF MOUTH LESION	No Precert Req	
41018	DRAINAGE OF MOUTH LESION	No Precert Req	
41100	BIOPSY OF TONGUE	No Precert Req	
41105	BIOPSY OF TONGUE	No Precert Req	
41108	BIOPSY OF FLOOR OF MOUTH	No Precert Req	
4110F	INT MAM ART USED FOR CAB	No Precert Req	
41110	EXCISION OF TONGUE LESIO	No Precert Req	
41112	EXCISION OF TONGUE LESIO	No Precert Req	
41113	EXCISION OF TONGUE LESIO	No Precert Req	
41114	EXCISION OF TONGUE LESIO	No Precert Req	
41115	EXCISION OF TONGUE FOLD	No Precert Req	
41116	EXCISION OF MOUTH LESION	No Precert Req	
41135	TONGUE AND NECK SURGERY	No Precert Req	
4115F	BETA BLCKR ADMIN W/IN 24	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
4120F	ANTIBIOT RX'D/GIVEN	No Precert Req	
4124F	ANTIBIOT NOT RX'D/GIVEN	No Precert Req	
41250	REPAIR TONGUE LACERATION	No Precert Req	
41251	REPAIR TONGUE LACERATION	No Precert Req	
41252	REPAIR TONGUE LACERATION	No Precert Req	
4130F	TOPICAL PREP RX, AOE	No Precert Req	
4131F	SYST ANTIMICROBIAL THX R	No Precert Req	
4132F	NO SYST ANTIMICROBIAL TH	No Precert Req	
4133F	ANTIHIIST/DECONG RX/RECOM	No Precert Req	
4134F	NO ANTIHIIST/DECONG RX/RE	No Precert Req	
4135F	SYSTEMIC CORTICOSTEROIDS	No Precert Req	
4136F	SYST CORTICOSTEROIDS NOT	No Precert Req	
4140F	INHALED CORTICOSTEROIDS	No Precert Req	
4142F	CORTICOSTER SPARNG TXMNT	No Precert Req	
4144F	ALT LONG-TERM CNTRL MED	No Precert Req	
4145F	2+ ANTI-HYPRTNSV AGENTS	No Precert Req	
4148F	HEP A VAC INJXN ADMIN/RE	No Precert Req	
4149F	HEP B VAC INJXN ADMIN/RE	No Precert Req	
41500	FIXATION OF TONGUE	No Precert Req	
4150F	PT RECVNG ANTIVIR TXMNT	No Precert Req	
41510	TONGUE TO LIP SURGERY	No Precert Req	
4151F	PT NOT RECVNG ANTIV HEP	No Precert Req	
41520	RECONSTRUCTION, TONGUE F	No Precert Req	
4153F	COMBO PEGINTF/RIB RX	No Precert Req	
4155F	HEP A VAC SERIES PREV RE	No Precert Req	
4157F	HEP B VAC SERIES PREV RE	No Precert Req	
4158F	PT EDU RE ALCOH DRNKNG D	No Precert Req	
4159F	CONTRCP TALK B/4 ANTIV T	No Precert Req	
4163F	PT COUNS. 4 TXMNT OPT, P	No Precert Req	
4164F	ADJV HRMNL THXPY RX'D	No Precert Req	
4165F	3D-CRT/IMRT) RECEIVED	No Precert Req	
4167F	HD BED TILTED, 1ST DAY V	No Precert Req	
4168F	PT CARE, ICU&VENT W/IN 2	No Precert Req	
4169F	NO PT CARE ICU/VENT IN 2	No Precert Req	
4171F	PT. RCVNG ESA THXPY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
4172F	PT. NOT RCVNG ESA THXPY	No Precert Req	
4174F	COUNS., POTENT. GLAUC IM	No Precert Req	
4175F	VIS OF >= 20/40 W/IN 90	No Precert Req	
4176F	TALK RE UV LIGHT, PT/CRG	No Precert Req	
4177F	TALK PT/CRGVR RE: AREDS,	No Precert Req	
4178F	ANTID GLBLN RCV'D W/IN 2	No Precert Req	
4179F	TAMOXIFEN/AI PRESCRIBED	No Precert Req	
4180F	ADJV THXPYRX'D/RCV'D STG	No Precert Req	
4181F	CONFORMAL RAD'N THXPY RC	No Precert Req	
4182F	NO CONFORMAL RAD'N THXPY	No Precert Req	
4185F	CONTINUOUS PPI OR H2RA R	No Precert Req	
4186F	NO CONT. PPI OR H2RA RCV	No Precert Req	
4187F	ANTI RHEUM DRUGTHXPYRX'D	No Precert Req	
4188F	APPROP ACE/ARB TSTNG DON	No Precert Req	
4189F	APPROP DIGOXIN TSTNG DON	No Precert Req	
4190F	APPROP DIURETIC TSTNG DO	No Precert Req	
4191F	APPROP ANTICONVULS TSTNG	No Precert Req	
4192F	PT NOT RCVNG GLUCOCO THX	No Precert Req	
4193F	PT RCVNG <10 MG DAILY PR	No Precert Req	
4194F	PT RCVNG>10MG DAILY PRED	No Precert Req	
4195F	PT RCVNG ANTI-RHEUM THXP	No Precert Req	
4196F	PTNOT RCVNG ANTI-RHM THX	No Precert Req	
42000	DRAINAGE MOUTH ROOF LESI	No Precert Req	
4200F	EXTERNAL BEAM TO PROST O	No Precert Req	
4201F	EXTRNL BEAM OTHER THAN P	No Precert Req	
42100	BIOPSY ROOF OF MOUTH	No Precert Req	
42104	EXCISION LESION, MOUTH R	No Precert Req	
42106	EXCISION LESION, MOUTH R	No Precert Req	
42107	EXCISION LESION, MOUTH R	No Precert Req	
4210F	ACE/ARB THXPY FOR>= 6 MO	No Precert Req	
42120	REMOVE PALATE/LESION	No Precert Req	
42180	REPAIR PALATE	No Precert Req	
42182	REPAIR PALATE	No Precert Req	
4220F	DIGOXIN THXPY FOR >= 6 M	No Precert Req	
4221F	DIURETIC THXPY FOR >= 6	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
42280	PREPARATION, PALATE MOLD	No Precert Req	
42281	INSERTION, PALATE PROSTH	No Precert Req	
42300	DRAINAGE OF SALIVARY GLA	No Precert Req	
42305	DRAINAGE OF SALIVARY GLA	No Precert Req	
4230F	ANTICNV THXPY FOR >= 6	No Precert Req	
42310	DRAINAGE OF SALIVARY GLA	No Precert Req	
42320	DRAINAGE OF SALIVARY GLA	No Precert Req	
42330	REMOVAL OF SALIVARY STON	No Precert Req	
42335	REMOVAL OF SALIVARY STON	No Precert Req	
42340	REMOVAL OF SALIVARY STON	No Precert Req	
42400	BIOPSY OF SALIVARY GLAND	No Precert Req	
42405	BIOPSY OF SALIVARY GLAND	No Precert Req	
42408	EXCISION OF SALIVARY CYS	No Precert Req	
42409	DRAINAGE OF SALIVARY CYS	No Precert Req	
4240F	INSTR ZRCZ 4BK ON>12 WEE	No Precert Req	
42410	EXCISE PAROTID GLAND/LES	No Precert Req	
42415	EXCISE PAROTID GLAND/LES	No Precert Req	
42420	EXCISE PAROTID GLAND/LES	No Precert Req	
42425	EXCISE PAROTID GLAND/LES	No Precert Req	
42426	EXCISE PAROTID GLAND/LES	No Precert Req	
4242F	SPRVSD XRCZ BK PN>12 WEE	No Precert Req	
42440	EXCISE SUBMAXILLARY GLAN	No Precert Req	
42450	EXCISE SUBLINGUAL GLAND	No Precert Req	
4245F	PT INSTR, RESUME NRML LI	No Precert Req	
4248F	PT INSTR-NO BD REST>=4 D	No Precert Req	
42500	REPAIR SALIVARY DUCT	No Precert Req	
42505	REPAIR SALIVARY DUCT	No Precert Req	
42507	PAROTID DUCT DIVERSION	No Precert Req	
42508	PAROTID DUCT DIVERSION	No Precert Req	
42509	PAROTID DUCT DIVERSION	No Precert Req	
4250F	WRMNG 4 SURG - NORMOTHER	No Precert Req	
42510	PAROTID DUCT DIVERSION	No Precert Req	
42550	INJECTION FOR SALIVARY X	No Precert Req	
4255F	ANESTH 60+ MIN AS DOCD	No Precert Req	
4256F	ANESTHE<60 MIN AS DOCD	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
42600	CLOSURE OF SALIVARY FIST	No Precert Req	
4260F	WOUND SRFC CULTURETECH U	No Precert Req	
4261F	TECH OTHER THAN SRFC CUL	No Precert Req	
42650	DILATION OF SALIVARY DUC	No Precert Req	
4265F	WET-DRY DRESSING RX-RECM	No Precert Req	
42660	DILATION OF SALIVARY DUC	No Precert Req	
42665	LIGATION OF SALIVARY DUC	No Precert Req	
4266F	NO WET-DRY DRSSING RX-RE	No Precert Req	
4267F	COMPRSSION THXPY PRESCRI	No Precert Req	
4268F	PT ED RE COMP THXPY RCVD	No Precert Req	
4269F	APPROPOS MTHD OFFLOADING	No Precert Req	
42700	DRAINAGE OF TONSIL ABSCE	No Precert Req	
4270F	PT RCVNG ANTI R-VIRAL TH	No Precert Req	
4271F	PT RCVNG ANTI R-VIRAL TH	No Precert Req	
4274F	FLU IMMUNO ADMIN'D RCVD]	No Precert Req	
4275F	HEP B VAC INJ ADMIN/ RCV	No Precert Req	
4276F	POTENT ANTIVIR THXPY RXD	No Precert Req	
4279F	PCP PROPHYLAXIS RXD]	No Precert Req	
42800	BIOPSY OF THROAT	No Precert Req	
42802	BIOPSY OF THROAT	No Precert Req	
42804	BIOPSY OF UPPER NOSE/THR	No Precert Req	
42806	BIOPSY OF UPPER NOSE/THR	No Precert Req	
42808	EXCISE PHARYNX LESION	No Precert Req	
42809	REMOVE PHARYNX FOREIGN B	No Precert Req	
4280F	PCP PROPHYLAX RXD 3MON L	No Precert Req	
42810	EXCISION OF NECK CYST	No Precert Req	
42815	EXCISION OF NECK CYST	No Precert Req	
42820	REMOVE TONSILS AND ADENO	No Precert Req	
42821	REMOVE TONSILS AND ADENO	No Precert Req	
42825	REMOVAL OF TONSILS	No Precert Req	
42826	REMOVAL OF TONSILS	No Precert Req	
42830	REMOVAL OF ADENOIDS	No Precert Req	
42831	REMOVAL OF ADENOIDS	No Precert Req	
42835	REMOVAL OF ADENOIDS	No Precert Req	
42836	REMOVAL OF ADENOIDS	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
42860	EXCISION OF TONSIL TAGS	No Precert Req	
42870	EXCISION OF LINGUAL TONS	No Precert Req	
42900	REPAIR THROAT WOUND	No Precert Req	
4290F	PT SCRND FOR INJ DRUG U	No Precert Req	
4293F	PT SCRND HGH-RSK SEX BEH	No Precert Req	
42960	CONTROL THROAT BLEEDING	No Precert Req	
42961	CONTROL THROAT BLEEDING	No Precert Req	
42962	CONTROL THROAT BLEEDING	No Precert Req	
42970	CONTROL NOSE/THROAT BLEE	No Precert Req	
42971	CONTROL NOSE/THROAT BLEE	No Precert Req	
42972	CONTROL NOSE/THROAT BLEE	No Precert Req	
4300F	PT RCVNG WARF THXPY]	No Precert Req	
4301F	PT NOT RCVNG WARF THXPY]	No Precert Req	
43020	INCISION OF ESOPHAGUS	No Precert Req	
43030	THROAT MUSCLE SURGERY	No Precert Req	
4305F	PT ED RE FT CARE INSPCT]	No Precert Req	
4306F	PT TLK PSYCH & RX OPD AD	No Precert Req	
43130	REMOVAL OF ESOPHAGUS POU	No Precert Req	
43180	ESOPHAGOSCOPY RIGID TRNSO	No Precert Req	
43191	ESOPHAGOSCOPY RIGID TRNSO DX	No Precert Req	
43192	ESOPHAGOSCP RIG TRNSO INJECT	No Precert Req	
43193	ESOPHAGOSCP RIG TRNSO BIOPSY	No Precert Req	
43194	ESOPHAGOSCP RIG TRNSO REM FB	No Precert Req	
43195	ESOPHAGOSCOPY RIGID BALLOON	No Precert Req	
43196	ESOPHAGOSCP GUIDE WIRE DILAT	No Precert Req	
43197	ESOPHAGOSCOPY FLEX DX BRUSH	No Precert Req	
43198	ESOPHAGOSC FLEX TRNSN BIOPSY	No Precert Req	
43200	ESOPHAGUS ENDOSCOPY	No Precert Req	
43201	ESOPH SCOPE W/SUBMUCOUS	No Precert Req	
43202	ESOPHAGUS ENDOSCOPY, BIO	No Precert Req	
43204	ESOPH SCOPE W/SCLEROSIS	No Precert Req	
43205	ESOPHAGUS ENDOSCOPY/LIGA	No Precert Req	
43206	ESOPHAGOSCOPY; W/OPT ENDOMICRO	No Precert Req	
4320F	PT TALK PSYCHSOC+RX OH D	No Precert Req	
43211	ESOPHAGOSCP MUCOSAL RESECT	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
43212	ESOPHAGOSCOP STENT PLACEMENT	No Precert Req	
43213	ESOPHAGOSCOPY RETRO BALLOON	No Precert Req	
43214	ESOPHAGOSC DILATE BALLOON 30	No Precert Req	
43215	ESOPHAGUS ENDOSCOPY	No Precert Req	
43216	ESOPHAGUS ENDOSCOPY/LESI	No Precert Req	
43217	ESOPHAGUS ENDOSCOPY	No Precert Req	
43219	ESOPHAGUS ENDOSCOPY	No Precert Req	
43220	ESOPH ENDOSCOPY, DILATIO	No Precert Req	
43226	ESOPH ENDOSCOPY, DILATIO	No Precert Req	
43227	ESOPH ENDOSCOPY, REPAIR	No Precert Req	
43228	ESOPH ENDOSCOPY, ABLATIO	No Precert Req	
43229	ESOPHAGOSCOPY LESION ABLATE	No Precert Req	
4322F	CRGVR PROV W/ ED ADDL RS	No Precert Req	
43231	ESOPH ENDOSCOPY W/US EXA	No Precert Req	
43232	ESOPH ENDOSCOPY W/US FN	No Precert Req	
43233	EGD BALLOON DIL ESOPH30 MM/>	No Precert Req	
43234	UPPER GI ENDOSCOPY, EXAM	No Precert Req	
43235	UPPR GI ENDOSCOPY, DIAGN	No Precert Req	
43236	UPPR GI SCOPE W/SUBMUC I	No Precert Req	
43237	ENDOSCOPIC US EXAM, ESOP	No Precert Req	
43238	UPPR GI ENDOSCOPY W/US F	No Precert Req	
43239	UPPER GI ENDOSCOPY, BIOP	No Precert Req	
43240	ESOPH ENDOSCOPE W/DRAIN	No Precert Req	
43242	UPPR GI ENDOSCOPY W/US F	No Precert Req	
43243	UPPER GI ENDOSCOPY & INJ	No Precert Req	
43244	UPPER GI ENDOSCOPY/LIGAT	No Precert Req	
43245	UPPR GI SCOPE DILATE STR	No Precert Req	
43246	PLACE GASTROSTOMY TUBE	No Precert Req	
43247	OPERATIVE UPPER GI ENDOS	No Precert Req	
43248	UPPR GI ENDOSCOPY/GUIDE	No Precert Req	
43249	ESOPH ENDOSCOPY, DILATIO	No Precert Req	
4324F	PT QUERIED PRKNS COMPLIC	No Precert Req	
43250	UPPER GI ENDOSCOPY/TUMOR	No Precert Req	
43251	OPERATIVE UPPER GI ENDOS	No Precert Req	
43252	UPPER GI ENDOSCOPY W/ OPT ENDOMICI	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
43253	EGD US TRANSMURAL INJXN/MARK	No Precert Req	
43254	EGD ENDO MUCOSAL RESECTION	No Precert Req	
43255	OPERATIVE UPPER GI ENDOS	No Precert Req	
43256	UPPR GI ENDOSCOPY W/STEN	No Precert Req	
43258	OPERATIVE UPPER GI ENDOS	No Precert Req	
43259	ENDOSCOPIC ULTRASOUND EX	No Precert Req	
4325F	MED TXMNT OPTIONS RVWD W	No Precert Req	
43260	ENDO CHOLANGIOPANCREATOG	No Precert Req	
43261	ENDO CHOLANGIOPANCREATOG	No Precert Req	
43262	ENDO CHOLANGIOPANCREATOG	No Precert Req	
43263	ENDO CHOLANGIOPANCREATOG	No Precert Req	
43264	ENDO CHOLANGIOPANCREATOG	No Precert Req	
43265	ENDO CHOLANGIOPANCREATOG	No Precert Req	
43266	EGD ENDOSCOPIC STENT PLACE	No Precert Req	
43267	ENDO CHOLANGIOPANCREATOG	No Precert Req	
43268	ENDO CHOLANGIOPANCREATOG	No Precert Req	
43269	ENDO CHOLANGIOPANCREATOG	No Precert Req	
4326F	PT ASKED RE SYMP AUTO DY	No Precert Req	
43270	EGD LESION ABLATION	No Precert Req	
43271	ENDO CHOLANGIOPANCREATOG	No Precert Req	
43272	ENDO CHOLANGIOPANCREATOG	No Precert Req	
43273	ENDOSCOPIC PANCREATOSCOP	No Precert Req	
43274	ERCP DUCT STENT PLACEMENT	No Precert Req	
43275	ERCP REMOVE FORGN BODY DUCT	No Precert Req	
43276	ERCP STENT EXCHANGE W/DILATE	No Precert Req	
43277	ERCP EA DUCT/AMPULLA DILATE	No Precert Req	
43278	ERCP LESION ABLATE W/DILATE	No Precert Req	
43279	LAP MYOTOMY HELLER]	No Precert Req	
43280	LAPAROSCOPY, FUNDOPLASTY	No Precert Req	
43281	LAP PARAESOPHAG HERN REP	No Precert Req	
43282	LAP PARAESOPH HER RPR W/	No Precert Req	
4328F	PT ASKED RE SLEEP DISTUR	No Precert Req	
4330F	CNSLNG EPI SPEC SFTY ISS	No Precert Req	
43400	LIGATE ESOPHAGUS VEINS	No Precert Req	
4340F	CNSLNG CHLD BRNG+ WOMEN E	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
43410	REPAIR ESOPHAGUS WOUND	No Precert Req	
43415	REPAIR ESOPHAGUS WOUND	No Precert Req	
43450	DILATE ESOPHAGUS	No Precert Req	
43453	DILATE ESOPHAGUS	No Precert Req	
43456	DILATE ESOPHAGUS	No Precert Req	
43458	DILATE ESOPHAGUS	No Precert Req	
43501	SURGICAL REPAIR OF STOMA	No Precert Req	
43502	SURGICAL REPAIR OF STOMA	No Precert Req	
4350F	CNSLNG PROVIDED SYMP MNG	No Precert Req	
43510	SURGICAL OPENING OF STOM	No Precert Req	
43605	BIOPSY OF STOMACH	No Precert Req	
43651	LAPAROSCOPY, VAGUS NERVE	No Precert Req	
43653	LAPAROSCOPY, GASTROSTOMY	No Precert Req	
43752	NASAL/OROGASTRIC W/STENT	No Precert Req	
43753	TX GASTRO INTUB W/ASP	No Precert Req	
43754	DX GASTR INTUB W/ASP SPE	No Precert Req	
43755	DX GASTR INTUB W/ASP SPE	No Precert Req	
43756	DX DUOD INTUB W/ASP SPEC	No Precert Req	
43757	DX DUOD INTUB W/ASP SPEC	No Precert Req	
43760	CHANGE GASTROSTOMY TUBE	No Precert Req	
43761	REPOSITION GASTROSTOMY T	No Precert Req	
43882	REVISE/REMOVE ELECTRD AN	No Precert Req	
43887	REMOVE GASTRIC PORT, OPE	No Precert Req	
4400F	REHAB THXPY OPTIONS W/PT	No Precert Req	
44010	INCISION OF SMALL BOWEL	No Precert Req	
44015	INSERT NEEDLE CATH BOWEL	No Precert Req	
44020	EXPLORE SMALL INTESTINE	No Precert Req	
44021	DECOMPRESS SMALL BOWEL	No Precert Req	
44025	INCISION OF LARGE BOWEL	No Precert Req	
44100	BIOPSY OF BOWEL	No Precert Req	
44180	LAP, ENTEROLYSIS	No Precert Req	
44186	LAP, JEJUNOSTOMY	No Precert Req	
44187	LAP, ILEO/JEJUNO-STOMY	No Precert Req	
44340	REVISION OF COLOSTOMY	No Precert Req	
44360	SMALL BOWEL ENDOSCOPY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
44361	SMALL BOWEL ENDOSCOPY/BI	No Precert Req	
44363	SMALL BOWEL ENDOSCOPY	No Precert Req	
44364	SMALL BOWEL ENDOSCOPY	No Precert Req	
44365	SMALL BOWEL ENDOSCOPY	No Precert Req	
44366	SMALL BOWEL ENDOSCOPY	No Precert Req	
44369	SMALL BOWEL ENDOSCOPY	No Precert Req	
44370	SMALL BOWEL ENDOSCOPY/ST	No Precert Req	
44372	SMALL BOWEL ENDOSCOPY	No Precert Req	
44373	SMALL BOWEL ENDOSCOPY	No Precert Req	
44376	SMALL BOWEL ENDOSCOPY	No Precert Req	
44377	SMALL BOWEL ENDOSCOPY/BI	No Precert Req	
44378	SMALL BOWEL ENDOSCOPY	No Precert Req	
44379	S BOWEL ENDOSCOPE W/STEN	No Precert Req	
44380	SMALL BOWEL ENDOSCOPY	No Precert Req	
44381	SMALL BOWEL ENDOSCOPY BR/WA	No Precert Req	
44382	SMALL BOWEL ENDOSCOPY	No Precert Req	
44384	SMALL BOWEL ENDOSCOPY	No Precert Req	
44385	ENDOSCOPY OF BOWEL POUCH	No Precert Req	
44386	ENDOSCOPY, BOWEL POUCH/B	No Precert Req	
44388	COLONOSCOPY	No Precert Req	
44389	COLONOSCOPY WITH BIOPSY	No Precert Req	
44390	COLONOSCOPY FOR FOREIGN	No Precert Req	
44391	COLONOSCOPY FOR BLEEDING	No Precert Req	
44392	COLONOSCOPY & POLYPECTOM	No Precert Req	
44394	COLONOSCOPY W/SNARE	No Precert Req	
44401	COLONOSCOPY WITH ABLATION	No Precert Req	
44402	COLONOSCOPY W/STENT PLCMT	No Precert Req	
44403	COLONOSCOPY W/RESECTION	No Precert Req	
44404	COLONOSCOPY W/INJECTION	No Precert Req	
44405	COLONOSCOPY W/DILATION	No Precert Req	
44406	COLONOSCOPY W/ULTRASOUND	No Precert Req	
44407	COLONOSCOPY W/NDL ASPIR/BX	No Precert Req	
44408	COLONOSCOPY W/DECOMPRESSION	No Precert Req	
44500	INTRO, GASTROINTESTINAL	No Precert Req	
4450F	SELF-CARE ED PROVIDED TO	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
44701	INTRAOP COLON LAVAGE ADD	No Precert Req	
4470F	ICD COUNSELING PROVIDED]	No Precert Req	
4480F	PT RCVNG ACE/ARB B-BLOCK	No Precert Req	
4481F	PT RCVNG ACE/ARB BBLKER<	No Precert Req	
44950	APPENDECTOMY	No Precert Req	
44970	LAPAROSCOPY, APPENDECTOM	No Precert Req	
4500F	REF TO OUTPT CARD REHAB	No Precert Req	
45100	BIOPSY OF RECTUM	No Precert Req	
45108	REMOVAL OF ANORECTAL LES	No Precert Req	
4510F	PREV CARDREHAB QUALCARDE	No Precert Req	
4525F	NEUROPSYCHIA INTERVEN OR	No Precert Req	
4526F	NEUROPSYCHIA INTERVEN RC	No Precert Req	
45300	PROCTOSIGMOIDOSCOPY DX	No Precert Req	
45303	PROCTOSIGMOIDOSCOPY DILA	No Precert Req	
45305	PROCTOSIGMOIDOSCOPY W/BX	No Precert Req	
45307	PROCTOSIGMOIDOSCOPY FB	No Precert Req	
45308	PROCTOSIGMOIDOSCOPY REMO	No Precert Req	
45309	PROCTOSIGMOIDOSCOPY REMO	No Precert Req	
45315	PROCTOSIGMOIDOSCOPY REMO	No Precert Req	
45317	PROCTOSIGMOIDOSCOPY BLEE	No Precert Req	
45320	PROCTOSIGMOIDOSCOPY ABLA	No Precert Req	
45321	PROCTOSIGMOIDOSCOPY VOLV	No Precert Req	
45327	PROCTOSIGMOIDOSCOPY W/ST	No Precert Req	
45330	DIAGNOSTIC SIGMOIDOSCOPY	No Precert Req	
45331	SIGMOIDOSCOPY AND BIOPSY	No Precert Req	
45332	SIGMOIDOSCOPY W/FB REMOV	No Precert Req	
45333	SIGMOIDOSCOPY & POLYPECT	No Precert Req	
45334	SIGMOIDOSCOPY FOR BLEEDI	No Precert Req	
45335	SIGMOIDOSCOPY W/SUBMUC I	No Precert Req	
45337	SIGMOIDOSCOPY & DECOMPRE	No Precert Req	
45338	SIGMOIDOSCOPY W/TUMR REM	No Precert Req	
45340	SIG W/BALLOON DILATION	No Precert Req	
45341	SIGMOIDOSCOPY W/ULTRASOU	No Precert Req	
45342	SIGMOIDOSCOPY W/US GUIDE	No Precert Req	
45346	SIGMOIDOSCOPY W/ABLATION	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
45347	SIGMOIDOSCOPY W/PLCMT STENT	No Precert Req	
45349	SIGMOIDOSCOPY W/RESECTION	No Precert Req	
45350	SGMDSC W/BAND LIGATION	No Precert Req	
45378	DIAGNOSTIC COLONOSCOPY	No Precert Req	
45379	COLONOSCOPY W/FB REMOVAL	No Precert Req	
45380	COLONOSCOPY AND BIOPSY	No Precert Req	
45381	COLONOSCOPY, SUBMUCOUS I	No Precert Req	
45382	COLONOSCOPY/CONTROL BLEE	No Precert Req	
45384	LESION REMOVE COLONOSCO	No Precert Req	
45385	LESION REMOVAL COLONOSCO	No Precert Req	
45386	COLONOSCOPY DILATE STRIC	No Precert Req	
45388	COLONOSCOPY W/ABLATION	No Precert Req	
45389	COLONOSCOPY W/STENT PLCMT	No Precert Req	
45390	COLONOSCOPY W/RESECTION	No Precert Req	
45391	COLONOSCOPY W/ENDOSCOPE	No Precert Req	
45392	COLONOSCOPY W/ENDOSCOPIC	No Precert Req	
45393	COLONOSCOPY W/DECOMPRESSION	No Precert Req	
45398	COLONOSCOPY W/BAND LIGATION	No Precert Req	
45499	Unlisted LAPAROSCOPE PROC, RECTUM	No Precert Req	
45500	REPAIR OF RECTUM	No Precert Req	
45560	REPAIR OF RECTOCELE	No Precert Req	
45562	EXPLORATION/REPAIR OF RE	No Precert Req	
45563	EXPLORATION/REPAIR OF RE	No Precert Req	
45905	DILATION OF ANAL SPHINCT	No Precert Req	
45910	DILATION OF RECTAL NARRO	No Precert Req	
45915	REMOVE RECTAL OBSTRUCTIO	No Precert Req	
45990	SURG DX EXAM, ANORECTAL	No Precert Req	
46020	PLACEMENT OF SETON	No Precert Req	
46030	REMOVAL OF RECTAL MARKER	No Precert Req	
46040	INCISION OF RECTAL ABSCE	No Precert Req	
46045	INCISION OF RECTAL ABSCE	No Precert Req	
46050	INCISION OF ANAL ABSCESS	No Precert Req	
46060	INCISION OF RECTAL ABSCE	No Precert Req	
46070	INCISION OF ANAL SEPTUM	No Precert Req	
46080	INCISION OF ANAL SPHINCT	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
46083	INCISE EXTERNAL HEMORRHO	No Precert Req	
46200	REMOVAL OF ANAL FISSURE	No Precert Req	
46220	REMOVAL OF ANAL TAG	No Precert Req	
46221	LIGATION OF HEMORRHOID(S	No Precert Req	
46230	REMOVAL OF ANAL TAGS	No Precert Req	
46250	REMOVE EXT HEM GROUPS 2+	No Precert Req	
46255	HEMORRHOIDECTOMY	No Precert Req	
46257	REMOVE HEMORRHOIDS & FIS	No Precert Req	
46258	REMOVE HEMORRHOIDS & FIS	No Precert Req	
46260	HEMORRHOIDECTOMY	No Precert Req	
46261	REMOVE HEMORRHOIDS & FIS	No Precert Req	
46262	REMOVE HEMORRHOIDS & FIS	No Precert Req	
46270	REMOVAL OF ANAL FISTULA	No Precert Req	
46275	REMOVAL OF ANAL FISTULA	No Precert Req	
46280	REMOVAL OF ANAL FISTULA	No Precert Req	
46285	REMOVAL OF ANAL FISTULA	No Precert Req	
46288	REPAIR ANAL FISTULA	No Precert Req	
46320	REMOVAL OF HEMORRHOID CL	No Precert Req	
46500	INJECTION INTO HEMORRHOI	No Precert Req	
46505	CHEMODENERVATION ANAL MU	No Precert Req	
46600	DIAGNOSTIC ANOSCOPY	No Precert Req	
46604	ANOSCOPY AND DILATION	No Precert Req	
46606	ANOSCOPY AND BIOPSY	No Precert Req	
46608	ANOSCOPY, REMOVE FOR BOD	No Precert Req	
46610	ANOSCOPY, REMOVE LESION	No Precert Req	
46611	ANOSCOPY	No Precert Req	
46612	ANOSCOPY, REMOVE LESIONS	No Precert Req	
46614	ANOSCOPY, CONTROL BLEEDI	No Precert Req	
46615	ANOSCOPY	No Precert Req	
46700	REPAIR OF ANAL STRICTURE	No Precert Req	
46705	REPAIR OF ANAL STRICTURE	No Precert Req	
46706	REPR OF ANAL FISTULA W/G	No Precert Req	
46715	REP PERF ANOPER FISTU	No Precert Req	
46716	REP PERF ANOPER/VESTIB F	No Precert Req	
46730	CONSTRUCTION OF ABSENT A	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
46735	CONSTRUCTION OF ABSENT A	No Precert Req	
46740	CONSTRUCTION OF ABSENT A	No Precert Req	
46742	REPAIR OF IMPERFORATED A	No Precert Req	
46750	REPAIR OF ANAL SPHINCTER	No Precert Req	
46900	DESTRUCTION, ANAL LESION	No Precert Req	
46910	DESTRUCTION, ANAL LESION	No Precert Req	
46916	CRYOSURGERY, ANAL LESION	No Precert Req	
46917	LASER SURGERY, ANAL LESI	No Precert Req	
46922	EXCISION OF ANAL LESION(No Precert Req	
46924	DESTRUCTION, ANAL LESION	No Precert Req	
46930	DESTROY INTERNAL HEMORRH	No Precert Req	
46940	TREATMENT OF ANAL FISSUR	No Precert Req	
46942	TREATMENT OF ANAL FISSUR	No Precert Req	
46945	LIGATION OF HEMORRHOIDS	No Precert Req	
46946	LIGATION OF HEMORRHOIDS	No Precert Req	
46947	HEMORRHOIDOPEXY BY STAPL	No Precert Req	
47000	NEEDLE BIOPSY OF LIVER	No Precert Req	
47001	NEEDLE BIOPSY, LIVER ADD	No Precert Req	
47011	PERCUT DRAIN, LIVER LESI	No Precert Req	
47380	OPEN ABLATE LIVER TUMOR	No Precert Req	
47382	PERCUT ABLATE LIVER RF	No Precert Req	
47383	PERQ ABLTJ LVR CRYOABLATION	No Precert Req	
47500	INJECTION FOR LIVER X-RA	No Precert Req	Code deleted 12/31/2015
47505	INJECTION FOR LIVER X-RA	No Precert Req	Code deleted 12/31/2015
47510	INSERT CATHETER, BILE DU	No Precert Req	Code deleted 12/31/2015
47511	INSERT BILE DUCT DRAIN	No Precert Req	Code deleted 12/31/2015
47525	CHANGE BILE DUCT CATHETE	No Precert Req	Code deleted 12/31/2015
47530	REVISE/REINSERT BILE TUB	No Precert Req	Code deleted 12/31/2015
47531	INJECTION FOR CHOLANGIOGRAM	No Precert Req	
47532	INJECTION FOR CHOLANGIOGRAM	No Precert Req	
47533	PLMT BILIARY DRAINAGE CATH	No Precert Req	
47534	PLMT BILIARY DRAINAGE CATH	No Precert Req	
47535	CONVERSION EXT BIL DRG CATH	No Precert Req	
47536	EXCHANGE BILIARY DRG CATH	No Precert Req	
47537	REMOVAL BILIARY DRG CATH	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
47538	PERQ PLMT BILE DUCT STENT	No Precert Req	
47539	PERQ PLMT BILE DUCT STENT	No Precert Req	
47540	PERQ PLMT BILE DUCT STENT	No Precert Req	
47541	PLMT ACCESS BIL TREE SM BWL	No Precert Req	
47542	DILATE BILIARY DUCT/AMPULLA	No Precert Req	
47543	ENDOLUMINAL BX BILIARY TREE	No Precert Req	
47544	REMOVAL DUCT GLBLDR CALCULI	No Precert Req	
47550	BILE DUCT ENDOSCOPY ADD-	No Precert Req	
47552	BILIARY ENDOSCOPY THRU S	No Precert Req	
47553	BILIARY ENDOSCOPY THRU S	No Precert Req	
47554	BILIARY ENDOSCOPY THRU S	No Precert Req	
47555	BILIARY ENDOSCOPY THRU S	No Precert Req	
47556	BILIARY ENDOSCOPY THRU S	No Precert Req	
47560	LAPAROSCOPY W/CHOLANGIO	No Precert Req	Code deleted 12/31/2015
47561	LAPARO W/CHOLANGIO/BIOPS	No Precert Req	Code deleted 12/31/2015
47562	LAPAROSCOPIC CHOLECYSTEC	No Precert Req	
47563	LAPARO CHOLECYSTECTOMY/G	No Precert Req	
47564	LAPARO CHOLECYSTECTOMY/E	No Precert Req	
48102	NEEDLE BIOPSY, PANCREAS	No Precert Req	
48400	INJECTION, INTRAOP ADD-O	No Precert Req	
49000	EXPLORATION OF ABDOMEN	No Precert Req	
49021	DRAIN ABDOMINAL ABSCESS	No Precert Req	
49041	DRAIN, PERCUT, ABDOM ABS	No Precert Req	
49061	DRAIN, PERCUT, RETROPER	No Precert Req	
49080	PUNCTURE, PERITONEAL CAV	No Precert Req	
49081	REMOVAL OF ABDOMINAL FLU	No Precert Req	
49082	ABD PARACENTESIS	No Precert Req	
49083	ABD PARACENTESIS W/IMAGI	No Precert Req	
49084	PERITONEAL LAVAGE	No Precert Req	
49180	BIOPSY, ABDOMINAL MASS	No Precert Req	
49185	SCLEROTX FLUID COLLECTION	No Precert Req	
49203	EXC ABD TUM 5 CM OR LESS	No Precert Req	
49204	EXC ABD TUM OVER 5 CM	No Precert Req	
49205	EXC ABD TUM OVER 10 CM	No Precert Req	
49320	DIAG LAPARO SEPARATE PRO	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
49321	LAPAROSCOPY, BIOPSY	No Precert Req	
49322	LAPAROSCOPY, ASPIRATION	No Precert Req	
49323	LAPARO DRAIN LYMPHOCELE	No Precert Req	
49324	LAP INSERTION PERM IP CA	No Precert Req	
49325	LAP REVISION PERM IP CAT	No Precert Req	
49326	LAP W/OMENTOPEXY ADD-ON	No Precert Req	
49327	LAP INS DEVICE FOR RT	No Precert Req	
49400	AIR INJECTION INTO ABDOM	No Precert Req	
49402	REMOVE FOREIGN BODY, ADB	No Precert Req	
49405	IMAGE CATH FLUID COLXN VISC	No Precert Req	
49406	IMAGE CATH FLUID PERI/RETRO	No Precert Req	
49407	IMAGE CATH FLUID TRNS/VGNL	No Precert Req	
49418	INSER TUN IP CATH PERC	No Precert Req	
49419	INSRT ABDOM CATH FOR CHE	No Precert Req	
49421	INS TUN IP CATH FOR DIAL	No Precert Req	
49422	REMOVE TUNNELED IP CATH	No Precert Req	
49423	EXCHANGE DRAINAGE CATHET	No Precert Req	
49424	ASSESS CYST, CONTRAST IN	No Precert Req	
49425	INSERT ABDOMEN-VENOUS DR	No Precert Req	
49426	REVISE ABDOMEN-VENOUS SH	No Precert Req	
49427	INJECTION, ABDOMINAL SHU	No Precert Req	
49428	LIGATION OF SHUNT	No Precert Req	
49429	REMOVAL OF SHUNT	No Precert Req	
49435	INSERT SUBQ EXTEN TO IP	No Precert Req	
49436	EMBEDDED IP CATH EXIT-SI	No Precert Req	
49440	PLACE GASTROSTOMY TUBE P	No Precert Req	
49441	PLACE DUOD/JEJ TUBE PERC	No Precert Req	
49442	PLACE CECOSTOMY TUBE PER	No Precert Req	
49446	CHANGE G-TUBE TO G-J PER	No Precert Req	
49450	REPLACE G/C TUBE PERC	No Precert Req	
49451	REPLACE DUOD/JEJ TUBE PE	No Precert Req	
49452	REPLACE G-J TUBE PERC	No Precert Req	
49460	FIX G/COLON TUBE W/ DEVI	No Precert Req	
49465	FLUORO EXAM OF G/COLON T	No Precert Req	
49491	RPR HERN PREEMIE REDUC	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
49492	RPR ING HERN PREMIE, BLO	No Precert Req	
49495	RPR ING HERNIA BABY, RED	No Precert Req	
49496	RPR ING HERNIA BABY, BLO	No Precert Req	
49500	RPR ING HERNIA, INIT, RE	No Precert Req	
49501	RPR ING HERNIA, INIT BLO	No Precert Req	
49505	PRP I/HERN INIT REDUC >5	No Precert Req	
49507	PRP I/HERN INIT BLOCK >5	No Precert Req	
49520	RERPAIR ING HERNIA, RED	No Precert Req	
49521	RERPAIR ING HERNIA, BLO	No Precert Req	
49525	REPAIR ING HERNIA, SLIDI	No Precert Req	
49540	REPAIR LUMBAR HERNIA	No Precert Req	
49550	RPR REM HERNIA, INIT, RE	No Precert Req	
49553	RPR FEM HERNIA, INIT BLO	No Precert Req	
49555	RERPAIR FEM HERNIA, RED	No Precert Req	
49557	RERPAIR FEM HERNIA, BLO	No Precert Req	
49560	RPR VENTRAL HERN INIT, R	No Precert Req	
49561	RPR VENTRAL HERN INIT, B	No Precert Req	
49565	RERPAIR VENTRL HERN, RE	No Precert Req	
49566	RERPAIR VENTRL HERN, BL	No Precert Req	
49568	HERNIA REPAIR W/MESH	No Precert Req	
49570	RPR EPIGASTRIC HERN, RED	No Precert Req	
49572	RPR EPIGASTRIC HERN, BLO	No Precert Req	
49580	RPR UMBIL HERN, REDUC <	No Precert Req	
49582	RPR UMBIL HERN, BLOCK <	No Precert Req	
49585	RPR UMBIL HERN, REDUC >	No Precert Req	
49587	RPR UMBIL HERN, BLOCK >	No Precert Req	
49590	REPAIR SPIGELIAN HERNIA	No Precert Req	
49600	REPAIR UMBILICAL LESION	No Precert Req	
49605	REPAIR UMBILICAL LESION	No Precert Req	
49606	REPAIR UMBILICAL LESION	No Precert Req	
49610	REPAIR UMBILICAL LESION	No Precert Req	
49611	REPAIR UMBILICAL LESION	No Precert Req	
49650	LAPARO HERNIA REPAIR INI	No Precert Req	
49651	LAPARO HERNIA REPAIR REC	No Precert Req	
49652	LAP VENT/ABD HERNIA REPA	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
49653	LAP VENT/ABD HERN PROC C	No Precert Req	
49654	LAP INC HERNIA REPAIR]	No Precert Req	
49655	LAP INC HERN REPAIR COMP	No Precert Req	
49656	LAP INC HERNIA REPAIR RE	No Precert Req	
49657	LAP INC HERN RECUR COMP]	No Precert Req	
49900	REPAIR OF ABDOMINAL WALL	No Precert Req	
49905	OMENTAL FLAP, INTRA-ABDO	No Precert Req	
49906	FREE OMENTAL FLAP, MICRO	No Precert Req	
5005F	PT COUNSLD ON EXAM FOR M	No Precert Req	
50080	REMOVAL OF KIDNEY STONE	No Precert Req	
50081	REMOVAL OF KIDNEY STONE	No Precert Req	
5010F	MACUL+ FNDNGS TO DR MNG	No Precert Req	
50130	REMOVAL OF KIDNEY STONE	No Precert Req	
5015F	DOC FX&TEST/TXMNT FOR OP	No Precert Req	
50200	BIOPSY OF KIDNEY	No Precert Req	
5020F	TXMNTS 2 MAIN DR BY 1 MO	No Precert Req	
50382	CHANGE URETER STENT, PER	No Precert Req	
50384	REMOVE URETER STENT, PER	No Precert Req	
50385	CHANGE STENT VIA TRANSUR	No Precert Req	
50386	REMOVE STENT VIA TRANSUR	No Precert Req	
50387	CHANGE EXT/INT URETER ST	No Precert Req	
50389	REMOVE RENAL TUBE W/FLUO	No Precert Req	
50390	DRAINAGE OF KIDNEY LESIO	No Precert Req	
50391	INSTLL RX AGNT INTO RNAL	No Precert Req	
50392	INSERT KIDNEY DRAIN	No Precert Req	Code deleted 12/31/2015
50393	INSERT URETERAL TUBE	No Precert Req	Code deleted 12/31/2015
50394	INJECTION FOR KIDNEY X-R	No Precert Req	Code deleted 12/31/2015
50395	CREATE PASSAGE TO KIDNEY	No Precert Req	
50396	MEASURE KIDNEY PRESSURE	No Precert Req	
50398	CHANGE KIDNEY TUBE	No Precert Req	Code deleted 12/31/2015
50430	NJX PX NFROSGRM &/URTRGRM	No Precert Req	
50431	NJX PX NFROSGRM &/URTRGRM	No Precert Req	
50432	PLMT NEPHROSTOMY CATHETER	No Precert Req	
50433	PLMT NEPHROURETERAL CATHETER	No Precert Req	
50434	CONVERT NEPHROSTOMY CATHETER	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
50435	EXCHANGE NEPHROSTOMY CATH	No Precert Req	
5050F	PLAN 2 MAIN DR. BY 1 MON	No Precert Req	
50520	CLOSE KIDNEY-SKIN FISTUL	No Precert Req	
50541	LAPARO ABLATE RENAL CYST	No Precert Req	
50542	LAPARO ABLATE RENAL MASS	No Precert Req	
50551	KIDNEY ENDOSCOPY	No Precert Req	
50553	KIDNEY ENDOSCOPY	No Precert Req	
50555	KIDNEY ENDOSCOPY & BIOPS	No Precert Req	
50557	KIDNEY ENDOSCOPY & TREAT	No Precert Req	
50561	KIDNEY ENDOSCOPY & TREAT	No Precert Req	
50570	KIDNEY ENDOSCOPY	No Precert Req	
50572	KIDNEY ENDOSCOPY	No Precert Req	
50574	KIDNEY ENDOSCOPY & BIOPS	No Precert Req	
50575	KIDNEY ENDOSCOPY	No Precert Req	
50576	KIDNEY ENDOSCOPY & TREAT	No Precert Req	
50580	KIDNEY ENDOSCOPY & TREAT	No Precert Req	
50590	FRAGMENTING OF KIDNEY ST	No Precert Req	
50592	PERC RF ABLATE RENAL TUM	No Precert Req	
50593	PERC CRYO ABLATE RENAL T	No Precert Req	
50605	INSERT URETERAL SUPPORT	No Precert Req	
50606	ENDOLUMINAL BX URTR RNL PLVS	No Precert Req	
5060F	FNDNGS MAMMO 2PT W/IN 3	No Precert Req	
5062F	MAMMO RESULT COM TO PT 5	No Precert Req	
50684	INJECTION FOR URETER X-R	No Precert Req	
50686	MEASURE URETER PRESSURE	No Precert Req	
50688	CHANGE OF URETER TUBE/ST	No Precert Req	
50690	INJECTION FOR URETER X-R	No Precert Req	
50693	PLMT URETERAL STENT PRQ	No Precert Req	
50694	PLMT URETERAL STENT PRQ	No Precert Req	
50695	PLMT URETERAL STENT PRQ	No Precert Req	
50705	URETERAL EMBOLIZATION/OCCL	No Precert Req	
50706	BALLOON DILATE URTRL STRIX	No Precert Req	
50715	RELEASE OF URETER	No Precert Req	
50727	REVISE URETER	No Precert Req	
50728	REVISE URETER	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
50830	REVISE URINE FLOW	No Precert Req	
50845	APPENDICO-VESICOSTOMY	No Precert Req	
50940	RELEASE OF URETER	No Precert Req	
50945	LAPAROSCOPY URETEROLITHO	No Precert Req	
50947	LAPARO NEW URETER/BLADDE	No Precert Req	
50948	LAPARO NEW URETER/BLADDE	No Precert Req	
50951	ENDOSCOPY OF URETER	No Precert Req	
50953	ENDOSCOPY OF URETER	No Precert Req	
50955	URETER ENDOSCOPY & BIOPS	No Precert Req	
50957	URETER ENDOSCOPY & TREAT	No Precert Req	
50961	URETER ENDOSCOPY & TREAT	No Precert Req	
50970	URETER ENDOSCOPY	No Precert Req	
50972	URETER ENDOSCOPY & CATHE	No Precert Req	
50974	URETER ENDOSCOPY & BIOPS	No Precert Req	
50976	URETER ENDOSCOPY & TREAT	No Precert Req	
50980	URETER ENDOSCOPY & TREAT	No Precert Req	
5100F	RSK FX REF W/N 24 HRS X-	No Precert Req	
51020	INCISE & TREAT BLADDER	No Precert Req	
51030	INCISE & TREAT BLADDER	No Precert Req	
51040	INCISE & DRAIN BLADDER	No Precert Req	
51045	INCISE BLADDER/DRAIN URE	No Precert Req	
51050	REMOVAL OF BLADDER STONE	No Precert Req	
51060	REMOVAL OF URETER STONE	No Precert Req	
51065	REMOVE URETER CALCULUS	No Precert Req	
51080	DRAINAGE OF BLADDER ABSC	No Precert Req	
51100	DRAIN BLADDER BY NEEDLE	No Precert Req	
51101	DRAIN BLADDER BY TROCAR/	No Precert Req	
51102	DRAIN BL W/CATH INSERTIO	No Precert Req	
51500	REMOVAL OF BLADDER CYST	No Precert Req	
51520	REMOVAL OF BLADDER LESIO	No Precert Req	
51525	REMOVAL OF BLADDER LESIO	No Precert Req	
51530	REMOVAL OF BLADDER LESIO	No Precert Req	
51535	REPAIR OF URETER LESION	No Precert Req	
51570	REMOVAL OF BLADDER	No Precert Req	
51575	REMOVAL OF BLADDER & NOD	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
51580	REMOVE BLADDER/REVISE TR	No Precert Req	
51585	REMOVAL OF BLADDER & NOD	No Precert Req	
51590	REMOVE BLADDER/REVISE TR	No Precert Req	
51595	REMOVE BLADDER/REVISE TR	No Precert Req	
51596	REMOVE BLADDER/CREATE PO	No Precert Req	
51600	INJECTION FOR BLADDER X-	No Precert Req	
51605	PREPARATION FOR BLADDER	No Precert Req	
51610	INJECTION FOR BLADDER X-	No Precert Req	
51700	IRRIGATION OF BLADDER	No Precert Req	
51701	INSERT BLADDER CATHETER	No Precert Req	
51702	INSERT TEMP BLADDER CATH	No Precert Req	
51703	INSERT BLADDER CATH, COM	No Precert Req	
51705	CHANGE OF BLADDER TUBE	No Precert Req	
51710	CHANGE OF BLADDER TUBE	No Precert Req	
51715	ENDOSCOPIC INJECTION/IMP	No Precert Req	
51720	TREATMENT OF BLADDER LES	No Precert Req	
51725	SIMPLE CYSTOMETROGRAM	No Precert Req	
51726	COMPLEX CYSTOMETROGRAM	No Precert Req	
51727	CYSTOMETROGRAM W/UP	No Precert Req	
51728	CYSTOMETROGRAM W/VP	No Precert Req	
51729	CYSTOMETROGRAM W/VP&UP	No Precert Req	
51736	URINE FLOW MEASUREMENT	No Precert Req	
51741	ELECTRO-UROFLOWMETRY, FI	No Precert Req	
51784	ANAL/URINARY MUSCLE STUD	No Precert Req	
51785	ANAL/URINARY MUSCLE STUD	No Precert Req	
51792	URINARY REFLEX STUDY	No Precert Req	
51797	INTRAABDOMINAL PRESSURE	No Precert Req	
51798	US URINE CAPACITY MEASUR	No Precert Req	
51800	REVISION OF BLADDER/URET	No Precert Req	
51820	REVISION OF URINARY TRAC	No Precert Req	
51840	ATTACH BLADDER/URETHRA	No Precert Req	
51841	ATTACH BLADDER/URETHRA	No Precert Req	
51845	REPAIR BLADDER NECK	No Precert Req	
51900	REPAIR BLADDER/VAGINA LE	No Precert Req	
51925	HYSTERECTOMY/BLADDER REP	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
51940	CORRECTION OF BLADDER DE	No Precert Req	
51960	REVISION OF BLADDER & BO	No Precert Req	
51980	CONSTRUCT BLADDER OPENIN	No Precert Req	
51990	LAPARO URETHRAL SUSPENSI	No Precert Req	
51992	LAPARO SLING OPERATION	No Precert Req	
51999	Unlisted LAPAROSCOPE PROC, BLADDE	No Precert Req	
52000	CYSTOSCOPY	No Precert Req	
52001	CYSTOSCOPY, REMOVAL OF C	No Precert Req	
52005	CYSTOSCOPY & URETER CATH	No Precert Req	
52007	CYSTOSCOPY AND BIOPSY	No Precert Req	
5200F	EVAL APPROS SURG THXPY E	No Precert Req	
52010	CYSTOSCOPY & DUCT CATHET	No Precert Req	
52204	CYSTOSCOPY	No Precert Req	
52214	CYSTOSCOPY AND TREATMENT	No Precert Req	
52224	CYSTOSCOPY AND TREATMENT	No Precert Req	
52234	CYSTOSCOPY AND TREATMENT	No Precert Req	
52235	CYSTOSCOPY AND TREATMENT	No Precert Req	
52240	CYSTOSCOPY AND TREATMENT	No Precert Req	
52260	CYSTOSCOPY AND TREATMENT	No Precert Req	
52265	CYSTOSCOPY AND TREATMENT	No Precert Req	
52270	CYSTOSCOPY & REVISE URET	No Precert Req	
52275	CYSTOSCOPY & REVISE URET	No Precert Req	
52276	CYSTOSCOPY AND TREATMENT	No Precert Req	
52277	CYSTOSCOPY AND TREATMENT	No Precert Req	
52281	CYSTOSCOPY AND TREATMENT	No Precert Req	
52282	CYSTOSCOPY, IMPLANT STEN	No Precert Req	
52283	CYSTOSCOPY AND TREATMENT	No Precert Req	
52285	CYSTOSCOPY AND TREATMENT	No Precert Req	
52287	CYSTOSCOPY W/INJ CHEMODENERVATIO	No Precert Req	
52290	CYSTOSCOPY AND TREATMENT	No Precert Req	
52300	CYSTOSCOPY AND TREATMENT	No Precert Req	
52301	CYSTOSCOPY AND TREATMENT	No Precert Req	
52305	CYSTOSCOPY AND TREATMENT	No Precert Req	
52310	CYSTOSCOPY AND TREATMENT	No Precert Req	
52315	CYSTOSCOPY AND TREATMENT	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
52317	REMOVE BLADDER STONE	No Precert Req	
52318	REMOVE BLADDER STONE	No Precert Req	
52320	CYSTOSCOPY AND TREATMENT	No Precert Req	
52325	CYSTOSCOPY, STONE REMOVA	No Precert Req	
52327	CYSTOSCOPY, INJECT MATER	No Precert Req	
52330	CYSTOSCOPY AND TREATMENT	No Precert Req	
52332	CYSTOSCOPY AND TREATMENT	No Precert Req	
52334	CREATE PASSAGE TO KIDNEY	No Precert Req	
52341	CYSTO W/URETER STRICTURE	No Precert Req	
52342	CYSTO W/UP STRICTURE TX	No Precert Req	
52343	CYSTO W/RENAL STRICTURE	No Precert Req	
52344	CYSTO/URETERO, STRICTURE	No Precert Req	
52345	CYSTO/URETERO W/UP STRIC	No Precert Req	
52346	CYSTOURETERO W/RENAL STR	No Precert Req	
52351	CYSTOURETERO & OR PYELOS	No Precert Req	
52352	CYSTOURETERO W/STONE REM	No Precert Req	
52353	CYSTOURETERO W/LITHOTRIP	No Precert Req	
52354	CYSTOURETERO W/BIOPSY	No Precert Req	
52355	CYSTOURETERO W/EXCISE TU	No Precert Req	
52356	CYSTO/URETERO W/LITHOTRIPSY	No Precert Req	
52400	CYSTOURETERO W/CONGEN RE	No Precert Req	
52402	CYSTOURETHRO CUT EJACUL	No Precert Req	
52450	INCISION OF PROSTATE	No Precert Req	
52500	REVISION OF BLADDER NECK	No Precert Req	
5250F	ASTHMA DISCHARGE PLAN PR	No Precert Req	
52601	PROSTATECTOMY (TURP)	No Precert Req	
52630	REMOVE PROSTATE REGROWTH	No Precert Req	
52640	RELIEVE BLADDER CONTRACT	No Precert Req	
52647	LASER SURGERY OF PROSTAT	No Precert Req	
52648	LASER SURGERY OF PROSTAT	No Precert Req	
52649	PROSTATE LASER ENUCLEATI	No Precert Req	
52700	DRAINAGE OF PROSTATE ABS	No Precert Req	
53000	INCISION OF URETHRA	No Precert Req	
53010	INCISION OF URETHRA	No Precert Req	
53020	INCISION OF URETHRA	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
53025	INCISION OF URETHRA	No Precert Req	
53040	DRAINAGE OF URETHRA ABSC	No Precert Req	
53060	DRAINAGE OF URETHRA ABSC	No Precert Req	
53080	DRAINAGE OF URINARY LEAK	No Precert Req	
53085	DRAINAGE OF URINARY LEAK	No Precert Req	
53200	BIOPSY OF URETHRA	No Precert Req	
53230	REMOVAL OF URETHRA LESIO	No Precert Req	
53235	REMOVAL OF URETHRA LESIO	No Precert Req	
53265	TREATMENT OF URETHRA LES	No Precert Req	
53270	REMOVAL OF URETHRA GLAND	No Precert Req	
53275	REPAIR OF URETHRA DEFECT	No Precert Req	
53400	REVISE URETHRA, STAGE 1	No Precert Req	
53405	REVISE URETHRA, STAGE 2	No Precert Req	
53410	RECONSTRUCTION OF URETHR	No Precert Req	
53415	RECONSTRUCTION OF URETHR	No Precert Req	
53420	RECONSTRUCT URETHRA, STA	No Precert Req	
53425	RECONSTRUCT URETHRA, STA	No Precert Req	
53430	RECONSTRUCTION OF URETHR	No Precert Req	
53431	RECONSTRUCT URETHRA/BLAD	No Precert Req	
53440	MALE SLING PROCEDURE	No Precert Req	
53442	REMOVE/REVISE MALE SLING	No Precert Req	
53444	INSERT TANDEM CUFF	No Precert Req	
53445	INSERT URO/VES NCK SPHIN	No Precert Req	
53446	REMOVE URO SPHINCTER	No Precert Req	
53447	REMOVE/REPLACE UR SPHINC	No Precert Req	
53448	REMOV/REPLC UR SPHINCTR	No Precert Req	
53449	REPAIR URO SPHINCTER	No Precert Req	
53450	REVISION OF URETHRA	No Precert Req	
53460	REVISION OF URETHRA	No Precert Req	
53500	URETHRLYS, TRANSVAG W/ S	No Precert Req	
53502	REPAIR OF URETHRA INJURY	No Precert Req	
53505	REPAIR OF URETHRA INJURY	No Precert Req	
53510	REPAIR OF URETHRA INJURY	No Precert Req	
53515	REPAIR OF URETHRA INJURY	No Precert Req	
53520	REPAIR OF URETHRA DEFECT	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
53600	DILATE URETHRA STRICTURE	No Precert Req	
53601	DILATE URETHRA STRICTURE	No Precert Req	
53605	DILATE URETHRA STRICTURE	No Precert Req	
53620	DILATE URETHRA STRICTURE	No Precert Req	
53621	DILATE URETHRA STRICTURE	No Precert Req	
53660	DILATION OF URETHRA	No Precert Req	
53661	DILATION OF URETHRA	No Precert Req	
53665	DILATION OF URETHRA	No Precert Req	
53850	PROSTATIC MICROWAVE THER	No Precert Req	
53852	PROSTATIC RF THERMOTX	No Precert Req	
53855	INSERT PROST URETHRAL ST	No Precert Req	
54000	SLITTING OF PREPUCE	No Precert Req	
54001	SLITTING OF PREPUCE	No Precert Req	
54015	DRAIN PENIS LESION	No Precert Req	
54050	DESTRUCTION, PENIS LESIO	No Precert Req	
54055	DESTRUCTION, PENIS LESIO	No Precert Req	
54056	CRYOSURGERY, PENIS LESIO	No Precert Req	
54057	LASER SURG, PENIS LESION	No Precert Req	
54060	EXCISION OF PENIS LESION	No Precert Req	
54065	DESTRUCTION, PENIS LESIO	No Precert Req	
54100	BIOPSY OF PENIS	No Precert Req	
54105	BIOPSY OF PENIS	No Precert Req	
54110	TREATMENT OF PENIS LESIO	No Precert Req	
54111	TREAT PENIS LESION, GRAF	No Precert Req	
54112	TREAT PENIS LESION, GRAF	No Precert Req	
54115	TREATMENT OF PENIS LESIO	No Precert Req	
54150	CIRCUMCISION	No Precert Req	
54160	CIRCUMCISION	No Precert Req	
54162	LYSIS PENIL CIRCUMIC LES	No Precert Req	
54163	REPAIR OF CIRCUMCISION	No Precert Req	
54164	FRENULOTOMY OF PENIS	No Precert Req	
54200	TREATMENT OF PENIS LESIO	No Precert Req	
54205	TREATMENT OF PENIS LESIO	No Precert Req	
54220	TREATMENT OF PENIS LESIO	No Precert Req	
54230	PREPARE PENIS STUDY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
54231	DYNAMIC CAVERNOSOMETRY	No Precert Req	
54235	PENILE INJECTION	No Precert Req	
54240	PENIS STUDY	No Precert Req	
54250	PENIS STUDY	No Precert Req	
54300	REVISION OF PENIS	No Precert Req	
54304	REVISION OF PENIS	No Precert Req	
54308	RECONSTRUCTION OF URETHR	No Precert Req	
54312	RECONSTRUCTION OF URETHR	No Precert Req	
54316	RECONSTRUCTION OF URETHR	No Precert Req	
54318	RECONSTRUCTION OF URETHR	No Precert Req	
54322	RECONSTRUCTION OF URETHR	No Precert Req	
54324	RECONSTRUCTION OF URETHR	No Precert Req	
54326	RECONSTRUCTION OF URETHR	No Precert Req	
54328	REVISE PENIS/URETHRA	No Precert Req	
54332	REVISE PENIS/URETHRA	No Precert Req	
54336	REVISE PENIS/URETHRA	No Precert Req	
54340	SECONDARY URETHRAL SURGE	No Precert Req	
54344	SECONDARY URETHRAL SURGE	No Precert Req	
54348	SECONDARY URETHRAL SURGE	No Precert Req	
54352	RECONSTRUCT URETHRA/PENI	No Precert Req	
54360	PENIS PLASTIC SURGERY	No Precert Req	
54380	REPAIR PENIS	No Precert Req	
54385	REPAIR PENIS	No Precert Req	
54390	REPAIR PENIS AND BLADDER	No Precert Req	
54406	REMOVE MUTI-COMP PENIS P	No Precert Req	
54411	REMOV/REPLC PENIS PROS,	No Precert Req	
54415	REMOVE SELF-CONTD PENIS	No Precert Req	
54420	REVISION OF PENIS	No Precert Req	
54430	REVISION OF PENIS	No Precert Req	
54435	REVISION OF PENIS	No Precert Req	
54437	REPAIR CORPOREAL TEAR	No Precert Req	
54438	REPLANTATION OF PENIS	No Precert Req	
54440	REPAIR OF PENIS	No Precert Req	
54450	PREPUTIAL STRETCHING	No Precert Req	
54500	BIOPSY OF TESTIS	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
54505	BIOPSY OF TESTIS	No Precert Req	
54512	EXCISE LESION TESTIS	No Precert Req	
54520	REMOVAL OF TESTIS	No Precert Req	
54522	ORCHIECTOMY, PARTIAL	No Precert Req	
54530	REMOVAL OF TESTIS	No Precert Req	
54535	EXTENSIVE TESTIS SURGERY	No Precert Req	
54550	EXPLORATION FOR TESTIS	No Precert Req	
54560	EXPLORATION FOR TESTIS	No Precert Req	
54600	REDUCE TESTIS TORSION	No Precert Req	
54620	SUSPENSION OF TESTIS	No Precert Req	
54640	SUSPENSION OF TESTIS	No Precert Req	
54650	ORCHIOPEXY (FOWLER-STEPH	No Precert Req	
54670	REPAIR TESTIS INJURY	No Precert Req	
54680	RELOCATION OF TESTIS(ES)	No Precert Req	
54690	LAPAROSCOPY, ORCHIECTOMY	No Precert Req	
54692	LAPAROSCOPY, ORCHIOPEXY	No Precert Req	
54700	DRAINAGE OF SCROTUM	No Precert Req	
54800	BIOPSY OF EPIDIDYMIS	No Precert Req	
54830	REMOVE EPIDIDYMIS LESION	No Precert Req	
54840	REMOVE EPIDIDYMIS LESION	No Precert Req	
54860	REMOVAL OF EPIDIDYMIS	No Precert Req	
54861	REMOVAL OF EPIDIDYMIS	No Precert Req	
54865	EXPLORE EPIDIDYMIS	No Precert Req	
54900	FUSION OF SPERMATIC DUCT	No Precert Req	
54901	FUSION OF SPERMATIC DUCT	No Precert Req	
55000	DRAINAGE OF HYDROCELE	No Precert Req	
55040	REMOVAL OF HYDROCELE	No Precert Req	
55041	REMOVAL OF HYDROCELES	No Precert Req	
55060	REPAIR OF HYDROCELE	No Precert Req	
55100	DRAINAGE OF SCROTUM ABSC	No Precert Req	
55110	EXPLORE SCROTUM	No Precert Req	
55120	REMOVAL OF SCROTUM LESIO	No Precert Req	
55150	REMOVAL OF SCROTUM	No Precert Req	
55175	REVISION OF SCROTUM	No Precert Req	
55180	REVISION OF SCROTUM	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
55200	INCISION OF SPERM DUCT	No Precert Req	
55250	REMOVAL OF SPERM DUCT(S)	No Precert Req	
55300	PREPARE, SPERM DUCT X-RA	No Precert Req	
55400	REPAIR OF SPERM DUCT	No Precert Req	
55450	LIGATION OF SPERM DUCT	No Precert Req	
55500	REMOVAL OF HYDROCELE	No Precert Req	
55520	REMOVAL OF SPERM CORD LE	No Precert Req	
55530	REVISE SPERMATIC CORD VE	No Precert Req	
55535	REVISE SPERMATIC CORD VE	No Precert Req	
55540	REVISE HERNIA & SPERM VE	No Precert Req	
55550	LAPARO LIGATE SPERMATIC	No Precert Req	
55559	LAPARO PROC, SPERMATIC C	No Precert Req	
55600	INCISE SPERM DUCT POUCH	No Precert Req	
55605	INCISE SPERM DUCT POUCH	No Precert Req	
55650	REMOVE SPERM DUCT POUCH	No Precert Req	
55680	REMOVE SPERM POUCH LESIO	No Precert Req	
55700	BIOPSY OF PROSTATE	No Precert Req	
55705	BIOPSY OF PROSTATE	No Precert Req	
55706	PROSTATE SATURATION SAMP	No Precert Req	
55720	DRAINAGE OF PROSTATE ABS	No Precert Req	
55725	DRAINAGE OF PROSTATE ABS	No Precert Req	
55870	ELECTROEJACULATION	No Precert Req	
55873	CRYOABLATE PROSTATE	No Precert Req	
56405	I & D OF VULVA/PERINEUM	No Precert Req	
56420	DRAINAGE OF GLAND ABSCESES	No Precert Req	
56440	SURGERY FOR VULVA LESION	No Precert Req	
56441	LYSIS OF LABIAL LESION(S)	No Precert Req	
56442	HYMENOTOMY	No Precert Req	
56501	DESTROY, VULVA LESIONS,	No Precert Req	
56515	DESTROY VULVA LESION/S C	No Precert Req	
56605	BIOPSY OF VULVA/PERINEUM	No Precert Req	
56606	BIOPSY OF VULVA/PERINEUM	No Precert Req	
56625	COMPLETE REMOVAL OF VULV	No Precert Req	
56700	PARTIAL REMOVAL OF HYMEN	No Precert Req	
56740	REMOVE VAGINA GLAND LESI	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
56800	REPAIR OF VAGINA	No Precert Req	
56810	REPAIR OF PERINEUM	No Precert Req	
56820	EXAM OF VULVA W/SCOPE	No Precert Req	
56821	EXAM/BIOPSY OF VULVA W/S	No Precert Req	
57000	EXPLORATION OF VAGINA	No Precert Req	
57010	DRAINAGE OF PELVIC ABSCE	No Precert Req	
57020	DRAINAGE OF PELVIC FLUID	No Precert Req	
57022	I & D VAGINAL HEMATOMA,	No Precert Req	
57023	I & D VAG HEMATOMA, NON-	No Precert Req	
57061	DESTROY VAG LESIONS, SIM	No Precert Req	
57065	DESTROY VAG LESIONS, COM	No Precert Req	
57100	BIOPSY OF VAGINA	No Precert Req	
57105	BIOPSY OF VAGINA	No Precert Req	
57106	REMOVE VAGINA WALL, PART	No Precert Req	
57120	CLOSURE OF VAGINA	No Precert Req	
57130	REMOVE VAGINA LESION	No Precert Req	
57135	REMOVE VAGINA LESION	No Precert Req	
57150	TREAT VAGINA INFECTION	No Precert Req	
57160	INSERT PESSARY/OTHER DEV	No Precert Req	
57170	FITTING OF DIAPHRAGM/CAP	No Precert Req	
57180	TREAT VAGINAL BLEEDING	No Precert Req	
57200	REPAIR OF VAGINA	No Precert Req	
57210	REPAIR VAGINA/PERINEUM	No Precert Req	
57220	REVISION OF URETHRA	No Precert Req	
57230	REPAIR OF URETHRAL LESIO	No Precert Req	
57250	REPAIR RECTUM & VAGINA	No Precert Req	
57260	REPAIR OF VAGINA	No Precert Req	
57265	EXTENSIVE REPAIR OF VAGI	No Precert Req	
57268	REPAIR OF BOWEL BULGE	No Precert Req	
57270	REPAIR OF BOWEL POUCH	No Precert Req	
57280	SUSPENSION OF VAGINA	No Precert Req	
57282	COLPOPEXY, EXTRAPERITONE	No Precert Req	
57283	COLPOPEXY, INTRAPERITONE	No Precert Req	
57284	REPAIR PARAVAGINAL DEFEC	No Precert Req	
57285	REPAIR PARAVAG DEFECT, V	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
57287	REVISE/REMOVE SLING REPA	No Precert Req	
57288	REPAIR BLADDER DEFECT	No Precert Req	
57289	REPAIR BLADDER & VAGINA	No Precert Req	
57295	CHANGE VAGINAL GRAFT	No Precert Req	
57296	REVISE VAG GRAFT, OPEN A	No Precert Req	
57300	REPAIR RECTUM-VAGINA FIS	No Precert Req	
57308	FISTULA REPAIR, TRANSPER	No Precert Req	
57310	REPAIR URETHROVAGINAL LE	No Precert Req	
57311	REPAIR URETHROVAGINAL LE	No Precert Req	
57320	REPAIR BLADDER-VAGINA LE	No Precert Req	
57330	REPAIR BLADDER-VAGINA LE	No Precert Req	
57400	DILATION OF VAGINA	No Precert Req	
57410	PELVIC EXAMINATION	No Precert Req	
57415	REMOVE VAGINAL FOREIGN B	No Precert Req	
57420	EXAM OF VAGINA W/SCOPE	No Precert Req	
57421	EXAM/BIOPSY OF VAG W/SCO	No Precert Req	
57423	REPAIR PARAVAG DEFECT, L	No Precert Req	
57425	LAPAROSCOPY, SURG, COLPO	No Precert Req	
57426	REVISE PROSTH VAG GRAFT	No Precert Req	
57452	EXAM OF CERVIX W/SCOPE	No Precert Req	
57454	BX/CURETT OF CERVIX W/SC	No Precert Req	
57455	BIOPSY OF CERVIX W/SCOPE	No Precert Req	
57456	ENDOCERV CURETTAGE W/SCO	No Precert Req	
57460	BX OF CERVIX W/SCOPE, LE	No Precert Req	
57461	CONZ OF CERVIX W/SCOPE,	No Precert Req	
57500	BIOPSY OF CERVIX	No Precert Req	
57505	ENDOCERVICAL CURETTAGE	No Precert Req	
57510	CAUTERIZATION OF CERVIX	No Precert Req	
57511	CRYOCAUTERY OF CERVIX	No Precert Req	
57513	LASER SURGERY OF CERVIX	No Precert Req	
57520	CONIZATION OF CERVIX	No Precert Req	
57522	CONIZATION OF CERVIX	No Precert Req	
57530	REMOVAL OF CERVIX	No Precert Req	
57550	REMOVAL OF RESIDUAL CERV	No Precert Req	
57555	REMOVE CERVIX/REPAIR VAG	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
57556	REMOVE CERVIX, REPAIR BO	No Precert Req	
57558	D&C OF CERVICAL STUMP	No Precert Req	
57720	REVISION OF CERVIX	No Precert Req	
57800	DILATION OF CERVICAL CAN	No Precert Req	
58100	BIOPSY OF UTERUS LINING	No Precert Req	
58110	BX DONE W/COLPOSCOPY ADD	No Precert Req	
58120	DILATION AND CURETTAGE	No Precert Req	
58140	MYOMECTOMY ABDOM METHOD	No Precert Req	
58145	MYOMECTOMY VAG METHOD	No Precert Req	
58146	MYOMECTOMY ABDOM COMPLEX	No Precert Req	
58150	TOTAL HYSTERECTOMY	No Precert Req	
58152	TOTAL HYSTERECTOMY	No Precert Req	
58180	PARTIAL HYSTERECTOMY	No Precert Req	
58200	EXTENSIVE HYSTERECTOMY	No Precert Req	
58210	EXTENSIVE HYSTERECTOMY	No Precert Req	
58260	VAGINAL HYSTERECTOMY	No Precert Req	
58262	VAG HYST INCLUDING T/O	No Precert Req	
58263	VAG HYST W/T/O & VAG REP	No Precert Req	
58267	VAG HYST W/URINARY REPAI	No Precert Req	
58270	VAG HYST W/ENTEROCELE RE	No Precert Req	
58275	HYSTERECTOMY/REVISE VAGI	No Precert Req	
58280	HYSTERECTOMY/REVISE VAGI	No Precert Req	
58290	VAG HYST COMPLEX	No Precert Req	
58291	VAG HYST INCL T/O, COMPL	No Precert Req	
58292	VAG HYST T/O & REPAIR, C	No Precert Req	
58293	VAG HYST W/URO REPAIR, C	No Precert Req	
58294	VAG HYST W/ENTEROCELE, C	No Precert Req	
58300	INSERT INTRAUTERINE DEVI	No Precert Req	
58301	REMOVE INTRAUTERINE DEVI	No Precert Req	
58323	SPERM WASHING	No Precert Req	EXCLUDED
58340	CATHETER FOR HYSTEROGRAP	No Precert Req	
58345	REOPEN FALLOPIAN TUBE	No Precert Req	
58350	REOPEN FALLOPIAN TUBE	No Precert Req	
58353	ENDOMETR ABLATE, THERMAL	No Precert Req	
58356	ENDOMETRIAL CRYOABLATION	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
58400	SUSPENSION OF UTERUS	No Precert Req	
58410	SUSPENSION OF UTERUS	No Precert Req	
58520	REPAIR OF RUPTURED UTERU	No Precert Req	
58540	REVISION OF UTERUS	No Precert Req	
58541	LSH, UTERUS 250 G OR LES	No Precert Req	
58542	LSH W/T/O UT 250 G OR LE	No Precert Req	
58545	LAPAROSCOPIC MYOMECTOMY	No Precert Req	
58546	LAPARO-MYOMECTOMY, COMPL	No Precert Req	
58550	LAPARO-ASST VAG HYSTEREC	No Precert Req	
58552	LAPARO-VAG HYST INCL T/O	No Precert Req	
58553	LAPARO-VAG HYST, COMPLEX	No Precert Req	
58554	LAPARO-VAG HYST W/T/O, C	No Precert Req	
58555	HYSTEROSCOPY, DX, SEP PR	No Precert Req	
58558	HYSTEROSCOPY, BIOPSY	No Precert Req	
58559	HYSTEROSCOPY, LYSIS	No Precert Req	
58560	HYSTEROSCOPY, RESECT SEP	No Precert Req	
58561	HYSTEROSCOPY, REMOVE MYO	No Precert Req	
58562	HYSTEROSCOPY, REMOVE FB	No Precert Req	
58563	HYSTEROSCOPY, ABLATION	No Precert Req	
58565	HYSTEROSCOPY, STERILIZAT	No Precert Req	
58570	TLH, UTERUS 250 G OR LES	No Precert Req	
58571	TLH W/T/O 250 G OR LESS	No Precert Req	
58572	TLH, UTERUS OVER 250 G	No Precert Req	
58600	DIVISION OF FALLOPIAN TU	No Precert Req	
58605	DIVISION OF FALLOPIAN TU	No Precert Req	
58611	LIGATE OVIDUCT(S) ADD-ON	No Precert Req	
58615	OCCLUDE FALLOPIAN TUBE(S	No Precert Req	
58660	LAPAROSCOPY, LYSIS	No Precert Req	
58661	LAPAROSCOPY, REMOVE ADNE	No Precert Req	
58662	LAPAROSCOPY, EXCISE LESI	No Precert Req	
58670	LAPAROSCOPY, TUBAL CAUTE	No Precert Req	
58671	LAPAROSCOPY, TUBAL BLOCK	No Precert Req	
58672	LAPAROSCOPY, FIMBRIOPLAS	No Precert Req	
58673	LAPAROSCOPY, SALPINGOSTO	No Precert Req	
58700	REMOVAL OF FALLOPIAN TUB	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
58720	REMOVAL OF OVARY/TUBE(S)	No Precert Req	
58740	REVISE FALLOPIAN TUBE(S)	No Precert Req	
58752	REVISE OVARIAN TUBE(S)	No Precert Req	
58760	REMOVE TUBAL OBSTRUCTION	No Precert Req	
58770	CREATE NEW TUBAL OPENING	No Precert Req	
58800	DRAINAGE OF OVARIAN CYST	No Precert Req	
58805	DRAINAGE OF OVARIAN CYST	No Precert Req	
58822	DRAIN OVARY ABSCESS, PER	No Precert Req	
58823	DRAIN PELVIC ABSCESS, PE	No Precert Req	
58825	TRANSPOSITION, OVARY(S)	No Precert Req	
58900	BIOPSY OF OVARY(S)	No Precert Req	
58920	PARTIAL REMOVAL OF OVARY	No Precert Req	
58925	REMOVAL OF OVARIAN CYST(No Precert Req	
58940	REMOVAL OF OVARY(S)	No Precert Req	
58943	REMOVAL OF OVARY(S)	No Precert Req	
58950	RESECT OVARIAN MALIGNANC	No Precert Req	
58951	RESECT OVARIAN MALIGNANC	No Precert Req	
58953	TAH, RAD DISSECT FOR DEB	No Precert Req	
58954	TAH RAD DEBULK/LYMPH REM	No Precert Req	
58956	BSO, OMENTECTOMY W/TAH	No Precert Req	
58960	EXPLORATION OF ABDOMEN	No Precert Req	
59000	AMNIOCENTESIS, DIAGNOSTI	No Precert Req	
59001	AMNIOCENTESIS, THERAPEUT	No Precert Req	
59012	FETAL CORD PUNCTURE,PREN	No Precert Req	
59015	CHORION BIOPSY	No Precert Req	
59020	FETAL CONTRACT STRESS TE	No Precert Req	
59025	FETAL NON-STRESS TEST	No Precert Req	
59030	FETAL SCALP BLOOD SAMPLE	No Precert Req	
59050	FETAL MONITOR W/REPORT	No Precert Req	
59051	FETAL MONITOR/INTERPRET	No Precert Req	
59070	TRANSABDOM AMNIOINFUS W/	No Precert Req	
59072	UMBILICAL CORD OCCLUD W/	No Precert Req	
59074	FETAL FLUID DRAINAGE W/U	No Precert Req	
59100	REMOVE UTERUS LESION	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
59120	TREAT ECTOPIC PREGNANCY	No Precert Req	
59136	TREAT ECTOPIC PREGNANCY	No Precert Req	
59140	TREAT ECTOPIC PREGNANCY	No Precert Req	
59150	TREAT ECTOPIC PREGNANCY	No Precert Req	
59160	D & C AFTER DELIVERY	No Precert Req	
59200	INSERT CERVICAL DILATOR	No Precert Req	
59400	OBSTETRICAL CARE	No Precert Req	
59409	OBSTETRICAL CARE	No Precert Req	
59410	OBSTETRICAL CARE	No Precert Req	
59412	ANTEPARTUM MANIPULATION	No Precert Req	
59414	DELIVER PLACENTA	No Precert Req	
59425	ANTEPARTUM CARE ONLY	No Precert Req	
59426	ANTEPARTUM CARE ONLY	No Precert Req	
59430	CARE AFTER DELIVERY	No Precert Req	
59510	CESAREAN DELIVERY	No Precert Req	
59514	CESAREAN DELIVERY ONLY	No Precert Req	
59515	CESAREAN DELIVERY	No Precert Req	
59812	TREATMENT OF MISCARRIAGE	No Precert Req	
59820	CARE OF MISCARRIAGE	No Precert Req	
59821	TREATMENT OF MISCARRIAGE	No Precert Req	
59830	TREAT UTERUS INFECTION	No Precert Req	
59840	ABORTION	No Precert Req	
59841	ABORTION	No Precert Req	
59850	ABORTION	No Precert Req	
59851	ABORTION	No Precert Req	
59852	ABORTION	No Precert Req	
59855	ABORTION	No Precert Req	
59856	ABORTION	No Precert Req	
59857	ABORTION	No Precert Req	
59866	ABORTION (MPR)	No Precert Req	
59870	EVACUATE MOLE OF UTERUS	No Precert Req	
59871	REMOVE CERCLAGE SUTURE	No Precert Req	
60000	DRAIN THYROID/TONGUE CYS	No Precert Req	
6005F	CARE LEVEL RATIONALE DOC	No Precert Req	
60100	BIOPSY OF THYROID	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
6010F	DYSPHAG TEST DONE B/4 EA	No Precert Req	
6015F	PT RECVNG/OK FOR EATING/	No Precert Req	
60200	REMOVE THYROID LESION	No Precert Req	
6020F	NPO (NOTHING-MOUTH) ORDE	No Precert Req	
60210	PARTIAL THYROID EXCISION	No Precert Req	
60212	PARTIAL THYROID EXCISION	No Precert Req	
60220	PARTIAL REMOVAL OF THYRO	No Precert Req	
60225	PARTIAL REMOVAL OF THYRO	No Precert Req	
60240	REMOVAL OF THYROID	No Precert Req	
60252	REMOVAL OF THYROID	No Precert Req	
60254	EXTENSIVE THYROID SURGER	No Precert Req	
60260	REPEAT THYROID SURGERY	No Precert Req	
60270	REMOVAL OF THYROID	No Precert Req	
60271	REMOVAL OF THYROID	No Precert Req	
60280	REMOVE THYROID DUCT LESI	No Precert Req	
60281	REMOVE THYROID DUCT LESI	No Precert Req	
60300	ASPIR/INJ THYROID CYST	No Precert Req	
6030F	MAX STERILE BARRIERS FOL	No Precert Req	
6040F	APPRO RAD DS DVCS TECHS	No Precert Req	
6045F	RADXPS IN END RPRT4FLURO	No Precert Req	
60500	EXPLORE PARATHYROID GLAN	No Precert Req	
60502	RE-EXPLORE PARATHYROIDS	No Precert Req	
60600	REMOVE CAROTID BODY LESI	No Precert Req	
60605	REMOVE CAROTID BODY LESI	No Precert Req	
60650	LAPAROSCOPY ADRENALECTOM	No Precert Req	
60659	LAPARO PROC, ENDOCRINE	No Precert Req	
6070F	PT ASKED/CNSLD AED EFFEC	No Precert Req	
6080F	PT/CAREGIVER QUERIED-FAL	No Precert Req	
6090F	PT/CAREGIVER COUNSEL-SAF	No Precert Req	
61000	REMOVE CRANIAL CAVITY FL	No Precert Req	
61001	REMOVE CRANIAL CAVITY FL	No Precert Req	
61215	INSERT BRAIN-FLUID DEVIC	No Precert Req	
6150F	PT NOTRCVNG1ST ANTITNF T	No Precert Req	
61623	ENDOVASC TEMPORY VESSEL	No Precert Req	
61645	PERQ ART M-THROMBECT &/NFS	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
61650	EVASC PRLNG ADMN RX AGNT 1ST	No Precert Req	
61651	EVASC PRLNG ADMN RX AGNT ADD	No Precert Req	
61710	REVISE CIRCULATION TO HE	No Precert Req	
61781	SCAN PROC CRANIAL INTRA	No Precert Req	
61782	SCAN PROC CRANIAL EXTRA	No Precert Req	
61783	SCAN PROC SPINAL	No Precert Req	
61850	IMPLANT NEUROELECTRODES	No Precert Req	
61860	IMPLANT NEUROELECTRODES	No Precert Req	
61870	IMPLANT NEUROELECTRODES	No Precert Req	
61875	IMPLANT NEUROELECTRODES	No Precert Req	
62000	TREAT SKULL FRACTURE	No Precert Req	
62194	REPLACE/IRRIGATE CATHETE	No Precert Req	
62200	ESTABLISH BRAIN CAVITY S	No Precert Req	
62252	CSF SHUNT REPROGRAM	No Precert Req	
62256	REMOVE BRAIN CAVITY SHUN	No Precert Req	
62258	REPLACE BRAIN CAVITY SHU	No Precert Req	
62267	INTERDISCAL PERQ ASPIR,]	No Precert Req	
62268	DRAIN SPINAL CORD CYST	No Precert Req	
62269	NEEDLE BIOPSY, SPINAL CO	No Precert Req	
62270	SPINAL FLUID TAP, DIAGNO	No Precert Req	
62273	INJECT EPIDURAL PATCH	No Precert Req	
62281	TREAT SPINAL CORD LESION	No Precert Req	
62282	TREAT SPINAL CANAL LESIO	No Precert Req	
62284	INJECTION FOR MYELOGRAM	No Precert Req	
62287	PERCUTANEOUS DISKECTOMY	No Precert Req	
62292	INJECTION INTO DISK LESI	No Precert Req	
62294	INJECTION INTO SPINAL AR	No Precert Req	
62302	MYELOGRAPHY LUMBAR INJECTION	No Precert Req	
62303	MYELOGRAPHY LUMBAR INJECTION	No Precert Req	
62304	MYELOGRAPHY LUMBAR INJECTION	No Precert Req	
62305	MYELOGRAPHY LUMBAR INJECTION	No Precert Req	
62310	INJECT SPINE C/T	No Precert Req	
62311	INJECT SPINE L/S (CD)	No Precert Req	
62320	NJX INTERLAMINAR CRV/THRC	No Precert Req	
62321	NJX INTERLAMINAR CRV/THRC	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
62322	NJX INTERLAMINAR LMBR/SAC	No Precert Req	
62323	NJX INTERLAMINAR LMBR/SAC	No Precert Req	
62324	NJX INTERLAMINAR CRV/THRC	No Precert Req	
62325	NJX INTERLAMINAR CRV/THRC	No Precert Req	
62326	NJX INTERLAMINAR LMBR/SAC	No Precert Req	
62327	NJX INTERLAMINAR LMBR/SAC	No Precert Req	
62351	IMPLANT SPINAL CANAL CAT	No Precert Req	
62355	REMOVE SPINAL CANAL CATH	No Precert Req	
63172	DRAINAGE OF SPINAL CYST	No Precert Req	
63185	INCISE SPINAL COLUMN/NER	No Precert Req	
63190	INCISE SPINAL COLUMN/NER	No Precert Req	
63191	INCISE SPINAL COLUMN/NER	No Precert Req	
63200	RELEASE OF SPINAL CORD	No Precert Req	
63252	REVISE SPINAL CORD VESSE	No Precert Req	
63265	EXCISE INTRASPINAL LESIO	No Precert Req	
63266	EXCISE INTRASPINAL LESIO	No Precert Req	
63267	EXCISE INTRASPINAL LESIO	No Precert Req	
63268	EXCISE INTRASPINAL LESIO	No Precert Req	
63270	EXCISE INTRASPINAL LESIO	No Precert Req	
63271	EXCISE INTRASPINAL LESIO	No Precert Req	
63272	EXCISE INTRASPINAL LESIO	No Precert Req	
63273	EXCISE INTRASPINAL LESIO	No Precert Req	
63275	BIOPSY/EXCISE SPINAL TUM	No Precert Req	
63276	BIOPSY/EXCISE SPINAL TUM	No Precert Req	
63277	BIOPSY/EXCISE SPINAL TUM	No Precert Req	
63278	BIOPSY/EXCISE SPINAL TUM	No Precert Req	
63280	BIOPSY/EXCISE SPINAL TUM	No Precert Req	
63281	BIOPSY/EXCISE SPINAL TUM	No Precert Req	
63282	BIOPSY/EXCISE SPINAL TUM	No Precert Req	
63283	BIOPSY/EXCISE SPINAL TUM	No Precert Req	
63285	BIOPSY/EXCISE SPINAL TUM	No Precert Req	
63286	BIOPSY/EXCISE SPINAL TUM	No Precert Req	
63287	BIOPSY/EXCISE SPINAL TUM	No Precert Req	
63290	BIOPSY/EXCISE SPINAL TUM	No Precert Req	
64400	N BLOCK INJ, TRIGEMINAL	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
64402	N BLOCK INJ, FACIAL	No Precert Req	
64405	N BLOCK INJ, OCCIPITAL	No Precert Req	
64408	N BLOCK INJ, VAGUS	No Precert Req	
64410	N BLOCK INJ, PHRENIC	No Precert Req	
64412	N BLOCK INJ, SPINAL ACCE	No Precert Req	Code deleted 12/31/2015
64413	N BLOCK INJ, CERVICAL PL	No Precert Req	
64415	N BLOCK INJ, BRACHIAL PL	No Precert Req	
64416	N BLOCK CONT INFUSE, B P	No Precert Req	
64417	N BLOCK INJ, AXILLARY	No Precert Req	
64418	N BLOCK INJ, SUPRASCAPUL	No Precert Req	
64420	N BLOCK INJ, INTERCOST,	No Precert Req	
64421	N BLOCK INJ, INTERCOST,	No Precert Req	
64425	N BLOCK INJ, ILIO-ING/HY	No Precert Req	
64430	N BLOCK INJ, PUDENDAL	No Precert Req	
64435	N BLOCK INJ, PARACERVICA	No Precert Req	
64445	N BLOCK INJ, SCIATIC, SN	No Precert Req	
64446	N BLK INJ, SCIATIC, CONT	No Precert Req	
64447	N BLOCK INJ FEM, SINGLE	No Precert Req	
64448	N BLOCK INJ FEM, CONT IN	No Precert Req	
64449	N BLOCK INJ, LUMBAR PLEX	No Precert Req	
64450	N BLOCK, OTHER PERIPHERA	No Precert Req	
64455	N BLOCK INJ, PLANTAR DIG	No Precert Req	
64461	PVB THORACIC SINGLE INJ SITE	No Precert Req	
64462	PVB THORACIC 2ND+ INJ SITE	No Precert Req	
64463	PVB THORACIC CONT INFUSION	No Precert Req	
64479	INJ FORAMEN EPIDURAL C/T	No Precert Req	
64480	INJ FORAMEN EPIDURAL ADD	No Precert Req	
64483	INJ FORAMEN EPIDURAL L/S	No Precert Req	
64484	INJ FORAMEN EPIDURAL ADD	No Precert Req	
64486	TAP BLOCK UNIL BY INJECTION	No Precert Req	
64487	TAP BLOCK UNI BY INFUSION	No Precert Req	
64488	TAP BLOCK BI INJECTION	No Precert Req	
64489	TAP BLOCK BI BY INFUSION	No Precert Req	
64490	INJ PARAVERT F JNT C/T 1	No Precert Req	
64491	INJ PARAVERT F JNT C/T 2	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
64492	INJ PARAVERT F JNT C/T 3	No Precert Req	
64493	INJ PARAVERT F JNT L/S 1	No Precert Req	
64494	INJ PARAVERT F JNT L/S 2	No Precert Req	
64495	INJ PARAVERT F JNT L/S 3	No Precert Req	
64510	N BLOCK, STELLATE GANGLI	No Precert Req	
64517	N BLOCK INJ, HYPOGAS PLX	No Precert Req	
64520	N BLOCK, LUMBAR/THORACIC	No Precert Req	
64530	N BLOCK INJ, CELIAC PELU	No Precert Req	
64550	APPLY NEUROSTIMULATOR	No Precert Req	
64617	CHEMODENER MUSCLE LARYNX EMG	No Precert Req	
64633	DESTROY CERV/THOR FACET	No Precert Req	
64634	DESTROY C/TH FACET JNT A	No Precert Req	
64635	DESTROY LUMB/SAC FACET J	No Precert Req	
64636	DESTROY L/S FACET JNT AD	No Precert Req	
64640	INJECTION TREATMENT OF N	No Precert Req	
64642	CHEMODENERV 1 EXTREMITY 1-4	No Precert Req	
64643	CHEMODENERV 1 EXTREM 1-4 EA	No Precert Req	
64644	CHEMODENERV 1 EXTREM 5/> MUS	No Precert Req	
64645	CHEMODENERV 1 EXTREM 5/> EA	No Precert Req	
64646	CHEMODENERV TRUNK MUSC 1-5	No Precert Req	
64647	CHEMODENERV TRUNK MUSC 6/>	No Precert Req	
64650	CHEMODENERV ECCRINE GLAN	No Precert Req	
64653	CHEMODENERV ECCRINE GLAN	No Precert Req	
64680	INJECTION TREATMENT OF N	No Precert Req	
64681	INJECTION TREATMENT OF N	No Precert Req	
64702	REVISE FINGER/TOE NERVE	No Precert Req	
64704	REVISE HAND/FOOT NERVE	No Precert Req	
64708	REVISE ARM/LEG NERVE	No Precert Req	
64712	REVISION OF SCIATIC NERV	No Precert Req	
64713	REVISION OF ARM NERVE(S)	No Precert Req	
64714	REVISE LOW BACK NERVE(S)	No Precert Req	
64716	REVISION OF CRANIAL NERV	No Precert Req	
64718	REVISE ULNAR NERVE AT EL	No Precert Req	
64719	REVISE ULNAR NERVE AT WR	No Precert Req	
64721	CARPAL TUNNEL SURGERY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
64722	RELIEVE PRESSURE ON NERV	No Precert Req	
64726	RELEASE FOOT/TOE NERVE	No Precert Req	
64727	INTERNAL NERVE REVISION	No Precert Req	
64732	INCISION OF BROW NERVE	No Precert Req	
64734	INCISION OF CHEEK NERVE	No Precert Req	
64736	INCISION OF CHIN NERVE	No Precert Req	
64738	INCISION OF JAW NERVE	No Precert Req	
64740	INCISION OF TONGUE NERVE	No Precert Req	
64742	INCISION OF FACIAL NERVE	No Precert Req	
64744	INCISE NERVE, BACK OF HE	No Precert Req	
64746	INCISE DIAPHRAGM NERVE	No Precert Req	
64761	INCISION OF PELVIS NERVE	No Precert Req	
64763	INCISE HIP/THIGH NERVE	No Precert Req	
64766	INCISE HIP/THIGH NERVE	No Precert Req	
64771	SEVER CRANIAL NERVE	No Precert Req	
64772	INCISION OF SPINAL NERVE	No Precert Req	
64774	REMOVE SKIN NERVE LESION	No Precert Req	
64776	REMOVE DIGIT NERVE LESIO	No Precert Req	
64778	DIGIT NERVE SURGERY ADD-	No Precert Req	
64782	REMOVE LIMB NERVE LESION	No Precert Req	
64783	LIMB NERVE SURGERY ADD-O	No Precert Req	
64784	REMOVE NERVE LESION	No Precert Req	
64786	REMOVE SCIATIC NERVE LES	No Precert Req	
64787	IMPLANT NERVE END	No Precert Req	
64788	REMOVE SKIN NERVE LESION	No Precert Req	
64790	REMOVAL OF NERVE LESION	No Precert Req	
64792	REMOVAL OF NERVE LESION	No Precert Req	
64795	BIOPSY OF NERVE	No Precert Req	
64802	REMOVE SYMPATHETIC NERVE	No Precert Req	
64809	REMOVE SYMPATHETIC NERVE	No Precert Req	
64818	REMOVE SYMPATHETIC NERVE	No Precert Req	
64820	REMOVE SYMPATHETIC NERVE	No Precert Req	
64821	REMOVE SYMPATHETIC NERVE	No Precert Req	
64822	REMOVE SYMPATHETIC NERVE	No Precert Req	
64823	REMOVE SYMPATHETIC NERVE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
64831	REPAIR OF DIGIT NERVE	No Precert Req	
64832	REPAIR NERVE ADD-ON	No Precert Req	
64834	REPAIR OF HAND OR FOOT N	No Precert Req	
64835	REPAIR OF HAND OR FOOT N	No Precert Req	
64836	REPAIR OF HAND OR FOOT N	No Precert Req	
64837	REPAIR NERVE ADD-ON	No Precert Req	
64840	REPAIR OF LEG NERVE	No Precert Req	
64856	REPAIR/TRANSDPOSE NERVE	No Precert Req	
64857	REPAIR ARM/LEG NERVE	No Precert Req	
64858	REPAIR SCIATIC NERVE	No Precert Req	
64859	NERVE SURGERY	No Precert Req	
64861	REPAIR OF ARM NERVES	No Precert Req	
64862	REPAIR OF LOW BACK NERVE	No Precert Req	
64864	REPAIR OF FACIAL NERVE	No Precert Req	
64865	REPAIR OF FACIAL NERVE	No Precert Req	
64866	FUSION OF FACIAL/OTHER N	No Precert Req	
64868	FUSION OF FACIAL/OTHER N	No Precert Req	
64870	FUSION OF FACIAL/OTHER N	No Precert Req	
64872	SUBSEQUENT REPAIR OF NER	No Precert Req	
64874	REPAIR & REVISE NERVE AD	No Precert Req	
64876	REPAIR NERVE/SHORTEN BON	No Precert Req	
65091	REVISE EYE	No Precert Req	
65093	REVISE EYE WITH IMPLANT	No Precert Req	
65101	REMOVAL OF EYE	No Precert Req	
65103	REMOVE EYE/INSERT IMPLAN	No Precert Req	
65105	REMOVE EYE/ATTACH IMPLAN	No Precert Req	
65125	REVISE OCULAR IMPLANT	No Precert Req	
65130	INSERT OCULAR IMPLANT	No Precert Req	
65135	INSERT OCULAR IMPLANT	No Precert Req	
65140	ATTACH OCULAR IMPLANT	No Precert Req	
65150	REVISE OCULAR IMPLANT	No Precert Req	
65155	REINSERT OCULAR IMPLANT	No Precert Req	
65175	REMOVAL OF OCULAR IMPLAN	No Precert Req	
65205	REMOVE FOREIGN BODY FROM	No Precert Req	
65210	REMOVE FOREIGN BODY FROM	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
65220	REMOVE FOREIGN BODY FROM	No Precert Req	
65222	REMOVE FOREIGN BODY FROM	No Precert Req	
65235	REMOVE FOREIGN BODY FROM	No Precert Req	
65260	REMOVE FOREIGN BODY FROM	No Precert Req	
65265	REMOVE FOREIGN BODY FROM	No Precert Req	
65270	REPAIR OF EYE WOUND	No Precert Req	
65272	REPAIR OF EYE WOUND	No Precert Req	
65273	REPAIR OF EYE WOUND	No Precert Req	
65275	REPAIR OF EYE WOUND	No Precert Req	
65280	REPAIR OF EYE WOUND	No Precert Req	
65285	REPAIR OF EYE WOUND	No Precert Req	
65286	REPAIR OF EYE WOUND	No Precert Req	
65290	REPAIR OF EYE SOCKET WOU	No Precert Req	
65400	REMOVAL OF EYE LESION	No Precert Req	
65410	BIOPSY OF CORNEA	No Precert Req	
65420	REMOVAL OF EYE LESION	No Precert Req	
65426	REMOVAL OF EYE LESION	No Precert Req	
65430	CORNEAL SMEAR	No Precert Req	
65435	CURETTE/TREAT CORNEA	No Precert Req	
65436	CURETTE/TREAT CORNEA	No Precert Req	
65450	TREATMENT OF CORNEAL LES	No Precert Req	
65600	REVISION OF CORNEA	No Precert Req	
65730	CORNEAL TRANSPLANT	No Precert Req	
65750	CORNEAL TRANSPLANT	No Precert Req	
65755	CORNEAL TRANSPLANT	No Precert Req	
65756	CORNEAL TRNSPL, ENDOTHEL	No Precert Req	
65757	PREP CORNEAL ENDO ALLOGR	No Precert Req	
65770	REVISE CORNEA WITH IMPLA	No Precert Req	
65775	CORRECTION OF ASTIGMATIS	No Precert Req	
65778	COVER EYE W/MEMBRANE	No Precert Req	
65779	COVER EYE W/MEMBRANE STE	No Precert Req	
65780	OCULAR RECONST, TRANSPLA	No Precert Req	
65781	OCULAR RECONST, TRANSPLA	No Precert Req	
65782	OCULAR RECONST, TRANSPLA	No Precert Req	
65800	DRAINAGE OF EYE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
65805	DRAINAGE OF EYE	No Precert Req	
65810	DRAINAGE OF EYE	No Precert Req	
65815	DRAINAGE OF EYE	No Precert Req	
65820	RELIEVE INNER EYE PRESSU	No Precert Req	
65850	INCISION OF EYE	No Precert Req	
65855	LASER SURGERY OF EYE	No Precert Req	
65860	INCISE INNER EYE ADHESIO	No Precert Req	
65865	INCISE INNER EYE ADHESIO	No Precert Req	
65870	INCISE INNER EYE ADHESIO	No Precert Req	
65875	INCISE INNER EYE ADHESIO	No Precert Req	
65880	INCISE INNER EYE ADHESIO	No Precert Req	
65900	REMOVE EYE LESION	No Precert Req	
65920	REMOVE IMPLANT OF EYE	No Precert Req	
65930	REMOVE BLOOD CLOT FROM E	No Precert Req	
66020	INJECTION TREATMENT OF E	No Precert Req	
66030	INJECTION TREATMENT OF E	No Precert Req	
66130	REMOVE EYE LESION	No Precert Req	
66150	GLAUCOMA SURGERY	No Precert Req	
66155	GLAUCOMA SURGERY	No Precert Req	
66160	GLAUCOMA SURGERY	No Precert Req	
66165	GLAUCOMA SURGERY	No Precert Req	
66170	GLAUCOMA SURGERY	No Precert Req	
66172	INCISION OF EYE	No Precert Req	
66180	IMPLANT EYE SHUNT	No Precert Req	
66185	REVISE EYE SHUNT	No Precert Req	
66220	REPAIR EYE LESION	No Precert Req	
66225	REPAIR/GRAFT EYE LESION	No Precert Req	
66250	FOLLOW-UP SURGERY OF EYE	No Precert Req	
66500	INCISION OF IRIS	No Precert Req	
66505	INCISION OF IRIS	No Precert Req	
66600	REMOVE IRIS AND LESION	No Precert Req	
66605	REMOVAL OF IRIS	No Precert Req	
66625	REMOVAL OF IRIS	No Precert Req	
66630	REMOVAL OF IRIS	No Precert Req	
66635	REMOVAL OF IRIS	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
66680	REPAIR IRIS & CILIARY BO	No Precert Req	
66682	REPAIR IRIS & CILIARY BO	No Precert Req	
66700	DESTRUCTION, CILIARY BOD	No Precert Req	
66710	CILIARY TRANSSLERAL THER	No Precert Req	
66711	CILIARY ENDOSCOPIC ABLAT	No Precert Req	
66720	DESTRUCTION, CILIARY BOD	No Precert Req	
66740	DESTRUCTION, CILIARY BOD	No Precert Req	
66761	REVISION OF IRIS	No Precert Req	
66762	REVISION OF IRIS	No Precert Req	
66770	REMOVAL OF INNER EYE LES	No Precert Req	
66820	INCISION, SECONDARY CATA	No Precert Req	
66821	AFTER CATARACT LASER SUR	No Precert Req	
66825	REPOSITION INTRAOCULAR L	No Precert Req	
66830	REMOVAL OF LENS LESION	No Precert Req	
66840	REMOVAL OF LENS MATERIAL	No Precert Req	
66850	REMOVAL OF LENS MATERIAL	No Precert Req	
66852	REMOVAL OF LENS MATERIAL	No Precert Req	
66920	EXTRACTION OF LENS	No Precert Req	
66930	EXTRACTION OF LENS	No Precert Req	
66940	EXTRACTION OF LENS	No Precert Req	
66982	CATARACT SURGERY, COMPLE	No Precert Req	
66983	CATARACT SURG W/IOL, 1 S	No Precert Req	
66984	CATARACT SURG W/IOL, 1 S	No Precert Req	
66985	INSERT LENS PROSTHESIS	No Precert Req	
66986	EXCHANGE LENS PROSTHESIS	No Precert Req	
66990	OPHTHALMIC ENDOSCOPE ADD	No Precert Req	
67005	PARTIAL REMOVAL OF EYE F	No Precert Req	
67010	PARTIAL REMOVAL OF EYE F	No Precert Req	
67015	RELEASE OF EYE FLUID	No Precert Req	
67025	REPLACE EYE FLUID	No Precert Req	
67027	IMPLANT EYE DRUG SYSTEM	No Precert Req	
67028	INJECTION EYE DRUG	No Precert Req	
67030	INCISE INNER EYE STRANDS	No Precert Req	
67031	LASER SURGERY, EYE STRAN	No Precert Req	
67036	REMOVAL OF INNER EYE FLU	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
67039	LASER TREATMENT OF RETIN	No Precert Req	
67040	LASER TREATMENT OF RETIN	No Precert Req	
67041	VIT FOR MACULAR PUCKER	No Precert Req	
67042	VIT FOR MACULAR HOLE	No Precert Req	
67043	VIT FOR MEMBRANE DISSECT	No Precert Req	
67101	REPAIR DETACHED RETINA	No Precert Req	
67105	REPAIR DETACHED RETINA	No Precert Req	
67107	REPAIR DETACHED RETINA	No Precert Req	
67108	REPAIR DETACHED RETINA	No Precert Req	
67110	REPAIR DETACHED RETINA	No Precert Req	
67112	REREPAIR DETACHED RETINA	No Precert Req	Code deleted 12/31/2015
67113	REPAIR RETINAL DETACH, C	No Precert Req	
67115	RELEASE ENCIRCLING MATER	No Precert Req	
67120	REMOVE EYE IMPLANT MATER	No Precert Req	
67121	REMOVE EYE IMPLANT MATER	No Precert Req	
67141	TREATMENT OF RETINA	No Precert Req	
67145	TREATMENT OF RETINA	No Precert Req	
67208	TREATMENT OF RETINAL LES	No Precert Req	
67210	TREATMENT OF RETINAL LES	No Precert Req	
67218	TREATMENT OF RETINAL LES	No Precert Req	
67220	TREATMENT OF CHOROID LES	No Precert Req	
67221	OCULAR PHOTODYNAMIC THER	No Precert Req	
67225	EYE PHOTODYNAMIC THER AD	No Precert Req	
67227	TREATMENT OF RETINAL LES	No Precert Req	
67228	TREATMENT OF RETINAL LES	No Precert Req	
67229	TR RETINAL LES PRETERM I	No Precert Req	
67250	REINFORCE EYE WALL	No Precert Req	
67255	REINFORCE/GRAFT EYE WALL	No Precert Req	
67311	REVISE EYE MUSCLE	No Precert Req	
67312	REVISE TWO EYE MUSCLES	No Precert Req	
67314	REVISE EYE MUSCLE	No Precert Req	
67316	REVISE TWO EYE MUSCLES	No Precert Req	
67318	REVISE EYE MUSCLE(S)	No Precert Req	
67320	REVISE EYE MUSCLE(S) ADD	No Precert Req	
67331	EYE SURGERY FOLLOW-UP AD	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
67332	REREVISE EYE MUSCLES ADD	No Precert Req	
67334	REVISE EYE MUSCLE W/SUTU	No Precert Req	
67335	EYE SUTURE DURING SURGER	No Precert Req	
67340	REVISE EYE MUSCLE ADD-ON	No Precert Req	
67343	RELEASE EYE TISSUE	No Precert Req	
67345	DESTROY NERVE OF EYE MUS	No Precert Req	
67346	BIOPSY, EYE MUSCLE	No Precert Req	
67400	EXPLORE/BIOPSY EYE SOCKE	No Precert Req	
67405	EXPLORE/DRAIN EYE SOCKET	No Precert Req	
67412	EXPLORE/TREAT EYE SOCKET	No Precert Req	
67413	EXPLORE/TREAT EYE SOCKET	No Precert Req	
67414	EXPLR/DECOMPRESS EYE SOC	No Precert Req	
67415	ASPIRATION, ORBITAL CONT	No Precert Req	
67420	EXPLORE/TREAT EYE SOCKET	No Precert Req	
67430	EXPLORE/TREAT EYE SOCKET	No Precert Req	
67440	EXPLORE/DRAIN EYE SOCKET	No Precert Req	
67445	EXPLR/DECOMPRESS EYE SOC	No Precert Req	
67450	EXPLORE/BIOPSY EYE SOCKE	No Precert Req	
67500	INJECT/TREAT EYE SOCKET	No Precert Req	
67505	INJECT/TREAT EYE SOCKET	No Precert Req	
67515	INJECT/TREAT EYE SOCKET	No Precert Req	
67550	INSERT EYE SOCKET IMPLAN	No Precert Req	
67560	REVISE EYE SOCKET IMPLAN	No Precert Req	
67570	DECOMPRESS OPTIC NERVE	No Precert Req	
67700	DRAINAGE OF EYELID ABSCE	No Precert Req	
67710	INCISION OF EYELID	No Precert Req	
67715	INCISION OF EYELID FOLD	No Precert Req	
67800	REMOVE EYELID LESION	No Precert Req	
67801	REMOVE EYELID LESIONS	No Precert Req	
67805	REMOVE EYELID LESIONS	No Precert Req	
67808	REMOVE EYELID LESION(S)	No Precert Req	
67810	BIOPSY OF EYELID	No Precert Req	
67820	REVISE EYELASHES	No Precert Req	
67825	REVISE EYELASHES	No Precert Req	
67830	REVISE EYELASHES	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
67835	REVISE EYELASHES	No Precert Req	
67840	REMOVE EYELID LESION	No Precert Req	
67850	TREAT EYELID LESION	No Precert Req	
67875	CLOSURE OF EYELID BY SUT	No Precert Req	
67880	REVISION OF EYELID	No Precert Req	
67882	REVISION OF EYELID	No Precert Req	
67912	CORRECTION EYELID W/IMPL	No Precert Req	
67914	REPAIR EYELID DEFECT	No Precert Req	
67915	REPAIR EYELID DEFECT	No Precert Req	
67916	REPAIR EYELID DEFECT	No Precert Req	
67917	REPAIR EYELID DEFECT	No Precert Req	
67921	REPAIR EYELID DEFECT	No Precert Req	
67922	REPAIR EYELID DEFECT	No Precert Req	
67923	REPAIR EYELID DEFECT	No Precert Req	
67924	REPAIR EYELID DEFECT	No Precert Req	
67930	REPAIR EYELID WOUND	No Precert Req	
67935	REPAIR EYELID WOUND	No Precert Req	
67938	REMOVE EYELID FOREIGN BO	No Precert Req	
67950	REVISION OF EYELID	No Precert Req	
67961	REVISION OF EYELID	No Precert Req	
67966	REVISION OF EYELID	No Precert Req	
67971	RECONSTRUCTION OF EYELID	No Precert Req	
67973	RECONSTRUCTION OF EYELID	No Precert Req	
67974	RECONSTRUCTION OF EYELID	No Precert Req	
67975	RECONSTRUCTION OF EYELID	No Precert Req	
68020	INCISE/DRAIN EYELID LINI	No Precert Req	
68040	TREATMENT OF EYELID LESI	No Precert Req	
68100	BIOPSY OF EYELID LINING	No Precert Req	
68110	REMOVE EYELID LINING LES	No Precert Req	
68115	REMOVE EYELID LINING LES	No Precert Req	
68130	REMOVE EYELID LINING LES	No Precert Req	
68135	REMOVE EYELID LINING LES	No Precert Req	
68200	TREAT EYELID BY INJECTIO	No Precert Req	
68320	REVISE/GRAFT EYELID LINI	No Precert Req	
68325	REVISE/GRAFT EYELID LINI	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
68326	REVISE/GRAFT EYELID LINI	No Precert Req	
68328	REVISE/GRAFT EYELID LINI	No Precert Req	
68330	REVISE EYELID LINING	No Precert Req	
68335	REVISE/GRAFT EYELID LINI	No Precert Req	
68340	SEPARATE EYELID ADHESION	No Precert Req	
68360	REVISE EYELID LINING	No Precert Req	
68362	REVISE EYELID LINING	No Precert Req	
68371	HARVEST EYE TISSUE, ALOG	No Precert Req	
68399	EYELID LINING SURGERY	No Precert Req	
68400	INCISE/DRAIN TEAR GLAND	No Precert Req	
68420	INCISE/DRAIN TEAR SAC	No Precert Req	
68440	INCISE TEAR DUCT OPENING	No Precert Req	
68500	REMOVAL OF TEAR GLAND	No Precert Req	
68505	PARTIAL REMOVAL, TEAR GL	No Precert Req	
68510	BIOPSY OF TEAR GLAND	No Precert Req	
68520	REMOVAL OF TEAR SAC	No Precert Req	
68525	BIOPSY OF TEAR SAC	No Precert Req	
68530	CLEARANCE OF TEAR DUCT	No Precert Req	
68540	REMOVE TEAR GLAND LESION	No Precert Req	
68550	REMOVE TEAR GLAND LESION	No Precert Req	
68700	REPAIR TEAR DUCTS	No Precert Req	
68705	REVISE TEAR DUCT OPENING	No Precert Req	
68720	CREATE TEAR SAC DRAIN	No Precert Req	
68745	CREATE TEAR DUCT DRAIN	No Precert Req	
68750	CREATE TEAR DUCT DRAIN	No Precert Req	
68760	CLOSE TEAR DUCT OPENING	No Precert Req	
68761	CLOSE TEAR DUCT OPENING	No Precert Req	
68770	CLOSE TEAR SYSTEM FISTUL	No Precert Req	
68801	DILATE TEAR DUCT OPENING	No Precert Req	
68810	PROBE NASOLACRIMAL DUCT	No Precert Req	
68811	PROBE NASOLACRIMAL DUCT	No Precert Req	
68815	PROBE NASOLACRIMAL DUCT	No Precert Req	
68816	PROBE NL DUCT W/BALLOON	No Precert Req	
68840	EXPLORE/IRRIGATE TEAR DU	No Precert Req	
68850	INJECTION FOR TEAR SAC X	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
69000	DRAIN EXTERNAL EAR LESIO	No Precert Req	
69005	DRAIN EXTERNAL EAR LESIO	No Precert Req	
69020	DRAIN OUTER EAR CANAL LE	No Precert Req	
69090	PIERCE EARLOBES	No Precert Req	
69100	BIOPSY OF EXTERNAL EAR	No Precert Req	
69105	BIOPSY OF EXTERNAL EAR C	No Precert Req	
69110	REMOVE EXTERNAL EAR, PAR	No Precert Req	
69120	REMOVAL OF EXTERNAL EAR	No Precert Req	
69140	REMOVE EAR CANAL LESION(No Precert Req	
69145	REMOVE EAR CANAL LESION(No Precert Req	
69150	EXTENSIVE EAR CANAL SURG	No Precert Req	
69200	CLEAR OUTER EAR CANAL	No Precert Req	
69205	CLEAR OUTER EAR CANAL	No Precert Req	
69209	REMOVE IMPACTED EAR WAX UNI	No Precert Req	
69210	REMOVE IMPACTED EAR WAX	No Precert Req	
69220	CLEAN OUT MASTOID CAVITY	No Precert Req	
69222	CLEAN OUT MASTOID CAVITY	No Precert Req	
69310	REBUILD OUTER EAR CANAL	No Precert Req	
69320	REBUILD OUTER EAR CANAL	No Precert Req	
69420	INCISION OF EARDRUM	No Precert Req	
69421	INCISION OF EARDRUM	No Precert Req	
69424	REMOVE VENTILATING TUBE	No Precert Req	
69433	CREATE EARDRUM OPENING	No Precert Req	
69436	CREATE EARDRUM OPENING	No Precert Req	
69440	EXPLORATION OF MIDDLE EA	No Precert Req	
69450	EARDRUM REVISION	No Precert Req	
69501	MASTOIDECTOMY	No Precert Req	
69502	MASTOIDECTOMY	No Precert Req	
69505	REMOVE MASTOID STRUCTURE	No Precert Req	
69511	EXTENSIVE MASTOID SURGER	No Precert Req	
69530	EXTENSIVE MASTOID SURGER	No Precert Req	
69535	REMOVE PART OF TEMPORAL	No Precert Req	
69540	REMOVE EAR LESION	No Precert Req	
69550	REMOVE EAR LESION	No Precert Req	
69552	REMOVE EAR LESION	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
69554	REMOVE EAR LESION	No Precert Req	
69601	MASTOID SURGERY REVISION	No Precert Req	
69602	MASTOID SURGERY REVISION	No Precert Req	
69603	MASTOID SURGERY REVISION	No Precert Req	
69604	MASTOID SURGERY REVISION	No Precert Req	
69605	MASTOID SURGERY REVISION	No Precert Req	
69610	REPAIR OF EARDRUM	No Precert Req	
69620	REPAIR OF EARDRUM	No Precert Req	
69631	REPAIR EARDRUM STRUCTURE	No Precert Req	
69632	REBUILD EARDRUM STRUCTUR	No Precert Req	
69633	REBUILD EARDRUM STRUCTUR	No Precert Req	
69635	REPAIR EARDRUM STRUCTURE	No Precert Req	
69636	REBUILD EARDRUM STRUCTUR	No Precert Req	
69637	REBUILD EARDRUM STRUCTUR	No Precert Req	
69641	REVISE MIDDLE EAR & MAST	No Precert Req	
69642	REVISE MIDDLE EAR & MAST	No Precert Req	
69643	REVISE MIDDLE EAR & MAST	No Precert Req	
69644	REVISE MIDDLE EAR & MAST	No Precert Req	
69645	REVISE MIDDLE EAR & MAST	No Precert Req	
69646	REVISE MIDDLE EAR & MAST	No Precert Req	
69650	RELEASE MIDDLE EAR BONE	No Precert Req	
69660	REVISE MIDDLE EAR BONE	No Precert Req	
69661	REVISE MIDDLE EAR BONE	No Precert Req	
69662	REVISE MIDDLE EAR BONE	No Precert Req	
69666	REPAIR MIDDLE EAR STRUCT	No Precert Req	
69667	REPAIR MIDDLE EAR STRUCT	No Precert Req	
69670	REMOVE MASTOID AIR CELLS	No Precert Req	
69676	REMOVE MIDDLE EAR NERVE	No Precert Req	
69700	CLOSE MASTOID FISTULA	No Precert Req	
69710	IMPLANT/REPLACE HEARING	No Precert Req	
69711	REMOVE/REPAIR HEARING AI	No Precert Req	
69720	RELEASE FACIAL NERVE	No Precert Req	
69725	RELEASE FACIAL NERVE	No Precert Req	
69740	REPAIR FACIAL NERVE	No Precert Req	
69745	REPAIR FACIAL NERVE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
69801	INCISE INNER EAR	No Precert Req	
69802	INCISE INNER EAR	No Precert Req	
69805	EXPLORE INNER EAR	No Precert Req	
69806	EXPLORE INNER EAR	No Precert Req	
69820	ESTABLISH INNER EAR WIND	No Precert Req	
69840	REVISE INNER EAR WINDOW	No Precert Req	
69905	REMOVE INNER EAR	No Precert Req	
69910	REMOVE INNER EAR & MASTO	No Precert Req	
69915	INCISE INNER EAR NERVE	No Precert Req	
69950	INCISE INNER EAR NERVE	No Precert Req	
69955	RELEASE FACIAL NERVE	No Precert Req	
69960	RELEASE INNER EAR CANAL	No Precert Req	
69970	REMOVE INNER EAR LESION	No Precert Req	
69990	MICROSURGERY ADD-ON	No Precert Req	
70010	CONTRAST X-RAY OF BRAIN	No Precert Req	
70015	CONTRAST X-RAY OF BRAIN	No Precert Req	
70030	X-RAY EYE FOR FOREIGN BO	No Precert Req	
70100	X-RAY EXAM OF JAW	No Precert Req	
7010F	PT INFO INTO RECALL SYST	No Precert Req	
70110	X-RAY EXAM OF JAW	No Precert Req	
70120	X-RAY EXAM OF MASTOIDS	No Precert Req	
70130	X-RAY EXAM OF MASTOIDS	No Precert Req	
70134	X-RAY EXAM OF MIDDLE EAR	No Precert Req	
70140	X-RAY EXAM OF FACIAL BON	No Precert Req	
70150	X-RAY EXAM OF FACIAL BON	No Precert Req	
70160	X-RAY EXAM OF NASAL BONE	No Precert Req	
70170	X-RAY EXAM OF TEAR DUCT	No Precert Req	
70190	X-RAY EXAM OF EYE SOCKET	No Precert Req	
70200	X-RAY EXAM OF EYE SOCKET	No Precert Req	
7020F	BRST IMAG-RPT/DATACAT DO	No Precert Req	
70210	X-RAY EXAM OF SINUSES	No Precert Req	
70220	X-RAY EXAM OF SINUSES	No Precert Req	
70240	X-RAY EXAM, PITUITARY SA	No Precert Req	
70250	X-RAY EXAM OF SKULL	No Precert Req	
7025F	PT INFOSYS ALARM 4 NXT M	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
70260	X-RAY EXAM OF SKULL	No Precert Req	
70300	X-RAY EXAM OF TEETH	No Precert Req	
70310	X-RAY EXAM OF TEETH	No Precert Req	
70320	FULL MOUTH X-RAY OF TEET	No Precert Req	
70328	X-RAY EXAM OF JAW JOINT	No Precert Req	
70330	X-RAY EXAM OF JAW JOINTS	No Precert Req	
70332	X-RAY EXAM OF JAW JOINT	No Precert Req	
70350	X-RAY HEAD FOR ORTHODONT	No Precert Req	
70355	PANORAMIC X-RAY OF JAWS	No Precert Req	
70360	X-RAY EXAM OF NECK	No Precert Req	
70370	THROAT X-RAY & FLUOROSCO	No Precert Req	
70371	SPEECH EVALUATION, COMPL	No Precert Req	
70373	CONTRAST X-RAY OF LARYNX	No Precert Req	Code deleted 12/31/2015
70380	X-RAY EXAM OF SALIVARY G	No Precert Req	
70390	X-RAY EXAM OF SALIVARY D	No Precert Req	
70557	MRI BRAIN W/O DYE	No Precert Req	
70558	MRI BRAIN W/DYE	No Precert Req	
70559	MRI BRAIN W/O & W/DYE	No Precert Req	
71010	CHEST X-RAY	No Precert Req	
71015	CHEST X-RAY	No Precert Req	
71020	CHEST X-RAY	No Precert Req	code deleted 1/1/2018
71021	CHEST X-RAY	No Precert Req	
71022	CHEST X-RAY	No Precert Req	
71023	CHEST X-RAY AND FLUOROSC	No Precert Req	
71030	CHEST X-RAY	No Precert Req	
71034	CHEST X-RAY AND FLUOROSC	No Precert Req	
71035	CHEST X-RAY	No Precert Req	
71040	CONTRAST X-RAY OF BRONCH	No Precert Req	
71046	X-RAY EXAM CHEST 2 VIEW	No Precert Req	
71060	CONTRAST X-RAY OF BRONCH	No Precert Req	
71090	X-RAY & PACEMAKER INSERT	No Precert Req	
71100	X-RAY EXAM OF RIBS	No Precert Req	
71101	X-RAY EXAM OF RIBS/CHEST	No Precert Req	
71110	X-RAY EXAM OF RIBS	No Precert Req	
71111	X-RAY EXAM OF RIBS/CHEST	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
71120	X-RAY EXAM OF BREASTBONE	No Precert Req	
71130	X-RAY EXAM OF BREASTBONE	No Precert Req	
72010	X-RAY EXAM OF SPINE	No Precert Req	Code deleted 12/31/2015
72020	X-RAY EXAM OF SPINE	No Precert Req	
72040	X-RAY EXAM OF NECK SPINE	No Precert Req	
72050	X-RAY EXAM OF NECK SPINE	No Precert Req	
72052	X-RAY EXAM OF NECK SPINE	No Precert Req	
72069	X-RAY EXAM OF TRUNK SPIN	No Precert Req	Code deleted 12/31/2015
72070	X-RAY EXAM OF THORACIC S	No Precert Req	
72072	X-RAY EXAM OF THORACIC S	No Precert Req	
72074	X-RAY EXAM OF THORACIC S	No Precert Req	
72080	X-RAY EXAM OF TRUNK SPIN	No Precert Req	
72081	X-RAY EXAM ENTIRE SPI 1 VW	No Precert Req	
72082	X-RAY EXAM ENTIRE SPI 2/3 VW	No Precert Req	
72083	X-RAY EXAM ENTIRE SPI 4/5 VW	No Precert Req	
72084	X-RAY EXAM ENTIRE SPI 6/> VW	No Precert Req	
72090	X-RAY EXAM OF TRUNK SPIN	No Precert Req	Code deleted 12/31/2015
72100	X-RAY EXAM OF LOWER SPIN	No Precert Req	
72110	X-RAY EXAM OF LOWER SPIN	No Precert Req	
72114	X-RAY EXAM OF LOWER SPIN	No Precert Req	
72120	X-RAY EXAM OF LOWER SPIN	No Precert Req	
72170	X-RAY EXAM OF PELVIS	No Precert Req	
72190	X-RAY EXAM OF PELVIS	No Precert Req	
72200	X-RAY EXAM SACROILIAC JO	No Precert Req	
72202	X-RAY EXAM SACROILIAC JO	No Precert Req	
72220	X-RAY EXAM OF TAILBONE	No Precert Req	
72240	CONTRAST X-RAY OF NECK S	No Precert Req	
72255	CONTRAST X-RAY, THORAX S	No Precert Req	
72265	CONTRAST X-RAY, LOWER SP	No Precert Req	
72270	CONTRAST X-RAY, SPINE	No Precert Req	
72275	EPIDUROGRAPHY	No Precert Req	
72295	X-RAY OF LOWER SPINE DIS	No Precert Req	
73000	X-RAY EXAM OF COLLAR BON	No Precert Req	
73010	X-RAY EXAM OF SHOULDER B	No Precert Req	
73020	X-RAY EXAM OF SHOULDER	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
73030	X-RAY EXAM OF SHOULDER	No Precert Req	
73040	CONTRAST X-RAY OF SHOULDER	No Precert Req	
73050	X-RAY EXAM OF SHOULDERS	No Precert Req	
73060	X-RAY EXAM OF HUMERUS	No Precert Req	
73070	X-RAY EXAM OF ELBOW	No Precert Req	
73080	X-RAY EXAM OF ELBOW	No Precert Req	
73085	CONTRAST X-RAY OF ELBOW	No Precert Req	
73090	X-RAY EXAM OF FOREARM	No Precert Req	
73092	X-RAY EXAM OF ARM, INFAN	No Precert Req	
73100	X-RAY EXAM OF WRIST	No Precert Req	
73110	X-RAY EXAM OF WRIST	No Precert Req	
73115	CONTRAST X-RAY OF WRIST	No Precert Req	
73120	X-RAY EXAM OF HAND	No Precert Req	
73130	X-RAY EXAM OF HAND	No Precert Req	
73140	X-RAY EXAM OF FINGER(S)	No Precert Req	
73500	X-RAY EXAM OF HIP	No Precert Req	Code deleted 12/31/2015
73501	X-RAY EXAM HIP UNI 1 VIEW	No Precert Req	
73502	X-RAY EXAM HIP UNI 2-3 VIEWS	No Precert Req	
73503	X-RAY EXAM HIP UNI 4/> VIEWS	No Precert Req	
73510	X-RAY EXAM OF HIP	No Precert Req	Code deleted 12/31/2015
73520	X-RAY EXAM OF HIPS	No Precert Req	Code deleted 12/31/2015
73521	X-RAY EXAM HIPS BI 2 VIEWS	No Precert Req	
73522	X-RAY EXAM HIPS BI 3-4 VIEWS	No Precert Req	
73523	X-RAY EXAM HIPS BI 5/> VIEWS	No Precert Req	
73525	CONTRAST X-RAY OF HIP	No Precert Req	
73530	X-RAY EXAM OF HIP	No Precert Req	Code deleted 12/31/2015
73540	X-RAY EXAM OF PELVIS & H	No Precert Req	Code deleted 12/31/2015
73542	X-RAY EXAM, SACROILIAC J	No Precert Req	
73550	X-RAY EXAM OF THIGH	No Precert Req	Code deleted 12/31/2015
73551	X-RAY EXAM OF FEMUR 1	No Precert Req	
73552	X-RAY EXAM OF FEMUR 2/>	No Precert Req	
73560	X-RAY EXAM OF KNEE, 1 OR	No Precert Req	
73562	X-RAY EXAM OF KNEE, 3	No Precert Req	
73564	X-RAY EXAM, KNEE, 4 OR M	No Precert Req	
73565	X-RAY EXAM OF KNEES	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
73580	CONTRAST X-RAY OF KNEE J	No Precert Req	
73590	X-RAY EXAM OF LOWER LEG	No Precert Req	
73592	X-RAY EXAM OF LEG, INFAN	No Precert Req	
73600	X-RAY EXAM OF ANKLE	No Precert Req	
73610	X-RAY EXAM OF ANKLE	No Precert Req	
73615	CONTRAST X-RAY OF ANKLE	No Precert Req	
73620	X-RAY EXAM OF FOOT	No Precert Req	
73630	X-RAY EXAM OF FOOT	No Precert Req	
73650	X-RAY EXAM OF HEEL	No Precert Req	
73660	X-RAY EXAM OF TOE(S)	No Precert Req	
74000	X-RAY EXAM OF ABDOMEN	No Precert Req	Code deleted 1/1/2018
74010	X-RAY EXAM OF ABDOMEN	No Precert Req	Code deleted 1/1/2018
74018	X-RAY EXAM OF ABDOMEN	No Precert Req	
74019	X-RAY EXAM OF ABDOMEN	No Precert Req	
74020	X-RAY EXAM OF ABDOMEN	No Precert Req	
74021	X-RAY EXAM OF ABDOMEN	No Precert Req	
74022	X-RAY EXAM SERIES, ABDOM	No Precert Req	
74190	X-RAY EXAM OF PERITONEUM	No Precert Req	
74210	CONTRST X-RAY EXAM OF TH	No Precert Req	
74220	CONTRAST X-RAY, ESOPHAGU	No Precert Req	
74230	CINE/VID X-RAY, THROAT/E	No Precert Req	
74235	REMOVE ESOPHAGUS OBSTRUC	No Precert Req	
74240	X-RAY EXAM, UPPER GI TRA	No Precert Req	
74241	X-RAY EXAM, UPPER GI TRA	No Precert Req	
74245	X-RAY EXAM, UPPER GI TRA	No Precert Req	
74246	CONTRST X-RAY UPPR GI TR	No Precert Req	
74247	CONTRST X-RAY UPPR GI TR	No Precert Req	
74249	CONTRST X-RAY UPPR GI TR	No Precert Req	
74250	X-RAY EXAM OF SMALL BOWE	No Precert Req	
74251	X-RAY EXAM OF SMALL BOWE	No Precert Req	
74260	X-RAY EXAM OF SMALL BOWE	No Precert Req	
74270	CONTRAST X-RAY EXAM OF C	No Precert Req	
74280	CONTRAST X-RAY EXAM OF C	No Precert Req	
74283	CONTRAST X-RAY EXAM OF C	No Precert Req	
74290	CONTRAST X-RAY, GALLBLAD	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
74291	CONTRAST X-RAYS, GALLBLA	No Precert Req	
74300	X-RAY BILE DUCTS/PANCREA	No Precert Req	
74301	X-RAYS AT SURGERY ADD-ON	No Precert Req	
74305	X-RAY BILE DUCTS/PANCREA	No Precert Req	Code deleted 12/31/2015
74320	CONTRAST X-RAY OF BILE D	No Precert Req	Code deleted 12/31/2015
74327	X-RAY BILE STONE REMOVAL	No Precert Req	Code deleted 12/31/2015
74328	X-RAY BILE DUCT ENDOSCOP	No Precert Req	
74329	X-RAY FOR PANCREAS ENDOS	No Precert Req	
74330	X-RAY BILE/PANC ENDOSCOP	No Precert Req	
74340	X-RAY GUIDE FOR GI TUBE	No Precert Req	
74355	X-RAY GUIDE, INTESTINAL	No Precert Req	
74360	X-RAY GUIDE, GI DILATION	No Precert Req	
74363	X-RAY, BILE DUCT DILATIO	No Precert Req	
74400	CONTRST X-RAY, URINARY T	No Precert Req	
74410	CONTRST X-RAY, URINARY T	No Precert Req	
74415	CONTRST X-RAY, URINARY T	No Precert Req	
74420	CONTRST X-RAY, URINARY T	No Precert Req	
74425	CONTRST X-RAY, URINARY T	No Precert Req	
74430	CONTRAST X-RAY, BLADDER	No Precert Req	
74440	X-RAY, MALE GENITAL TRAC	No Precert Req	
74445	X-RAY EXAM OF PENIS	No Precert Req	
74450	X-RAY, URETHRA/BLADDER	No Precert Req	
74455	X-RAY, URETHRA/BLADDER	No Precert Req	
74470	X-RAY EXAM OF KIDNEY LES	No Precert Req	
74475	X-RAY CONTROL, CATH INSE	No Precert Req	Code deleted 12/31/2015
74480	X-RAY CONTROL, CATH INSE	No Precert Req	Code deleted 12/31/2015
74485	X-RAY GUIDE, GU DILATION	No Precert Req	
74710	X-RAY MEASUREMENT OF PEL	No Precert Req	
74740	X-RAY, FEMALE GENITAL TR	No Precert Req	
74742	X-RAY, FALLOPIAN TUBE	No Precert Req	
74775	X-RAY EXAM OF PERINEUM	No Precert Req	
75600	CONTRAST X-RAY EXAM OF A	No Precert Req	
75605	CONTRAST X-RAY EXAM OF A	No Precert Req	
75625	CONTRAST X-RAY EXAM OF A	No Precert Req	
75630	X-RAY AORTA, LEG ARTERIE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
75650	ARTERY X-RAYS, HEAD & NE	No Precert Req	
75658	ARTERY X-RAYS, ARM	No Precert Req	
75660	ARTERY X-RAYS, HEAD & NE	No Precert Req	
75662	ARTERY X-RAYS, HEAD & NE	No Precert Req	
75665	ARTERY X-RAYS, HEAD & NE	No Precert Req	
75671	ARTERY X-RAYS, HEAD & NE	No Precert Req	
75676	ARTERY X-RAYS, NECK	No Precert Req	
75680	ARTERY X-RAYS, NECK	No Precert Req	
75685	ARTERY X-RAYS, SPINE	No Precert Req	
75705	ARTERY X-RAYS, SPINE	No Precert Req	
75710	ARTERY X-RAYS, ARM/LEG	No Precert Req	
75716	ARTERY X-RAYS, ARMS/LEGS	No Precert Req	
75722	ARTERY X-RAYS, KIDNEY	No Precert Req	
75724	ARTERY X-RAYS, KIDNEYS	No Precert Req	
75726	ARTERY X-RAYS, ABDOMEN	No Precert Req	
75731	ARTERY X-RAYS, ADRENAL G	No Precert Req	
75733	ARTERY X-RAYS, ADRENALS	No Precert Req	
75736	ARTERY X-RAYS, PELVIS	No Precert Req	
75741	ARTERY X-RAYS, LUNG	No Precert Req	
75743	ARTERY X-RAYS, LUNGS	No Precert Req	
75746	ARTERY X-RAYS, LUNG	No Precert Req	
75756	ARTERY X-RAYS, CHEST	No Precert Req	
75774	ARTERY X-RAY, EACH VESSE	No Precert Req	
75791	AV DIALYSIS SHUNT IMAGIN	No Precert Req	Code deleted 12/31/2016
75801	LYMPH VESSEL X-RAY, ARM/	No Precert Req	
75803	LYMPH VESSEL X-RAY,ARMS/	No Precert Req	
75805	LYMPH VESSEL X-RAY, TRUN	No Precert Req	
75807	LYMPH VESSEL X-RAY, TRUN	No Precert Req	
75809	NONVASCULAR SHUNT, X-RAY	No Precert Req	
75810	VEIN X-RAY, SPLEEN/LIVER	No Precert Req	
75820	VEIN X-RAY, ARM/LEG	No Precert Req	
75822	VEIN X-RAY, ARMS/LEGS	No Precert Req	
75825	VEIN X-RAY, TRUNK	No Precert Req	
75827	VEIN X-RAY, CHEST	No Precert Req	
75831	VEIN X-RAY, KIDNEY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
75833	VEIN X-RAY, KIDNEYS	No Precert Req	
75840	VEIN X-RAY, ADRENAL GLAN	No Precert Req	
75842	VEIN X-RAY, ADRENAL GLAN	No Precert Req	
75860	VEIN X-RAY, NECK	No Precert Req	
75870	VEIN X-RAY, SKULL	No Precert Req	
75872	VEIN X-RAY, SKULL	No Precert Req	
75880	VEIN X-RAY, EYE SOCKET	No Precert Req	
75885	VEIN X-RAY, LIVER	No Precert Req	
75887	VEIN X-RAY, LIVER	No Precert Req	
75889	VEIN X-RAY, LIVER	No Precert Req	
75891	VEIN X-RAY, LIVER	No Precert Req	
75893	VENOUS SAMPLING BY CATHE	No Precert Req	
75894	X-RAYS, TRANSCATH THERAP	No Precert Req	
75896	X-RAYS, TRANSCATH THERAP	No Precert Req	Code deleted 12/31/2015
75898	FOLLOW-UP ANGIOGRAPHY	No Precert Req	
75900	INTRAVASCULAR CATH EXCHA	No Precert Req	
75901	REMOVE CVA DEVICE OBSTRU	No Precert Req	
75902	REMOVE CVA LUMEN OBSTRUC	No Precert Req	
75940	X-RAY PLACEMENT, VEIN FI	No Precert Req	
75945	INTRAVASCULAR US	No Precert Req	Code deleted 12/31/2015
75946	INTRAVASCULAR US ADD-ON	No Precert Req	Code deleted 12/31/2015
75952	ENDOASC REPAIR ABDOM AO	No Precert Req	
75953	ABDOM ANEURYSM ENDOVAS R	No Precert Req	
75954	ILIAC ANEURYSM ENDOVAS R	No Precert Req	
75960	TRANSCATH IV STENT RS&I	No Precert Req	
75961	RETRIEVAL, BROKEN CATHET	No Precert Req	
75962	REPAIR ARTERIAL BLOCKAGE	No Precert Req	Code deleted 12/31/2016
75964	REPAIR ARTERY BLOCKAGE,	No Precert Req	Code deleted 12/31/2016
75966	REPAIR ARTERIAL BLOCKAGE	No Precert Req	Code deleted 12/31/2016
75968	REPAIR ARTERY BLOCKAGE,	No Precert Req	Code deleted 12/31/2016
75970	VASCULAR BIOPSY	No Precert Req	
75978	REPAIR VENOUS BLOCKAGE	No Precert Req	Code deleted 12/31/2016
75980	CONTRAST XRAY EXAM BILE	No Precert Req	Code deleted 12/31/2015
75982	CONTRAST XRAY EXAM BILE	No Precert Req	Code deleted 12/31/2015
75984	XRAY CONTROL CATHETER CH	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
75989	ABSCESS DRAINAGE UNDER X	No Precert Req	
76000	FLUOROSCOPE EXAMINATION	No Precert Req	
76001	FLUOROSCOPE EXAM, EXTENS	No Precert Req	
76010	X-RAY, NOSE TO RECTUM	No Precert Req	
76080	X-RAY EXAM OF FISTULA	No Precert Req	
76098	X-RAY EXAM, BREAST SPECI	No Precert Req	
76100	X-RAY EXAM OF BODY SECTI	No Precert Req	
76101	COMPLEX BODY SECTION X-R	No Precert Req	
76102	COMPLEX BODY SECTION X-R	No Precert Req	
76120	CINE/VIDEO X-RAYS	No Precert Req	
76125	CINE/VIDEO X-RAYS ADD-ON	No Precert Req	
76140	X-RAY CONSULTATION	No Precert Req	
76376	3D RENDER W/O POSTPROCES	No Precert Req	
76496	FLUOROSCOPIC PROCEDURE	No Precert Req	
76506	ECHO EXAM OF HEAD	No Precert Req	
76510	OPHTH US, B & QUANT A	No Precert Req	
76511	OPHTH US, QUANT A ONLY	No Precert Req	
76512	OPHTH US, B W/NON-QUANT	No Precert Req	
76513	ECHO EXAM OF EYE, WATER	No Precert Req	
76514	ECHO EXAM OF EYE, THICKN	No Precert Req	
76516	ECHO EXAM OF EYE	No Precert Req	
76519	ECHO EXAM OF EYE	No Precert Req	
76529	ECHO EXAM OF EYE	No Precert Req	
76536	US EXAM OF HEAD AND NECK	No Precert Req	
76604	US EXAM, CHEST, B-SCAN	No Precert Req	
76641	ULTRASOUND BREAST COMPLETE	No Precert Req	
76642	ULTRASOUND BREAST LIMITED	No Precert Req	
76700	US EXAM, ABDOM, COMPLETE	No Precert Req	
76705	ECHO EXAM OF ABDOMEN	No Precert Req	
76706	US ABDL AORTA SCREEN AAA	No Precert Req	
76770	US EXAM ABDO BACK WALL,	No Precert Req	
76775	US EXAM ABDO BACK WALL,	No Precert Req	
76776	US EXAM K TRANSPL W/DOPP	No Precert Req	
76800	US EXAM, SPINAL CANAL	No Precert Req	
76801	OB US < 14 WKS, SINGLE F	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
76802	OB US < 14 WKS, ADD'L FE	No Precert Req	
76805	OB US >= 14 WKS, SNGL F	No Precert Req	
76810	OB US >= 14 WKS, ADDL F	No Precert Req	
76811	OB US, DETAILED, SNGL FE	No Precert Req	
76812	OB US, DETAILED, ADDL FE	No Precert Req	
76813	OB US NUCHAL MEAS, 1 GES	No Precert Req	
76814	OB US NUCHAL MEAS, ADD-O	No Precert Req	
76815	OB US, LIMITED, FETUS(S)	No Precert Req	
76816	OB US, FOLLOW-UP, PER FE	No Precert Req	
76817	TRANSVAGINAL US, OBSTETR	No Precert Req	
76818	FETAL BIOPHYS PROFILE W/	No Precert Req	
76819	FETAL BIOPHYS PROFIL W/O	No Precert Req	
76820	UMBILICAL ARTERY ECHO	No Precert Req	
76821	MIDDLE CEREBRAL ARTERY E	No Precert Req	
76825	ECHO EXAM OF FETAL HEART	No Precert Req	
76826	ECHO EXAM OF FETAL HEART	No Precert Req	
76827	ECHO EXAM OF FETAL HEART	No Precert Req	
76828	ECHO EXAM OF FETAL HEART	No Precert Req	
76830	TRANSVAGINAL US, NON-OB	No Precert Req	
76831	ECHO EXAM, UTERUS	No Precert Req	
76856	US EXAM, PELVIC, COMPLET	No Precert Req	
76857	US EXAM, PELVIC, LIMITED	No Precert Req	
76870	US EXAM, SCROTUM	No Precert Req	
76872	US, TRANSRECTAL	No Precert Req	
76881	US XTR NON-VASC COMPLETE	No Precert Req	
76882	US XTR NON-VASC LMTD	No Precert Req	
76885	US EXAM INFANT HIPS, DYN	No Precert Req	
76886	US EXAM INFANT HIPS, STA	No Precert Req	
76930	ECHO GUIDE, CARDIOCENTES	No Precert Req	
76932	ECHO GUIDE FOR HEART BIO	No Precert Req	
76936	ECHO GUIDE FOR ARTERY RE	No Precert Req	
76937	US GUIDE, VASCULAR ACCES	No Precert Req	
76940	US GUIDE, TISSUE ABLATIO	No Precert Req	
76941	ECHO GUIDE FOR TRANSFUSI	No Precert Req	
76942	ECHO GUIDE FOR BIOPSY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
76945	ECHO GUIDE, VILLUS SAMPL	No Precert Req	
76946	ECHO GUIDE FOR AMNIOCENT	No Precert Req	
76948	ECHO GUIDE, OVA ASPIRATI	No Precert Req	
76970	ULTRASOUND EXAM FOLLOW-U	No Precert Req	
76975	GI ENDOSCOPIC ULTRASOUND	No Precert Req	
76977	US BONE DENSITY MEASURE	No Precert Req	
76998	US GUIDE, INTRAOP	No Precert Req	
76999	ECHO EXAMINATION PROCEDU	No Precert Req	
77001	FLUOROGUIDE FOR VEIN DEV	No Precert Req	
77002	NEEDLE LOCALIZATION BY X	No Precert Req	
77003	FLUOROGUIDE FOR SPINE IN	No Precert Req	
77012	CT SCAN FOR NEEDLE BIOPS	No Precert Req	
77013	CT GUIDE FOR TISSUE ABLA	No Precert Req	
77021	MR GUIDANCE FOR NEEDLE P	No Precert Req	
77022	MRI FOR TISSUE ABLATION	No Precert Req	
77031	STEREOTACT GUIDE FOR BRS	No Precert Req	
77032	GUIDANCE FOR NEEDLE, BRE	No Precert Req	
77051	COMPUTER DX MAMMOGRAM AD	No Precert Req	Code deleted 12/31/2016
77052	COMP SCREEN MAMMOGRAM AD	No Precert Req	Code deleted 12/31/2016
77053	X-RAY OF MAMMARY DUCT	No Precert Req	
77054	X-RAY OF MAMMARY DUCTS	No Precert Req	
77055	MAMMOGRAM, ONE BREAST	No Precert Req	Code deleted 12/31/2016
77056	MAMMOGRAM, BOTH BREASTS	No Precert Req	Code deleted 12/31/2016
77057	MAMMOGRAM, SCREENING	No Precert Req	Code deleted 12/31/2016
77063	BREAST TOMOSYNTHESIS BI	No Precert Req	
77065	DX MAMMO INCL CAD UNI	No Precert Req	
77066	DX MAMMO INCL CAD BI	No Precert Req	
77067	SCR MAMMO BI INCL CAD	No Precert Req	
77071	X-RAY STRESS VIEW	No Precert Req	
77072	X-RAYS FOR BONE AGE	No Precert Req	
77073	X-RAYS, BONE LENGTH STUD	No Precert Req	
77074	X-RAYS, BONE SURVEY, LIM	No Precert Req	
77075	X-RAYS, BONE SURVEY COMP	No Precert Req	
77076	X-RAYS, BONE SURVEY, INF	No Precert Req	
77077	JOINT SURVEY, SINGLE VIE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
77080	DXA BONE DENSITY, AXIAL	No Precert Req	
77081	DXA BONE DENSITY/PERIPHE	No Precert Req	
77082	DXA BONE DENSITY, VERT F	No Precert Req	Code deleted 12/31/2014 - Experimental/Investigational/Unprover
77083	RADIOGRAPHIC ABSORPTIOME	No Precert Req	
77085	DXA BONE DENSITY STUDY	No Precert Req	Experimental/Investigational/Unproven
77086	FRACTURE ASSESSMENT VIA DXA	No Precert Req	Experimental/Investigational/Unproven
78000	THYROID, SINGLE UPTAKE	No Precert Req	
78001	THYROID, MULTIPLE UPTAKE	No Precert Req	
78003	THYROID SUPPRESS/STIMUL	No Precert Req	
78006	THYROID IMAGING WITH UPT	No Precert Req	
78007	THYROID IMAGE, MULT UPTA	No Precert Req	
78010	THYROID IMAGING	No Precert Req	
78011	THYROID IMAGING WITH FLO	No Precert Req	
78015	THYROID MET IMAGING	No Precert Req	
78016	THYROID MET IMAGING/STUD	No Precert Req	
78018	THYROID MET IMAGING, BOD	No Precert Req	
78020	THYROID MET UPTAKE	No Precert Req	
78070	PARATHYROID NUCLEAR IMAG	No Precert Req	
78075	ADRENAL NUCLEAR IMAGING	No Precert Req	
78099	ENDOCRINE NUCLEAR PROCED	No Precert Req	
78102	BONE MARROW IMAGING, LTD	No Precert Req	
78103	BONE MARROW IMAGING, MUL	No Precert Req	
78104	BONE MARROW IMAGING, BOD	No Precert Req	
78110	PLASMA VOLUME, SINGLE	No Precert Req	
78111	PLASMA VOLUME, MULTIPLE	No Precert Req	
78120	RED CELL MASS, SINGLE	No Precert Req	
78121	RED CELL MASS, MULTIPLE	No Precert Req	
78122	BLOOD VOLUME	No Precert Req	
78130	RED CELL SURVIVAL STUDY	No Precert Req	
78135	RED CELL SURVIVAL KINETI	No Precert Req	
78140	RED CELL SEQUESTRATION	No Precert Req	
78185	SPLEEN IMAGING	No Precert Req	
78190	PLATELET SURVIVAL, KINET	No Precert Req	
78191	PLATELET SURVIVAL	No Precert Req	
78195	LYMPH SYSTEM IMAGING	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
78201	LIVER IMAGING	No Precert Req	
78202	LIVER IMAGING WITH FLOW	No Precert Req	
78205	LIVER IMAGING (3D)	No Precert Req	
78206	LIVER IMAGE (3D) WITH FL	No Precert Req	
78215	LIVER AND SPLEEN IMAGING	No Precert Req	
78216	LIVER & SPLEEN IMAGE/FLO	No Precert Req	
78220	LIVER FUNCTION STUDY	No Precert Req	
78223	HEPATOBIILIARY IMAGING	No Precert Req	
78226	HEPATOBIILIARY SYSTEM IMA	No Precert Req	
78227	HEPATOBI SYST IMAGE W/D	No Precert Req	
78230	SALIVARY GLAND IMAGING	No Precert Req	
78231	SERIAL SALIVARY IMAGING	No Precert Req	
78232	SALIVARY GLAND FUNCTION	No Precert Req	
78258	ESOPHAGEAL MOTILITY STUD	No Precert Req	
78261	GASTRIC MUCOSA IMAGING	No Precert Req	
78262	GASTROESOPHAGEAL REFLUX	No Precert Req	
78264	GASTRIC EMPTYING STUDY	No Precert Req	
78265	GASTRIC EMPTYING IMAG STUDY	No Precert Req	
78266	GASTRIC EMPTYING IMAG STUDY	No Precert Req	
78267	BREATH TST ATTAIN/ANAL C	No Precert Req	
78268	BREATH TEST ANALYSIS, C-	No Precert Req	
78270	VIT B-12 ABSORPTION EXAM	No Precert Req	
78271	VIT B-12 ABSRP EXAM, INT	No Precert Req	
78272	VIT B-12 ABSORP, COMBINE	No Precert Req	
78278	ACUTE GI BLOOD LOSS IMAG	No Precert Req	
78282	GI PROTEIN LOSS EXAM	No Precert Req	
78290	MECKEL'S DIVERT EXAM	No Precert Req	
78291	LEVEEN/SHUNT PATENCY EXA	No Precert Req	
78299	GI NUCLEAR PROCEDURE	No Precert Req	
78300	BONE IMAGING, LIMITED AR	No Precert Req	
78305	BONE IMAGING, MULTIPLE A	No Precert Req	
78306	BONE IMAGING, WHOLE BODY	No Precert Req	
78315	BONE IMAGING, 3 PHASE	No Precert Req	
78320	BONE IMAGING (3D)	No Precert Req	
78350	BONE MINERAL, SINGLE PHO	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
78351	BONE MINERAL, DUAL PHOTO	No Precert Req	
78414	NON-IMAGING HEART FUNCTI	No Precert Req	
78428	CARDIAC SHUNT IMAGING	No Precert Req	
78445	VASCULAR FLOW IMAGING	No Precert Req	
78457	VENOUS THROMBOSIS IMAGIN	No Precert Req	
78458	VEN THROMBOSIS IMAGES, B	No Precert Req	
78579	LUNG VENTILATION IMAGING	No Precert Req	
78580	LUNG PERFUSION IMAGING	No Precert Req	
78582	LUNG VENTILATI&PERFUS IM	No Precert Req	
78584	LUNG V/Q IMAGE SINGLE BR	No Precert Req	
78585	LUNG V/Q IMAGING	No Precert Req	
78586	AEROSOL LUNG IMAGE, SING	No Precert Req	
78587	AEROSOL LUNG IMAGE, MULT	No Precert Req	
78588	PERFUSION LUNG IMAGE	No Precert Req	
78591	VENT IMAGE, 1 BREATH, 1	No Precert Req	
78593	VENT IMAGE, 1 PROJ, GAS	No Precert Req	
78594	VENT IMAGE, MULT PROJ, G	No Precert Req	
78596	LUNG DIFFERENTIAL FUNCTI	No Precert Req	
78597	LUNG PERFUSION DIFFERENT	No Precert Req	
78598	LUNG PERF&VENTILAT DIFER	No Precert Req	
78599	RESPIRATORY NUCLEAR EXAM	No Precert Req	
78600	BRAIN IMAGING, LTD STATI	No Precert Req	
78601	BRAIN IMAGING, LTD W/FLO	No Precert Req	
78605	BRAIN IMAGING, COMPLETE	No Precert Req	
78606	BRAIN IMAGING, COMPL W/F	No Precert Req	
78607	BRAIN IMAGING (3D)	No Precert Req	
78610	BRAIN FLOW IMAGING ONLY	No Precert Req	
78630	CEREBROSPINAL FLUID SCAN	No Precert Req	
78635	CSF VENTRICULOGRAPHY	No Precert Req	
78645	CSF SHUNT EVALUATION	No Precert Req	
78647	CEREBROSPINAL FLUID SCAN	No Precert Req	
78650	CSF LEAKAGE IMAGING	No Precert Req	
78660	NUCLEAR EXAM OF TEAR FLO	No Precert Req	
78699	NERVOUS SYSTEM NUCLEAR E	No Precert Req	
78700	KIDNEY IMAGING, STATIC	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
78701	KIDNEY IMAGING WITH FLOW	No Precert Req	
78707	KIDNEY FLOW/FUNCTION IMA	No Precert Req	
78708	KIDNEY FLOW/FUNCTION IMA	No Precert Req	
78709	KIDNEY FLOW/FUNCTION IMA	No Precert Req	
78710	KIDNEY IMAGING (3D)	No Precert Req	
78725	KIDNEY FUNCTION STUDY	No Precert Req	
78730	URINARY BLADDER RETENTIO	No Precert Req	
78740	URETERAL REFLUX STUDY	No Precert Req	
78761	TESTICULAR IMAGING/FLOW	No Precert Req	
78799	GENITOURINARY NUCLEAR EX	No Precert Req	
78800	TUMOR IMAGING, LIMITED A	No Precert Req	
78801	TUMOR IMAGING, MULT AREA	No Precert Req	
78802	TUMOR IMAGING, WHOLE BOD	No Precert Req	
78803	TUMOR IMAGING (3D)	No Precert Req	
78804	TUMOR IMAGING, WHOLE BOD	No Precert Req	
78805	ABSCESS IMAGING, LTD ARE	No Precert Req	
78806	ABSCESS IMAGING, WHOLE B	No Precert Req	
78807	NUCLEAR LOCALIZATION/ABS	No Precert Req	
78808	IV INJ RA DRUG DX STUDY]	No Precert Req	
78999	NUCLEAR DIAGNOSTIC EXAM	No Precert Req	
79005	NUCLEAR RX, ORAL ADMIN	No Precert Req	
79101	NUCLEAR RX, IV ADMIN	No Precert Req	
79200	NUCLEAR RX, INTRACAV ADM	No Precert Req	
79300	NUCLR RX, INTERSTIT COLL	No Precert Req	
79403	HEMATOPOIETIC NUCLEAR TX	No Precert Req	
79440	NUCLEAR RX, INTRA-ARTICU	No Precert Req	
79445	NUCLEAR RX, INTRA-ARTERI	No Precert Req	
79999	NUCLEAR MEDICINE THERAPY	No Precert Req	
80047	METABOLIC PANEL IONIZED	No Precert Req	
80048	BASIC METABOLIC PANEL	No Precert Req	
80050	GENERAL HEALTH PANEL	No Precert Req	
80051	ELECTROLYTE PANEL	No Precert Req	
80053	COMPREHEN METABOLIC PANE	No Precert Req	
80055	OBSTETRIC PANEL	No Precert Req	
80061	LIPID PANEL	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
80069	RENAL FUNCTION PANEL	No Precert Req	
80074	ACUTE HEPATITIS PANEL	No Precert Req	
80076	HEPATIC FUNCTION PANEL	No Precert Req	
80081	OBSTETRIC PANEL	No Precert Req	
80150	ASSAY OF AMIKACIN	No Precert Req	
80155	DRUG SCREEN QUANT CAFFEINE	No Precert Req	
80156	ASSAY, CARBAMAZEPINE, TO	No Precert Req	
80157	ASSAY, CARBAMAZEPINE, FR	No Precert Req	
80158	ASSAY OF CYCLOSPORINE	No Precert Req	
80159	DRUG SCREEN QUANT CLOZAPINE	No Precert Req	
80162	ASSAY OF DIGOXIN	No Precert Req	
80163	ASSAY OF DIGOXIN FREE	No Precert Req	
80164	ASSAY, DIPROPYLACETIC AC	No Precert Req	
80165	DIPROPYLACETIC ACID FREE	No Precert Req	
80168	ASSAY OF ETHOSUXIMIDE	No Precert Req	
80169	DRUG SCREEN QUANT EVEROLIMUS	No Precert Req	
80170	ASSAY OF GENTAMICIN	No Precert Req	
80171	DRUG SCREEN QUANT GABAPENTIN	No Precert Req	
80173	ASSAY OF HALOPERIDOL	No Precert Req	
80175	DRUG SCREEN QUAN LAMOTRIGINE	No Precert Req	
80176	ASSAY OF LIDOCAINE	No Precert Req	
80177	DRUG SCR N QUAN LEVETIRACETAM	No Precert Req	
80178	ASSAY OF LITHIUM	No Precert Req	
80180	DRUG SCR N QUAN MYCOPHENOLATE	No Precert Req	
80183	DRUG SCR N QUANT OXCARBAZEPIN	No Precert Req	
80184	ASSAY OF PHENOBARBITAL	No Precert Req	
80185	ASSAY OF PHENYTOIN, TOTA	No Precert Req	
80186	ASSAY OF PHENYTOIN, FREE	No Precert Req	
80188	ASSAY OF PRIMIDONE	No Precert Req	
80190	ASSAY OF PROCAINAMIDE	No Precert Req	
80192	ASSAY OF PROCAINAMIDE	No Precert Req	
80194	ASSAY OF QUINIDINE	No Precert Req	
80195	ASSAY OF SIROLIMUS	No Precert Req	
80197	ASSAY OF TACROLIMUS	No Precert Req	
80198	ASSAY OF THEOPHYLLINE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
80199	DRUG SCREEN QUANT TIAGABINE	No Precert Req	
80200	ASSAY OF TOBRAMYCIN	No Precert Req	
80201	ASSAY OF TOPIRAMATE	No Precert Req	
80202	ASSAY OF VANCOMYCIN	No Precert Req	
80203	DRUG SCREEN QUANT ZONISAMIDE	No Precert Req	
80299	QUANTITATIVE ASSAY, DRUG	No Precert Req	
80300	DRUG SCREEN NON TLC DEVICES	No Precert Req	Code deleted 12/31/2016
80301	DRUG SCREEN CLASS LIST A	No Precert Req	Code deleted 12/31/2016
80302	DRUG SCREEN PRSMPTV 1 CLASS	No Precert Req	Code deleted 12/31/2016
80303	DRUG SCREEN ONE/MULT CLASS	No Precert Req	Code deleted 12/31/2016
80304	DRUG SCREEN ONE/MULT CLASS	No Precert Req	Code deleted 12/31/2016
80305	DRUG TEST PRSMV DIR OPT OBS	No Precert Req	
80306	DRUG TEST PRSMV INSTRMNT	No Precert Req	
80307	DRUG TEST PRSMV CHEM ANLYZR	No Precert Req	
80320	DRUG SCREEN QUANTALCOHOLS	No Precert Req	
80321	ALCOHOLS BIOMARKERS 1OR 2	No Precert Req	
80322	ALCOHOLS BIOMARKERS 3/MORE	No Precert Req	
80323	ALKALOIDS NOS	No Precert Req	
80324	DRUG SCREEN AMPHETAMINES 1/2	No Precert Req	
80325	AMPHETAMINES 3OR 4	No Precert Req	
80326	AMPHETAMINES 5 OR MORE	No Precert Req	
80327	ANABOLIC STEROID 1 OR 2	No Precert Req	
80328	ANABOLIC STEROID 3 OR MORE	No Precert Req	
80329	ANALGESICS NON-OPIOID 1 OR 2	No Precert Req	
80330	ANALGESICS NON-OPIOID 3-5	No Precert Req	
80331	ANALGESICS NON-OPIOID 6/MORE	No Precert Req	
80332	ANTIDEPRESSANTS CLASS 1 OR 2	No Precert Req	
80333	ANTIDEPRESSANTS CLASS 3-5	No Precert Req	
80334	ANTIDEPRESSANTS CLASS 6/MORE	No Precert Req	
80335	ANTIDEPRESSANT TRICYCLIC 1/2	No Precert Req	
80336	ANTIDEPRESSANT TRICYCLIC 3-5	No Precert Req	
80337	TRICYCLIC & CYCLICALS 6/MORE	No Precert Req	
80338	ANTIDEPRESSANT NOT SPECIFIED	No Precert Req	
80339	ANTIEPILEPTICS NOS 1-3	No Precert Req	
80340	ANTIEPILEPTICS NOS 4-6	No Precert Req	

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80341	ANTIEPILEPTICS NOS 7/MORE	No Precert Req	
80342	ANTIPSYCHOTICS NOS 1-3	No Precert Req	
80343	ANTIPSYCHOTICS NOS 4-6	No Precert Req	
80344	ANTIPSYCHOTICS NOS 7/MORE	No Precert Req	
80345	DRUG SCREENING BARBITURATES	No Precert Req	
80346	BENZODIAZEPINES1-12	No Precert Req	
80347	BENZODIAZEPINES 13 OR MORE	No Precert Req	
80348	DRUG SCREENING BUPRENORPHINE	No Precert Req	
80349	CANNABINOIDS NATURAL	No Precert Req	
80350	CANNABINOIDS SYNTHETIC 1-3	No Precert Req	
80351	CANNABINOIDS SYNTHETIC 4-6	No Precert Req	
80352	CANNABINOID SYNTHETIC 7/MORE	No Precert Req	
80353	DRUG SCREENING COCAINE	No Precert Req	
80354	DRUG SCREENING FENTANYL	No Precert Req	
80355	GABAPENTIN NON-BLOOD	No Precert Req	
80356	HEROIN METABOLITE	No Precert Req	
80357	KETAMINE AND NORKETAMINE	No Precert Req	
80358	DRUG SCREENING METHADONE	No Precert Req	
80359	METHYLENEDIOXYAMPHETAMINES	No Precert Req	
80360	METHYLPHENIDATE	No Precert Req	
80361	OPIATES 1 OR MORE	No Precert Req	
80362	OPIOIDS & OPIATE ANALOGS 1/2	No Precert Req	
80363	OPIOIDS & OPIATE ANALOGS 3/4	No Precert Req	
80364	OPIOID &OPIATE ANALOG 5/MORE	No Precert Req	
80365	DRUG SCREENING OXYCODONE	No Precert Req	
80366	DRUG SCREENING PREGABALIN	No Precert Req	
80367	DRUG SCREENING PROPOXYPHENE	No Precert Req	
80368	SEDATIVE HYPNOTICS	No Precert Req	
80369	SKELETAL MUSCLE RELAXANT 1/2	No Precert Req	
80370	SKEL MUSC RELAXANT 3 OR MORE	No Precert Req	
80371	STIMULANTS SYNTHETIC	No Precert Req	
80372	DRUG SCREENING TAPENTADOL	No Precert Req	
80373	DRUG SCREENING TRAMADOL	No Precert Req	
80374	STEREOISOMER ANALYSIS	No Precert Req	
80375	DRUG/SUBSTANCE NOS 1-3	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
80376	DRUG/SUBSTANCE NOS 4-6	No Precert Req	
80377	DRUG/SUBSTANCE NOS 7/MORE	No Precert Req	
80400	ACTH STIMULATION PANEL	No Precert Req	
80402	ACTH STIMULATION PANEL	No Precert Req	
80406	ACTH STIMULATION PANEL	No Precert Req	
80408	ALDOSTERONE SUPPRESSION	No Precert Req	
80410	CALCITONIN STIMUL PANEL	No Precert Req	
80412	CRH STIMULATION PANEL	No Precert Req	
80414	TESTOSTERONE RESPONSE	No Precert Req	
80415	ESTRADIOL RESPONSE PANEL	No Precert Req	
80416	RENIN STIMULATION PANEL	No Precert Req	
80417	RENIN STIMULATION PANEL	No Precert Req	
80418	PITUITARY EVALUATION PAN	No Precert Req	
80420	DEXAMETHASONE PANEL	No Precert Req	
80422	GLUCAGON TOLERANCE PANEL	No Precert Req	
80424	GLUCAGON TOLERANCE PANEL	No Precert Req	
80426	GONADOTROPIN HORMONE PAN	No Precert Req	
80428	GROWTH HORMONE PANEL	No Precert Req	
80430	GROWTH HORMONE PANEL	No Precert Req	
80432	INSULIN SUPPRESSION PANE	No Precert Req	
80434	INSULIN TOLERANCE PANEL	No Precert Req	
80435	INSULIN TOLERANCE PANEL	No Precert Req	
80436	METYRAPONE PANEL	No Precert Req	
80438	TRH STIMULATION PANEL	No Precert Req	
80439	TRH STIMULATION PANEL	No Precert Req	
80500	LAB PATHOLOGY CONSULTATI	No Precert Req	
80502	LAB PATHOLOGY CONSULTATI	No Precert Req	
81000	URINALYSIS, NONAUTO W/SC	No Precert Req	
81001	URINALYSIS, AUTO W/SCOPE	No Precert Req	
81002	URINALYSIS NONAUTO W/O S	No Precert Req	
81003	URINALYSIS, AUTO, W/O SC	No Precert Req	
81005	URINALYSIS	No Precert Req	
81007	URINE SCREEN FOR BACTERI	No Precert Req	
81015	MICROSCOPIC EXAM OF URIN	No Precert Req	
81020	URINALYSIS, GLASS TEST	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
81025	URINE PREGNANCY TEST	No Precert Req	
81050	URINALYSIS, VOLUME MEASU	No Precert Req	
81099	URINALYSIS TEST PROCEDUR	No Precert Req	
81200	ASPA GENE	No Precert Req	
81205	BCKDHB GENE	No Precert Req	
81206	BCR/ABL1 GENE MAJOR BP	No Precert Req	
81207	BCR/ABL1 GENE MINOR BP	No Precert Req	
81208	BCR/ABL1 GENE OTHER BP	No Precert Req	
81209	BLM GENE	No Precert Req	
81218	CEBPA GENE FULL SEQUENCE	No Precert Req	
81220	CFTR GENE COM VARIANTS	No Precert Req	
81221	CFTR GENE KNOWN FAM VARI	No Precert Req	
81222	CFTR GENE DUP/DELET VARI	No Precert Req	
81224	CFTR GENE INTRON POLY T	No Precert Req	
81225	CYP2C19 GENE COM VARIANT	No Precert Req	Experimental/Investigational/Unproven
81227	CYP2C9 GENE COM VARIANTS	No Precert Req	Experimental/Investigational/Unproven
81242	FANCC GENE	No Precert Req	
81245	FLT3 GENE	No Precert Req	
81250	G6PC GENE	No Precert Req	
81251	GBA GENE	No Precert Req	
81255	HEXA GENE	No Precert Req	
81256	HFE GENE	No Precert Req	
81257	HBA1/HBA2 GENE	No Precert Req	
81260	IKBKAP GENE	No Precert Req	
81261	IGH GENE REARRANGE AMP M	No Precert Req	
81262	IGH GENE REARRANGDORE PR	No Precert Req	
81263	IGH VARI REGIONAL MUTATI	No Precert Req	
81264	IGH REARRANGEABN CLONAL	No Precert Req	
81265	STR MARKERS SPECIMEN ANA	No Precert Req	
81266	STR MARKERS SPEC ANAL AD	No Precert Req	
81267	CHIMERISM ANAL NO CELL S	No Precert Req	
81268	CHIMERISM ANAL W/CELL SE	No Precert Req	
81270	JAK2 GENE	No Precert Req	
81272	KIT GENE TARGETED SEQ ANALYS	No Precert Req	
81273	KIT GENE ANALYS D816 VARIANT	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
81275	KRAS GENE	No Precert Req	
81276	KRAS GENE ADDL VARIANTS	No Precert Req	
81290	MCOLN1 GENE	No Precert Req	
81291	MTHFR GENE	No Precert Req	
81303	MECP2 GENE KNOWN VARIANT	No Precert Req	
81310	NPM1 GENE	No Precert Req	
81311	NRAS GENE VARIANTS EXON 2&3	No Precert Req	
81314	PDGFRA GENE	No Precert Req	
81315	PML/RARALPHA COM BREAKPO	No Precert Req	
81316	PML/RARALPHA 1 BREAKPOIN	No Precert Req	
81330	SMPD1 GENE COMMON VARIAN	No Precert Req	
81340	TRB@ GENE REARRANGE AMPL	No Precert Req	
81341	TRB@ GENE REARRANGE DIRP	No Precert Req	
81342	TRG GENE REARRANGEMENT A	No Precert Req	
81350	UGT1A1 GENE	No Precert Req	Experimental/Investigational/Unproven
81355	VKORC1 GENE	No Precert Req	Experimental/Investigational/Unproven
81370	HLA I & II TYPING LR	No Precert Req	
81371	HLA I & II TYPE VERIFY L	No Precert Req	
81372	HLA I TYPING COMPLETE LR	No Precert Req	
81373	HLA I TYPING 1 LOCUS LR	No Precert Req	
81374	HLA I TYPING 1 ANTIGEN L	No Precert Req	
81375	HLA II TYPING AG EQUIV L	No Precert Req	
81376	HLA II TYPING 1 LOCUS LR	No Precert Req	
81377	HLA II TYPE 1 AG EQUIV L	No Precert Req	
81378	HLA I & II TYPING HR	No Precert Req	
81379	HLA I TYPING COMPLETE HR	No Precert Req	
81380	HLA I TYPING 1 LOCUS HR	No Precert Req	
81381	HLA I TYPING 1 ALLELE HR	No Precert Req	
81382	HLA II TYPING 1 LOC HR	No Precert Req	
81383	HLA II TYPING 1 ALLELE H	No Precert Req	
81420	FETAL CHRMOML ANEUPLOIDY	No Precert Req	
81507	FETAL ANEUPLOIDY TRISOM RISK	No Precert Req	
81508	FETAL CONG ANOM ASSAY TWO PROTEIN	No Precert Req	
81509	FETAL CONG ANOM ASSAY THREE PROT	No Precert Req	
81510	FETAL CONG ANOM ASSAY THREE ANALY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
81511	FETAL CONG ANOM ASSAY FOUR ANALY	No Precert Req	
81512	FETAL CONG ANOM ASSAY FIVE ANALY	No Precert Req	
81528	ONCOLOGY COLORECTAL SCR	No Precert Req	Experimental/Investigational/Unproven
82000	ASSAY OF BLOOD ACETALDEH	No Precert Req	
82009	TEST FOR ACETONE/KETONES	No Precert Req	
82010	ACETONE ASSAY	No Precert Req	
82013	ACETYLCHOLINESTERASE ASS	No Precert Req	
82016	ACYLCARNITINES, QUAL	No Precert Req	
82017	ACYLCARNITINES, QUANT	No Precert Req	
82024	ASSAY OF ACTH	No Precert Req	
82030	ASSAY OF ADP & AMP	No Precert Req	
82040	ASSAY OF SERUM ALBUMIN	No Precert Req	
82042	ASSAY OF URINE ALBUMIN	No Precert Req	
82043	MICROALBUMIN, QUANTITATI	No Precert Req	
82044	MICROALBUMIN, SEMIQUANT	No Precert Req	
82045	ALBUMIN, ISCHEMIA MODIFI	No Precert Req	
82075	ASSAY OF BREATH ETHANOL	No Precert Req	
82085	ASSAY OF ALDOLASE	No Precert Req	
82088	ASSAY OF ALDOSTERONE	No Precert Req	
82103	ALPHA-1-ANTITRYPSIN, TOT	No Precert Req	
82104	ALPHA-1-ANTITRYPSIN, PHE	No Precert Req	
82105	ALPHA-FETOPROTEIN, SERUM	No Precert Req	
82106	ALPHA-FETOPROTEIN, AMNIO	No Precert Req	
82107	ALPHA-FETOPROTEIN L3	No Precert Req	
82108	ASSAY OF ALUMINUM	No Precert Req	
82120	AMINES, VAGINAL FLUID QU	No Precert Req	
82127	AMINO ACID, SINGLE QUAL	No Precert Req	
82128	AMINO ACIDS, MULT QUAL	No Precert Req	
82131	AMINO ACIDS, SINGLE QUAN	No Precert Req	
82135	ASSAY, AMINOLEVULINIC AC	No Precert Req	
82136	AMINO ACIDS, QUANT, 2-5	No Precert Req	
82139	AMINO ACIDS, QUAN, 6 OR	No Precert Req	
82140	ASSAY OF AMMONIA	No Precert Req	
82143	AMNIOTIC FLUID SCAN	No Precert Req	
82150	ASSAY OF AMYLASE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
82154	ANDROSTANEDIOL GLUCURONI	No Precert Req	
82157	ASSAY OF ANDROSTENEDIONE	No Precert Req	
82160	ASSAY OF ANDROSTERONE	No Precert Req	
82163	ASSAY OF ANGIOTENSIN II	No Precert Req	
82164	ANGIOTENSIN I ENZYME TES	No Precert Req	
82172	ASSAY OF APOLIPOPROTEIN	No Precert Req	
82175	ASSAY OF ARSENIC	No Precert Req	
82180	ASSAY OF ASCORBIC ACID	No Precert Req	
82190	ATOMIC ABSORPTION	No Precert Req	
82232	ASSAY OF BETA-2 PROTEIN	No Precert Req	
82239	BILE ACIDS, TOTAL	No Precert Req	
82240	BILE ACIDS, CHOLYLGLYCIN	No Precert Req	
82247	BILIRUBIN, TOTAL	No Precert Req	
82248	BILIRUBIN, DIRECT	No Precert Req	
82252	FECAL BILIRUBIN TEST	No Precert Req	
82261	ASSAY OF BIOTINIDASE	No Precert Req	
82270	OCCULT BLOOD, OTHER SOUR	No Precert Req	
82271	OCCULT BLOOD, FECES, SIN	No Precert Req	
82272	BLOOD OCCULT PEROXIDASE	No Precert Req	
82274	ASSAY TEST FOR BLOOD, FE	No Precert Req	
82286	ASSAY OF BRADYKININ	No Precert Req	
82300	ASSAY OF CADMIUM	No Precert Req	
82306	ASSAY OF VITAMIN D	No Precert Req	
82308	ASSAY OF CALCITONIN	No Precert Req	
82310	ASSAY OF CALCIUM	No Precert Req	
82330	ASSAY OF CALCIUM	No Precert Req	
82331	CALCIUM INFUSION TEST	No Precert Req	
82340	ASSAY OF CALCIUM IN URIN	No Precert Req	
82355	CALCULUS ANALYSIS, QUAL	No Precert Req	
82360	CALCULUS ASSAY, QUANT	No Precert Req	
82365	CALCULUS SPECTROSCOPY	No Precert Req	
82370	X-RAY ASSAY, CALCULUS	No Precert Req	
82373	ASSAY, C-D TRANSFER MEAS	No Precert Req	
82374	ASSAY, BLOOD CARBON DIOX	No Precert Req	
82375	ASSAY, BLOOD CARBON MONO	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
82376	TEST FOR CARBON MONOXIDE	No Precert Req	
82378	CARCINOEMBRYONIC ANTIGEN	No Precert Req	
82379	ASSAY OF CARNITINE	No Precert Req	
82380	ASSAY OF CAROTENE	No Precert Req	
82382	ASSAY, URINE CATECHOLAMI	No Precert Req	
82383	ASSAY, BLOOD CATECHOLAMI	No Precert Req	
82384	ASSAY, THREE CATECHOLAMI	No Precert Req	
82387	ASSAY OF CATHEPSIN-D	No Precert Req	
82390	ASSAY OF CERULOPLASMIN	No Precert Req	
82397	CHEMILUMINESCENT ASSAY	No Precert Req	
82415	ASSAY OF CHLORAMPHENICOL	No Precert Req	
82435	ASSAY OF BLOOD CHLORIDE	No Precert Req	
82436	ASSAY OF URINE CHLORIDE	No Precert Req	
82438	ASSAY, OTHER FLUID CHLOR	No Precert Req	
82441	TEST FOR CHLOROXYDROCARB	No Precert Req	
82465	ASSAY, BLD/SERUM CHOLEST	No Precert Req	
82480	ASSAY, SERUM CHOLINESTER	No Precert Req	
82482	ASSAY, RBC CHOLINESTERAS	No Precert Req	
82485	ASSAY, CHONDROITIN SULFA	No Precert Req	
82486	GAS/LIQUID CHROMATOGRAPH	No Precert Req	Code deleted 12/31/2015
82487	PAPER CHROMATOGRAPHY	No Precert Req	Code deleted 12/31/2015
82488	PAPER CHROMATOGRAPHY	No Precert Req	Code deleted 12/31/2015
82489	THIN LAYER CHROMATOGRAPH	No Precert Req	Code deleted 12/31/2015
82491	CHROMOTOGRAPHY, QUANT, S	No Precert Req	Code deleted 12/31/2015
82492	CHROMOTOGRAPHY, QUANT, M	No Precert Req	Code deleted 12/31/2015
82495	ASSAY OF CHROMIUM	No Precert Req	
82507	ASSAY OF CITRATE	No Precert Req	
82523	COLLAGEN CROSSLINKS	No Precert Req	
82525	ASSAY OF COPPER	No Precert Req	
82528	ASSAY OF CORTICOSTERONE	No Precert Req	
82530	CORTISOL, FREE	No Precert Req	
82533	TOTAL CORTISOL	No Precert Req	
82540	ASSAY OF CREATINE	No Precert Req	
82541	COLUMN CHROMOTOGRAPHY, Q	No Precert Req	Code deleted 12/31/2015
82542	COLUMN CHROMOTOGRAPHY, Q	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
82543	COLUMN CHROMOTOGRAPH/ISO	No Precert Req	Code deleted 12/31/2015
82544	COLUMN CHROMOTOGRAPH/ISO	No Precert Req	Code deleted 12/31/2015
82550	ASSAY OF CK (CPK)	No Precert Req	
82552	ASSAY OF CPK IN BLOOD	No Precert Req	
82553	CREATINE, MB FRACTION	No Precert Req	
82554	CREATINE, ISOFORMS	No Precert Req	
82565	ASSAY OF CREATININE	No Precert Req	
82570	ASSAY OF URINE CREATININ	No Precert Req	
82575	CREATININE CLEARANCE TES	No Precert Req	
82585	ASSAY OF CRYOFIBRINOGEN	No Precert Req	
82595	ASSAY OF CRYOGLOBULIN	No Precert Req	
82600	ASSAY OF CYANIDE	No Precert Req	
82607	VITAMIN B-12	No Precert Req	
82608	B-12 BINDING CAPACITY	No Precert Req	
82610	CYSTATIN C	No Precert Req	
82615	TEST FOR URINE CYSTINES	No Precert Req	
82626	DEHYDROEPIANDROSTERONE	No Precert Req	
82627	DEHYDROEPIANDROSTERONE	No Precert Req	
82633	DESOXYCORTICOSTERONE	No Precert Req	
82634	DEOXYCORTISOL	No Precert Req	
82638	ASSAY OF DIBUCAINE NUMBE	No Precert Req	
82652	ASSAY OF DIHYDROXYVITAMI	No Precert Req	
82656	PANCREATIC ELASTASE, FEC	No Precert Req	
82657	ENZYME CELL ACTIVITY	No Precert Req	
82658	ENZYME CELL ACTIVITY, RA	No Precert Req	
82664	ELECTROPHORETIC TEST	No Precert Req	
82668	ASSAY OF ERYTHROPOIETIN	No Precert Req	
82670	ASSAY OF ESTRADIOL	No Precert Req	
82671	ASSAY OF ESTROGENS	No Precert Req	
82672	ASSAY OF ESTROGEN	No Precert Req	
82677	ASSAY OF ESTRIOL	No Precert Req	
82679	ASSAY OF ESTRONE	No Precert Req	
82693	ASSAY OF ETHYLENE GLYCOL	No Precert Req	
82696	ASSAY OF ETIOCHOLANOLONE	No Precert Req	
82705	FATS/LIPIDS, FECES, QUAL	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
82710	FATS/LIPIDS, FECES, QUAN	No Precert Req	
82715	ASSAY OF FECAL FAT	No Precert Req	
82725	ASSAY OF BLOOD FATTY ACI	No Precert Req	
82726	LONG CHAIN FATTY ACIDS	No Precert Req	
82728	ASSAY OF FERRITIN	No Precert Req	
82731	ASSAY OF FETAL FIBRONECT	No Precert Req	
82735	ASSAY OF FLUORIDE	No Precert Req	
82746	BLOOD FOLIC ACID SERUM	No Precert Req	
82747	ASSAY OF FOLIC ACID, RBC	No Precert Req	
82757	ASSAY OF SEMEN FRUCTOSE	No Precert Req	
82759	ASSAY OF RBC GALACTOKINA	No Precert Req	
82760	ASSAY OF GALACTOSE	No Precert Req	
82775	ASSAY GALACTOSE TRANSFER	No Precert Req	
82776	GALACTOSE TRANSFERASE TE	No Precert Req	
82784	ASSAY OF GAMMAGLOBULIN I	No Precert Req	
82785	ASSAY OF GAMMAGLOBULIN I	No Precert Req	
82787	IGG 1, 2, 3 OR 4, EACH	No Precert Req	
82800	BLOOD PH	No Precert Req	
82803	BLOOD GASES: PH, PO2 & P	No Precert Req	
82805	BLOOD GASES W/02 SATURAT	No Precert Req	
82810	BLOOD GASES, O2 SAT ONLY	No Precert Req	
82820	HEMOGLOBIN-OXYGEN AFFINI	No Precert Req	
82930	GASTRIC ANALY W/PH EA SP	No Precert Req	
82938	GASTRIN TEST	No Precert Req	
82941	ASSAY OF GASTRIN	No Precert Req	
82943	ASSAY OF GLUCAGON	No Precert Req	
82945	GLUCOSE OTHER FLUID	No Precert Req	
82946	GLUCAGON TOLERANCE TEST	No Precert Req	
82947	ASSAY, GLUCOSE, BLOOD QU	No Precert Req	
82948	REAGENT STRIP/BLOOD GLUC	No Precert Req	
82950	GLUCOSE TEST	No Precert Req	
82951	GLUCOSE TOLERANCE TEST (No Precert Req	
82952	GTT-ADDED SAMPLES	No Precert Req	
82953	GLUCOSE-TOLBUTAMIDE TEST	No Precert Req	
82955	ASSAY OF G6PD ENZYME	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
82960	TEST FOR G6PD ENZYME	No Precert Req	
82962	GLUCOSE BLOOD TEST	No Precert Req	
82963	ASSAY OF GLUCOSIDASE	No Precert Req	
82965	ASSAY OF GDH ENZYME	No Precert Req	
82977	ASSAY OF GGT	No Precert Req	
82978	ASSAY OF GLUTATHIONE	No Precert Req	
82979	ASSAY, RBC GLUTATHIONE	No Precert Req	
82980	ASSAY OF GLUTETHIMIDE	No Precert Req	
82985	GLYCATED PROTEIN	No Precert Req	
83001	GONADOTROPIN (FSH)	No Precert Req	
83002	GONADOTROPIN (LH)	No Precert Req	
83003	ASSAY, GROWTH HORMONE (H	No Precert Req	
83008	ASSAY OF GUANOSINE	No Precert Req	
83009	H PYLORI (C-13), BLOOD	No Precert Req	
83010	ASSAY OF HAPTOGLOBIN, QU	No Precert Req	
83012	ASSAY OF HAPTOGLOBINS	No Precert Req	
83013	H PYLORI (C-13), BREATH	No Precert Req	
83014	H PYLORI DRUG ADMIN	No Precert Req	
83015	HEAVY METAL SCREEN	No Precert Req	
83018	QUANTITATIVE SCREEN, MET	No Precert Req	
83020	HEMOGLOBIN ELECTROPHORES	No Precert Req	
83021	HEMOGLOBIN CHROMOTOGRAPH	No Precert Req	
83026	HEMOGLOBIN, COPPER SULFA	No Precert Req	
83030	FETAL HEMOGLOBIN, CHEMIC	No Precert Req	
83033	FETAL HEMOGLOBIN ASSAY,	No Precert Req	
83036	GLYCOSYLATED HEMOGLOBIN	No Precert Req	
83037	GLYCOSYLATED HB, HOME DE	No Precert Req	
83045	BLOOD METHEMOGLOBIN TEST	No Precert Req	
83050	BLOOD METHEMOGLOBIN ASSA	No Precert Req	
83051	ASSAY OF PLASMA HEMOGLOB	No Precert Req	
83055	BLOOD SULFHEMOGLOBIN TES	No Precert Req	
83060	BLOOD SULFHEMOGLOBIN ASS	No Precert Req	
83065	ASSAY OF HEMOGLOBIN HEAT	No Precert Req	
83068	HEMOGLOBIN STABILITY SCR	No Precert Req	
83069	ASSAY OF URINE HEMOGLOBI	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
83070	ASSAY OF HEMOSIDERIN, QU	No Precert Req	
83071	ASSAY OF HEMOSIDERIN, QU	No Precert Req	
83080	ASSAY OF B HEXOSAMINIDAS	No Precert Req	
83088	ASSAY OF HISTAMINE	No Precert Req	
83090	ASSAY OF HOMOCYSTINE	No Precert Req	
83150	ASSAY OF FOR HVA	No Precert Req	
83491	ASSAY OF CORTICOSTEROIDS	No Precert Req	
83497	ASSAY OF 5-HIAA	No Precert Req	
83498	ASSAY OF PROGESTERONE	No Precert Req	
83499	ASSAY OF PROGESTERONE	No Precert Req	
83500	ASSAY, FREE HYDROXYPROLI	No Precert Req	
83505	ASSAY, TOTAL HYDROXYPROL	No Precert Req	
83516	IMMUNOASSAY, NONANTIBODY	No Precert Req	
83518	IMMUNOASSAY, DIPSTICK	No Precert Req	
83519	IMMUNOASSAY, NONANTIBODY	No Precert Req	
83520	IMMUNOASSAY, RIA	No Precert Req	
83525	ASSAY OF INSULIN	No Precert Req	
83527	ASSAY OF INSULIN	No Precert Req	
83528	ASSAY OF INTRINSIC FACTO	No Precert Req	
83540	ASSAY OF IRON	No Precert Req	
83550	IRON BINDING TEST	No Precert Req	
83570	ASSAY OF IDH ENZYME	No Precert Req	
83582	ASSAY OF KETOGENIC STERO	No Precert Req	
83586	ASSAY 17- KETOSTEROIDS	No Precert Req	
83593	FRACTIONATION, KETOSTERO	No Precert Req	
83605	ASSAY OF LACTIC ACID	No Precert Req	
83615	LACTATE (LD) (LDH) ENZYM	No Precert Req	
83625	ASSAY OF LDH ENZYMES	No Precert Req	
83630	LACTOFERRIN, FECAL (QUAL	No Precert Req	
83631	LACTOFERRIN, FECAL (QUAN	No Precert Req	
83632	PLACENTAL LACTOGEN	No Precert Req	
83633	TEST URINE FOR LACTOSE	No Precert Req	
83634	ASSAY OF URINE FOR LACTO	No Precert Req	
83655	ASSAY OF LEAD	No Precert Req	
83661	L/S RATIO, FETAL LUNG	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
83662	FOAM STABILITY, FETAL LU	No Precert Req	
83663	FLUORO POLARIZE, FETAL L	No Precert Req	
83664	LAMELLAR BDY, FETAL LUNG	No Precert Req	
83670	ASSAY OF LAP ENZYME	No Precert Req	
83690	ASSAY OF LIPASE	No Precert Req	
83695	ASSAY OF LIPOPROTEIN(A)	No Precert Req	
83698	ASSAY LIPOPROTEIN PLA2	No Precert Req	
83700	LIOPRO BLD, ELECTROPHOR	No Precert Req	Experimental/Investigational/Unproven
83701	LIOPROTEIN BLD, HR FRAC	No Precert Req	Experimental/Investigational/Unproven
83704	LIOPROTEIN, BLD, BY NMR	No Precert Req	Experimental/Investigational/Unproven
83718	ASSAY OF LIPOPROTEIN	No Precert Req	
83719	ASSAY OF BLOOD LIPOPROTE	No Precert Req	
83721	ASSAY OF BLOOD LIPOPROTE	No Precert Req	
83727	ASSAY OF LRH HORMONE	No Precert Req	
83735	ASSAY OF MAGNESIUM	No Precert Req	
83775	ASSAY OF MD ENZYME	No Precert Req	
83785	ASSAY OF MANGANESE	No Precert Req	
83788	MASS SPECTROMETRY QUAL	No Precert Req	Code deleted 12/31/2015
83789	MASS SPECTROMETRY QUANT	No Precert Req	
83825	ASSAY OF MERCURY	No Precert Req	
83835	ASSAY OF METANEPHRINES	No Precert Req	
83857	ASSAY OF METHEMALBUMIN	No Precert Req	
83861	MICROFLUID ANALY TEARS	No Precert Req	
83864	MUCOPOLYSACCHARIDES	No Precert Req	
83866	MUCOPOLYSACCHARIDES SCRE	No Precert Req	
83872	ASSAY SYNOVIAL FLUID MUC	No Precert Req	
83873	ASSAY OF CSF PROTEIN	No Precert Req	
83874	ASSAY OF MYOGLOBIN	No Precert Req	
83876	ASSAY, MYELOPEROXIDASE]	No Precert Req	
83880	NATRIURETIC PEPTIDE	No Precert Req	
83883	ASSAY, NEPHELOMETRY NOT	No Precert Req	
83885	ASSAY OF NICKEL	No Precert Req	
83890	MOLECULE ISOLATE	No Precert Req	
83891	MOLECULE ISOLATE NUCLEIC	No Precert Req	
83892	MOLECULAR DIAGNOSTICS	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
83893	MOLECULE DOT/SLOT/BLOT	No Precert Req	
83894	MOLECULE GEL ELECTROPHOR	No Precert Req	
83896	MOLECULAR DIAGNOSTICS	No Precert Req	
83897	MOLECULE NUCLEIC TRANSFE	No Precert Req	
83898	MOLECULE NUCLEIC AMPLI,	No Precert Req	
83900	MOLECULE NUCLEIC AMPLI 2	No Precert Req	
83901	MOLECULE NUCLEIC AMPLI A	No Precert Req	
83902	MOLECULAR DIAGNOSTICS	No Precert Req	
83903	MOLECULE MUTATION SCAN	No Precert Req	
83904	MOLECULE MUTATION IDENTI	No Precert Req	
83905	MOLECULE MUTATION IDENTI	No Precert Req	
83906	MOLECULE MUTATION IDENTI	No Precert Req	
83907	LYSE CELLS FOR NUCLEIC E	No Precert Req	
83908	NUCLEIC ACID, SIGNAL AMP	No Precert Req	
83909	NUCLEIC ACID, HIGH RESOL	No Precert Req	
83912	GENETIC EXAMINATION	No Precert Req	
83913	MOLECULAR, RNA STABILIZA	No Precert Req	
83914	MUTATION IDENT OLA/SBCE/	No Precert Req	
83915	ASSAY OF NUCLEOTIDASE	No Precert Req	
83916	OLIGOCLONAL BANDS	No Precert Req	
83918	ORGANIC ACIDS, TOTAL, QU	No Precert Req	
83919	ORGANIC ACIDS, QUAL, EAC	No Precert Req	
83921	ORGANIC ACID, SINGLE, Q	No Precert Req	
83930	ASSAY OF BLOOD OSMOLALIT	No Precert Req	
83935	ASSAY OF URINE OSMOLALIT	No Precert Req	
83937	ASSAY OF OSTEOCALCIN	No Precert Req	
83945	ASSAY OF OXALATE	No Precert Req	
83950	ONCOPROTEIN, HER-2/NEU	No Precert Req	
83951	ONCOPROTEIN, DCP]	No Precert Req	
83970	ASSAY OF PARATHORMONE	No Precert Req	
83986	ASSAY OF BODY FLUID ACID	No Precert Req	
83987	EXHALED BREATH CONDENSAT	No Precert Req	Experimental/Investigational/Unproven
83992	ASSAY FOR PHENCYCLIDINE	No Precert Req	
83993	ASSAY FOR CALPROTECTIN F	No Precert Req	Experimental/Investigational/Unproven
84030	ASSAY OF BLOOD PKU	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
84035	ASSAY OF PHENYLKETONES	No Precert Req	
84060	ASSAY ACID PHOSPHATASE	No Precert Req	
84061	PHOSPHATASE, FORENSIC EX	No Precert Req	
84066	ASSAY PROSTATE PHOSPHATA	No Precert Req	
84075	ASSAY ALKALINE PHOSPHATA	No Precert Req	
84078	ASSAY ALKALINE PHOSPHATA	No Precert Req	
84080	ASSAY ALKALINE PHOSPHATA	No Precert Req	
84081	AMNIOTIC FLUID ENZYME TE	No Precert Req	
84085	ASSAY OF RBC PG6D ENZYME	No Precert Req	
84087	ASSAY PHOSPHOHEXOSE ENZY	No Precert Req	
84100	ASSAY OF PHOSPHORUS	No Precert Req	
84105	ASSAY OF URINE PHOSPHORU	No Precert Req	
84106	TEST FOR PORPHOBILINOGEN	No Precert Req	
84110	ASSAY OF PORPHOBILINOGEN	No Precert Req	
84112	PLACENTA ALPHA MICRO IG	No Precert Req	Experimental/Investigational/Unproven
84119	TEST URINE FOR PORPHYRIN	No Precert Req	
84120	ASSAY OF URINE PORPHYRIN	No Precert Req	
84126	ASSAY OF FECES PORPHYRIN	No Precert Req	
84127	ASSAY OF FECES PORPHYRIN	No Precert Req	
84132	ASSAY OF SERUM POTASSIUM	No Precert Req	
84133	ASSAY OF URINE POTASSIUM	No Precert Req	
84134	ASSAY OF PREALBUMIN	No Precert Req	
84135	ASSAY OF PREGNANEDIOL	No Precert Req	
84138	ASSAY OF PREGNANETRIOL	No Precert Req	
84140	ASSAY OF PREGNENOLONE	No Precert Req	
84143	ASSAY OF 17-HYDROXPREGN	No Precert Req	
84144	ASSAY OF PROGESTERONE	No Precert Req	
84145	PROCALCITONIN (PCT)	No Precert Req	
84146	ASSAY OF PROLACTIN	No Precert Req	
84150	ASSAY OF PROSTAGLANDIN	No Precert Req	
84152	ASSAY OF PSA, COMPLEXED	No Precert Req	
84153	ASSAY OF PSA, TOTAL	No Precert Req	
84154	ASSAY OF PSA, FREE	No Precert Req	
84155	ASSAY OF PROTEIN, SERUM	No Precert Req	
84156	ASSAY OF PROTEIN, URINE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
84157	ASSAY OF PROTEIN, OTHER	No Precert Req	
84160	ASSAY OF PROTEIN, ANY SO	No Precert Req	
84163	PAPPA, SERUM	No Precert Req	
84165	PROTEIN E-PHORESIS, SERU	No Precert Req	
84166	PROTEIN E-PHORESIS/URINE	No Precert Req	
84181	WESTERN BLOT TEST	No Precert Req	
84182	PROTEIN, WESTERN BLOT TE	No Precert Req	
84202	ASSAY RBC PROTOPORPHYRIN	No Precert Req	
84203	TEST RBC PROTOPORPHYRIN	No Precert Req	
84206	ASSAY OF PROINSULIN	No Precert Req	
84207	ASSAY OF VITAMIN B-6	No Precert Req	
84210	ASSAY OF PYRUVATE	No Precert Req	
84220	ASSAY OF PYRUVATE KINASE	No Precert Req	
84228	ASSAY OF QUININE	No Precert Req	
84233	ASSAY OF ESTROGEN	No Precert Req	
84234	ASSAY OF PROGESTERONE	No Precert Req	
84235	ASSAY OF ENDOCRINE HORMO	No Precert Req	
84238	ASSAY, NONENDOCRINE RECE	No Precert Req	
84244	ASSAY OF RENIN	No Precert Req	
84252	ASSAY OF VITAMIN B-2	No Precert Req	
84255	ASSAY OF SELENIUM	No Precert Req	
84260	ASSAY OF SEROTONIN	No Precert Req	
84270	ASSAY OF SEX HORMONE GLO	No Precert Req	
84275	ASSAY OF SIALIC ACID	No Precert Req	
84285	ASSAY OF SILICA	No Precert Req	
84295	ASSAY OF SERUM SODIUM	No Precert Req	
84300	ASSAY OF URINE SODIUM	No Precert Req	
84302	ASSAY OF SWEAT SODIUM	No Precert Req	
84305	ASSAY OF SOMATOMEDIN	No Precert Req	
84307	ASSAY OF SOMATOSTATIN	No Precert Req	
84311	SPECTROPHOTOMETRY	No Precert Req	
84315	BODY FLUID SPECIFIC GRAV	No Precert Req	
84375	CHROMATOGRAM ASSAY, SUGA	No Precert Req	
84376	SUGARS, SINGLE, QUAL	No Precert Req	
84377	SUGARS, MULTIPLE, QUAL	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
84378	SUGARS, SINGLE, QUANT	No Precert Req	
84379	SUGARS MULTIPLE QUANT	No Precert Req	
84392	ASSAY OF URINE SULFATE	No Precert Req	
84402	ASSAY OF TESTOSTERONE	No Precert Req	
84403	ASSAY OF TOTAL TESTOSTER	No Precert Req	
84410	TESTOSTERONE BIOAVAILABLE	No Precert Req	
84425	ASSAY OF VITAMIN B-1	No Precert Req	
84430	ASSAY OF THIOCYANATE	No Precert Req	
84431	THROMBOXANE, URINE	No Precert Req	
84432	ASSAY OF THYROGLOBULIN	No Precert Req	
84436	ASSAY OF TOTAL THYROXINE	No Precert Req	
84437	ASSAY OF NEONATAL THYROX	No Precert Req	
84439	ASSAY OF FREE THYROXINE	No Precert Req	
84442	ASSAY OF THYROID ACTIVIT	No Precert Req	
84443	ASSAY THYROID STIM HORMO	No Precert Req	
84445	ASSAY OF TSI	No Precert Req	
84446	ASSAY OF VITAMIN E	No Precert Req	
84449	ASSAY OF transcortin	No Precert Req	
84450	TRANSFERASE (AST) (SGOT)	No Precert Req	
84460	ALANINE AMINO (ALT) (SGP	No Precert Req	
84466	ASSAY OF TRANSFERRIN	No Precert Req	
84478	ASSAY OF TRIGLYCERIDES	No Precert Req	
84479	ASSAY OF THYROID (T3 OR	No Precert Req	
84480	ASSAY, TRIIODOTHYRONINE	No Precert Req	
84481	FREE ASSAY (FT-3)	No Precert Req	
84482	T3 REVERSE	No Precert Req	
84484	ASSAY OF TROPONIN, QUANT	No Precert Req	
84485	ASSAY DUODENAL FLUID TRY	No Precert Req	
84488	TEST FECES FOR TRYPSIN	No Precert Req	
84490	ASSAY OF FECES FOR TRYPS	No Precert Req	
84510	ASSAY OF TYROSINE	No Precert Req	
84512	ASSAY OF TROPONIN, QUAL	No Precert Req	
84520	ASSAY OF UREA NITROGEN	No Precert Req	
84525	UREA NITROGEN SEMI-QUANT	No Precert Req	
84540	ASSAY OF URINE/UREA-N	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
84545	UREA-N CLEARANCE TEST	No Precert Req	
84550	ASSAY OF BLOOD/URIC ACID	No Precert Req	
84560	ASSAY OF URINE/URIC ACID	No Precert Req	
84577	ASSAY OF FECES/UROBILINO	No Precert Req	
84578	TEST URINE UROBILINOGEN	No Precert Req	
84580	ASSAY OF URINE UROBILINO	No Precert Req	
84583	ASSAY OF URINE UROBILINO	No Precert Req	
84585	ASSAY OF URINE VMA	No Precert Req	
84586	ASSAY OF VIP	No Precert Req	
84588	ASSAY OF VASOPRESSIN	No Precert Req	
84590	ASSAY OF VITAMIN A	No Precert Req	
84591	ASSAY OF NOS VITAMIN	No Precert Req	
84597	ASSAY OF VITAMIN K	No Precert Req	
84600	ASSAY OF VOLATILES	No Precert Req	
84620	XYLOSE TOLERANCE TEST	No Precert Req	
84630	ASSAY OF ZINC	No Precert Req	
84681	ASSAY OF C-PEPTIDE	No Precert Req	
84702	CHORIONIC GONADOTROPIN T	No Precert Req	
84703	CHORIONIC GONADOTROPIN A	No Precert Req	
84704	HCG, FREE BETA CHAIN TEST	No Precert Req	
84830	OVULATION TESTS	No Precert Req	
85002	BLEEDING TIME TEST	No Precert Req	
85004	AUTOMATED DIFF WBC COUNT	No Precert Req	
85007	BL SMEAR W/DIFF WBC COUN	No Precert Req	
85008	BL SMEAR W/O DIFF WBC CO	No Precert Req	
85009	MANUAL DIFF WBC COUNT B-	No Precert Req	
85013	SPUN MICROHEMATOCRIT	No Precert Req	
85014	HEMATOCRIT	No Precert Req	
85018	HEMOGLOBIN	No Precert Req	
85025	COMPLETE CBC W/AUTO DIFF	No Precert Req	
85027	COMPLETE CBC, AUTOMATED	No Precert Req	
85032	MANUAL CELL COUNT, EACH	No Precert Req	
85041	AUTOMATED RBC COUNT	No Precert Req	
85044	MANUAL RETICULOCYTE COUN	No Precert Req	
85045	AUTOMATED RETICULOCYTE C	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
85046	RETICYTE/HGB CONCENTRATE	No Precert Req	
85048	AUTOMATED LEUKOCYTE COUN	No Precert Req	
85049	AUTOMATED PLATELET COUNT	No Precert Req	
85055	RETICULATED PLATELET ASS	No Precert Req	
85060	BLOOD SMEAR INTERPRETATI	No Precert Req	
85097	BONE MARROW INTERPRETATI	No Precert Req	
85130	CHROMOGENIC SUBSTRATE AS	No Precert Req	
85170	BLOOD CLOT RETRACTION	No Precert Req	
85175	BLOOD CLOT LYSIS TIME	No Precert Req	
85210	BLOOD CLOT FACTOR II TES	No Precert Req	
85220	BLOOD CLOT FACTOR V TEST	No Precert Req	
85230	BLOOD CLOT FACTOR VII TE	No Precert Req	
85240	BLOOD CLOT FACTOR VIII T	No Precert Req	
85244	BLOOD CLOT FACTOR VIII T	No Precert Req	
85245	BLOOD CLOT FACTOR VIII T	No Precert Req	
85246	BLOOD CLOT FACTOR VIII T	No Precert Req	
85247	BLOOD CLOT FACTOR VIII T	No Precert Req	
85250	BLOOD CLOT FACTOR IX TES	No Precert Req	
85260	BLOOD CLOT FACTOR X TEST	No Precert Req	
85270	BLOOD CLOT FACTOR XI TES	No Precert Req	
85280	BLOOD CLOT FACTOR XII TE	No Precert Req	
85290	BLOOD CLOT FACTOR XIII T	No Precert Req	
85291	BLOOD CLOT FACTOR XIII T	No Precert Req	
85292	BLOOD CLOT FACTOR ASSAY	No Precert Req	
85293	BLOOD CLOT FACTOR ASSAY	No Precert Req	
85300	ANTITHROMBIN III TEST	No Precert Req	
85301	ANTITHROMBIN III TEST	No Precert Req	
85302	BLOOD CLOT INHIBITOR ANT	No Precert Req	
85303	BLOOD CLOT INHIBITOR TES	No Precert Req	
85305	BLOOD CLOT INHIBITOR ASS	No Precert Req	
85306	BLOOD CLOT INHIBITOR TES	No Precert Req	
85307	ASSAY ACTIVATED PROTEIN	No Precert Req	
85335	FACTOR INHIBITOR TEST	No Precert Req	
85337	THROMBOMODULIN	No Precert Req	
85345	COAGULATION TIME	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
85347	COAGULATION TIME	No Precert Req	
85348	COAGULATION TIME	No Precert Req	
85360	EUGLOBULIN LYSIS	No Precert Req	
85362	FIBRIN DEGRADATION PRODU	No Precert Req	
85366	FIBRINOGEN TEST	No Precert Req	
85370	FIBRINOGEN TEST	No Precert Req	
85378	FIBRIN DEGRADE, SEMIQUAN	No Precert Req	
85379	FIBRIN DEGRADATION, QUAN	No Precert Req	
85380	FIBRIN DEGRADATION, VTE	No Precert Req	
85384	FIBRINOGEN	No Precert Req	
85385	FIBRINOGEN	No Precert Req	
85390	FIBRINOLYSINS SCREEN	No Precert Req	
85396	CLOTTING ASSAY, WHOLE BL	No Precert Req	
85397	CLOTTING FUNCT ACTIVITY]	No Precert Req	
85400	FIBRINOLYTIC PLASMIN	No Precert Req	
85410	FIBRINOLYTIC ANTIPLASMIN	No Precert Req	
85415	FIBRINOLYTIC PLASMINOGEN	No Precert Req	
85420	FIBRINOLYTIC PLASMINOGEN	No Precert Req	
85421	FIBRINOLYTIC PLASMINOGEN	No Precert Req	
85441	HEINZ BODIES, DIRECT	No Precert Req	
85445	HEINZ BODIES, INDUCED	No Precert Req	
85460	HEMOGLOBIN, FETAL	No Precert Req	
85461	HEMOGLOBIN, FETAL	No Precert Req	
85475	HEMOLYSIN	No Precert Req	
85520	HEPARIN ASSAY	No Precert Req	
85525	HEPARIN NEUTRALIZATION	No Precert Req	
85530	HEPARIN-PROTAMINE TOLERA	No Precert Req	
85536	IRON STAIN PERIPHERAL BL	No Precert Req	
85540	WBC ALKALINE PHOSPHATASE	No Precert Req	
85547	RBC MECHANICAL FRAGILITY	No Precert Req	
85549	MURAMIDASE	No Precert Req	
85555	RBC OSMOTIC FRAGILITY	No Precert Req	
85557	RBC OSMOTIC FRAGILITY	No Precert Req	
85576	BLOOD PLATELET AGGREGATI	No Precert Req	
85597	PLATELET NEUTRALIZATION	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
85598	HEXAGNAL PHOSPH PLTLT NE	No Precert Req	
85610	PROTHROMBIN TIME	No Precert Req	
85611	PROTHROMBIN TEST	No Precert Req	
85612	VIPER VENOM PROTHROMBIN	No Precert Req	
85613	RUSSELL VIPER VENOM, DIL	No Precert Req	
85635	REPTILASE TEST	No Precert Req	
85651	RBC SED RATE, NONAUTOMAT	No Precert Req	
85652	RBC SED RATE, AUTOMATED	No Precert Req	
85660	RBC SICKLE CELL TEST	No Precert Req	
85670	THROMBIN TIME, PLASMA	No Precert Req	
85675	THROMBIN TIME, TITER	No Precert Req	
85705	THROMBOPLASTIN INHIBITIO	No Precert Req	
85730	THROMBOPLASTIN TIME, PAR	No Precert Req	
85732	THROMBOPLASTIN TIME, PAR	No Precert Req	
85810	BLOOD VISCOSITY EXAMINAT	No Precert Req	
86000	AGGLUTININS, FEBRILE	No Precert Req	
86001	ALLERGEN SPECIFIC IGG	No Precert Req	
86003	ALLERGEN SPECIFIC IGE	No Precert Req	
86005	ALLERGEN SPECIFIC IGE	No Precert Req	
86021	WBC ANTIBODY IDENTIFICAT	No Precert Req	
86022	PLATELET ANTIBODIES	No Precert Req	
86023	IMMUNOGLOBULIN ASSAY	No Precert Req	
86038	ANTINUCLEAR ANTIBODIES	No Precert Req	
86039	ANTINUCLEAR ANTIBODIES (No Precert Req	
86060	ANTISTREPTOLYSIN O, TITE	No Precert Req	
86063	ANTISTREPTOLYSIN O, SCRE	No Precert Req	
86077	PHYSICIAN BLOOD BANK SER	No Precert Req	
86078	PHYSICIAN BLOOD BANK SER	No Precert Req	
86079	PHYSICIAN BLOOD BANK SER	No Precert Req	
86140	C-REACTIVE PROTEIN	No Precert Req	
86141	C-REACTIVE PROTEIN, HS	No Precert Req	
86146	GLYCOPROTEIN ANTIBODY	No Precert Req	
86147	CARDIOLIPIN ANTIBODY	No Precert Req	
86148	PHOSPHOLIPID ANTIBODY	No Precert Req	
86152	CELL ENUMERATION	No Precert Req	Experimental/Investigational/Unproven

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Code	Description	PHS+ Review Type	Comments
86153	CELL ENUMERATION	No Precert Req	Experimental/Investigational/Unproven
86155	CHEMOTAXIS ASSAY	No Precert Req	
86156	COLD AGGLUTININ, SCREEN	No Precert Req	
86157	COLD AGGLUTININ, TITER	No Precert Req	
86160	COMPLEMENT, ANTIGEN	No Precert Req	
86161	COMPLEMENT/FUNCTION ACTI	No Precert Req	
86162	COMPLEMENT, TOTAL (CH50)	No Precert Req	
86171	COMPLEMENT FIXATION, EAC	No Precert Req	
86185	COUNTERIMMUNOELECTROPHOR	No Precert Req	
86200	CCP ANTIBODY	No Precert Req	
86215	DEOXYRIBONUCLEASE, ANTIB	No Precert Req	
86225	DNA ANTIBODY	No Precert Req	
86226	DNA ANTIBODY, SINGLE STR	No Precert Req	
86235	NUCLEAR ANTIGEN ANTIBODY	No Precert Req	
86243	FC RECEPTOR	No Precert Req	
86255	FLUORESCENT ANTIBODY, SC	No Precert Req	
86256	FLUORESCENT ANTIBODY, TI	No Precert Req	
86277	GROWTH HORMONE ANTIBODY	No Precert Req	
86280	HEMAGGLUTINATION INHIBIT	No Precert Req	
86294	IMMUNOASSAY, TUMOR, QUAL	No Precert Req	
86300	IMMUNOASSAY, TUMOR, CA 1	No Precert Req	
86301	IMMUNOASSAY, TUMOR, CA 1	No Precert Req	
86304	IMMUNOASSAY, TUMOR, CA 1	No Precert Req	
86308	HETEROPHILE ANTIBODIES	No Precert Req	
86309	HETEROPHILE ANTIBODIES	No Precert Req	
86310	HETEROPHILE ANTIBODIES	No Precert Req	
86316	IMMUNOASSAY, TUMOR OTHER	No Precert Req	
86317	IMMUNOASSAY,INFECTIOUS A	No Precert Req	
86318	IMMUNOASSAY,INFECTIOUS A	No Precert Req	
86320	SERUM IMMUNOELECTROPHORE	No Precert Req	
86325	OTHER IMMUNOELECTROPHORE	No Precert Req	
86327	IMMUNOELECTROPHORESIS AS	No Precert Req	
86329	IMMUNODIFFUSION	No Precert Req	
86331	IMMUNODIFFUSION OUCHTERL	No Precert Req	
86332	IMMUNE COMPLEX ASSAY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
86334	IMMUNOFIX E-PHORESIS, SE	No Precert Req	
86335	IMMUNFIX E-PHORSIS/URINE	No Precert Req	
86336	INHIBIN A	No Precert Req	
86337	INSULIN ANTIBODIES	No Precert Req	
86340	INTRINSIC FACTOR ANTIBOD	No Precert Req	
86341	ISLET CELL ANTIBODY	No Precert Req	
86343	LEUKOCYTE HISTAMINE RELE	No Precert Req	Experimental/Investigational/Unproven
86344	LEUKOCYTE PHAGOCYTOSIS	No Precert Req	
86352	CELL FUNCTION ASSAY W/ST	No Precert Req	
86353	LYMPHOCYTE TRANSFORMATIO	No Precert Req	
86355	B CELLS, TOTAL COUNT	No Precert Req	
86356	MONONUCLEAR CELL ANTIGEN	No Precert Req	
86357	NK CELLS, TOTAL COUNT	No Precert Req	
86359	T CELLS, TOTAL COUNT	No Precert Req	
86360	T CELL, ABSOLUTE COUNT/R	No Precert Req	
86361	T CELL, ABSOLUTE COUNT	No Precert Req	
86367	STEM CELLS, TOTAL COUNT	No Precert Req	
86376	MICROSOMAL ANTIBODY	No Precert Req	
86378	MIGRATION INHIBITORY FAC	No Precert Req	
86382	NEUTRALIZATION TEST, VIR	No Precert Req	
86384	NITROBLUE TETRAZOLIUM DY	No Precert Req	
86386	NUCLEAR MATRIX PROTEIN 2	No Precert Req	
86403	PARTICLE AGGLUTINATION T	No Precert Req	
86406	PARTICLE AGGLUTINATION T	No Precert Req	
86430	RHEUMATOID FACTOR TEST	No Precert Req	
86431	RHEUMATOID FACTOR, QUANT	No Precert Req	
86480	TB TEST, CELL IMMUN MEAS	No Precert Req	
86481	TB AG RESPONSE T-CELL SU	No Precert Req	
86485	SKIN TEST, CANDIDA	No Precert Req	
86490	COCCIDIOIDOMYCOSIS SKIN	No Precert Req	
86510	HISTOPLASMOSIS SKIN TEST	No Precert Req	
86580	TB INTRADERMAL TEST	No Precert Req	
86590	STREPTOKINASE, ANTIBODY	No Precert Req	
86592	BLOOD SEROLOGY, QUALITAT	No Precert Req	
86593	BLOOD SEROLOGY, QUANTITA	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
86602	ANTINOMYCES ANTIBODY	No Precert Req	
86603	ADENOVIRUS ANTIBODY	No Precert Req	
86606	ASPERGILLUS ANTIBODY	No Precert Req	
86609	BACTERIUM ANTIBODY	No Precert Req	
86611	BARTONELLA ANTIBODY	No Precert Req	
86612	BLASTOMYCES ANTIBODY	No Precert Req	
86615	BORDETELLA ANTIBODY	No Precert Req	
86617	LYME DISEASE ANTIBODY	No Precert Req	
86618	LYME DISEASE ANTIBODY	No Precert Req	
86619	BORRELIA ANTIBODY	No Precert Req	
86622	BRUCELLA ANTIBODY	No Precert Req	
86625	CAMPYLOBACTER ANTIBODY	No Precert Req	
86628	CANDIDA ANTIBODY	No Precert Req	
86631	CHLAMYDIA ANTIBODY	No Precert Req	
86632	CHLAMYDIA IGM ANTIBODY	No Precert Req	
86635	COCCIDIOIDES ANTIBODY	No Precert Req	
86638	Q FEVER ANTIBODY	No Precert Req	
86641	CRYPTOCOCCUS ANTIBODY	No Precert Req	
86644	CMV ANTIBODY	No Precert Req	
86645	CMV ANTIBODY, IGM	No Precert Req	
86648	DIPHTHERIA ANTIBODY	No Precert Req	
86651	ENCEPHALITIS ANTIBODY	No Precert Req	
86652	ENCEPHALITIS ANTIBODY	No Precert Req	
86653	ENCEPHALITIS ANTIBODY	No Precert Req	
86654	ENCEPHALITIS ANTIBODY	No Precert Req	
86658	ENTEROVIRUS ANTIBODY	No Precert Req	
86663	EPSTEIN-BARR ANTIBODY	No Precert Req	
86664	EPSTEIN-BARR ANTIBODY	No Precert Req	
86665	EPSTEIN-BARR ANTIBODY	No Precert Req	
86666	EHRlichia ANTIBODY	No Precert Req	
86668	FRANCISELLA TULARENSIS	No Precert Req	
86671	FUNGUS ANTIBODY	No Precert Req	
86674	GIARDIA LAMBLIA ANTIBODY	No Precert Req	
86677	HELICOBACTER PYLORI	No Precert Req	Experimental/Investigational/Unproven
86682	HELMINTH ANTIBODY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
86684	HEMOPHILUS INFLUENZA	No Precert Req	
86687	HTLV-I ANTIBODY	No Precert Req	
86688	HTLV-II ANTIBODY	No Precert Req	
86689	HTLV/HIV CONFIRMATORY TE	No Precert Req	
86692	HEPATITIS, DELTA AGENT	No Precert Req	
86694	HERPES SIMPLEX TEST	No Precert Req	
86695	HERPES SIMPLEX TEST	No Precert Req	
86696	HERPES SIMPLEX TYPE 2	No Precert Req	
86698	HISTOPLASMA	No Precert Req	
86701	HIV-1	No Precert Req	
86702	HIV-2	No Precert Req	
86703	HIV-1/HIV-2, SINGLE ASSA	No Precert Req	
86704	HEP B CORE ANTIBODY, TOT	No Precert Req	
86705	HEP B CORE ANTIBODY, IGM	No Precert Req	
86706	HEP B SURFACE ANTIBODY	No Precert Req	
86707	HEP BE ANTIBODY	No Precert Req	
86708	HEP A ANTIBODY, TOTAL	No Precert Req	
86709	HEP A ANTIBODY, IGM	No Precert Req	
86710	INFLUENZA VIRUS ANTIBODY	No Precert Req	
86713	LEGIONELLA ANTIBODY	No Precert Req	
86717	LEISHMANIA ANTIBODY	No Precert Req	
86720	LEPTOSPIRA ANTIBODY	No Precert Req	
86723	LISTERIA MONOCYTOGENES A	No Precert Req	
86727	LYMPH CHORIOMENINGITIS A	No Precert Req	
86729	LYMPHO VENEREUM ANTIBODY	No Precert Req	
86732	MUCORMYCOSIS ANTIBODY	No Precert Req	
86735	MUMPS ANTIBODY	No Precert Req	
86738	MYCOPLASMA ANTIBODY	No Precert Req	
86741	NEISSERIA MENINGITIDIS	No Precert Req	
86744	NOCARDIA ANTIBODY	No Precert Req	
86747	PARVOVIRUS ANTIBODY	No Precert Req	
86750	MALARIA ANTIBODY	No Precert Req	
86753	PROTOZOA ANTIBODY NOS	No Precert Req	
86756	RESPIRATORY VIRUS ANTIBO	No Precert Req	
86757	RICKETTSIA ANTIBODY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
86759	ROTAVIRUS ANTIBODY	No Precert Req	
86762	RUBELLA ANTIBODY	No Precert Req	
86765	RUBEOLA ANTIBODY	No Precert Req	
86768	SALMONELLA ANTIBODY	No Precert Req	
86771	SHIGELLA ANTIBODY	No Precert Req	
86774	TETANUS ANTIBODY	No Precert Req	
86777	TOXOPLASMA ANTIBODY	No Precert Req	
86778	TOXOPLASMA ANTIBODY, IGM	No Precert Req	
86780	TREPONEMA PALLIDUM	No Precert Req	
86784	TRICHINELLA ANTIBODY	No Precert Req	
86787	VARICELLA-ZOSTER ANTIBOD	No Precert Req	
86788	WEST NILE VIRUS AB, IGM	No Precert Req	
86789	WEST NILE VIRUS ANTIBODY	No Precert Req	
86790	VIRUS ANTIBODY NOS	No Precert Req	
86793	YERSINIA ANTIBODY	No Precert Req	
86800	THYROGLOBULIN ANTIBODY	No Precert Req	
86803	HEPATITIS C AB TEST	No Precert Req	
86804	HEP C AB TEST, CONFIRM	No Precert Req	
86805	LYMPHOCYTOTOXICITY ASSAY	No Precert Req	
86806	LYMPHOCYTOTOXICITY ASSAY	No Precert Req	
86807	CYTOTOXIC ANTIBODY SCREE	No Precert Req	
86808	CYTOTOXIC ANTIBODY SCREE	No Precert Req	
86812	HLA TYPING, A, B, OR C	No Precert Req	
86813	HLA TYPING, A, B, OR C	No Precert Req	
86816	HLA TYPING, DR/DQ	No Precert Req	
86817	HLA TYPING, DR/DQ	No Precert Req	
86821	LYMPHOCYTE CULTURE, MIXE	No Precert Req	
86822	LYMPHOCYTE CULTURE, PRIM	No Precert Req	
86825	HLA X-MATCH, NON-CYTOTOX	No Precert Req	
86826	HLA X-MATCH, NON-CYT ADD	No Precert Req	
86850	RBC ANTIBODY SCREEN	No Precert Req	
86860	RBC ANTIBODY ELUTION	No Precert Req	
86870	RBC ANTIBODY IDENTIFICAT	No Precert Req	
86880	COOMBS TEST, DIRECT	No Precert Req	
86885	COOMBS TEST, INDIRECT, Q	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
86886	COOMBS TEST, INDIRECT, T	No Precert Req	
86890	AUTOLOGOUS BLOOD PROCESS	No Precert Req	
86891	AUTOLOGOUS BLOOD, OP SAL	No Precert Req	
86900	BLOOD TYPING, ABO	No Precert Req	
86901	BLOOD TYPING, RH (D)	No Precert Req	
86902	BLOOD TYPE ANTIGEN DONOR	No Precert Req	
86904	BLOOD TYPING, PATIENT SE	No Precert Req	
86905	BLOOD TYPING, RBC ANTIGE	No Precert Req	
86906	BLOOD TYPING, RH PHENOTY	No Precert Req	
86910	BLOOD TYPING, PATERNITY	No Precert Req	
86911	BLOOD TYPING, ANTIGEN SY	No Precert Req	
86920	COMPATIBILITY TEST, SPIN	No Precert Req	
86921	COMPATIBILITY TEST, INCU	No Precert Req	
86922	COMPATIBILITY TEST, ANTI	No Precert Req	
86923	COMPATIBILITY TEST, ELEC	No Precert Req	
86927	PLASMA, FRESH FROZEN	No Precert Req	
86930	FROZEN BLOOD PREP	No Precert Req	
86931	FROZEN BLOOD THAW	No Precert Req	
86932	FROZEN BLOOD FREEZE/THAW	No Precert Req	
86940	HEMOLYSINS/AGGLUTININS,	No Precert Req	
86941	HEMOLYSINS/AGGLUTININS	No Precert Req	
86945	BLOOD PRODUCT/IRRADIATIO	No Precert Req	
86960	VOL REDUCTION OF BLOOD/P	No Precert Req	
86965	POOLING BLOOD PLATELETS	No Precert Req	
86970	RBC PRETREATMENT	No Precert Req	
86971	RBC PRETREATMENT	No Precert Req	
86972	RBC PRETREATMENT	No Precert Req	
86975	RBC PRETREATMENT, SERUM	No Precert Req	
86976	RBC PRETREATMENT, SERUM	No Precert Req	
86977	RBC PRETREATMENT, SERUM	No Precert Req	
86978	RBC PRETREATMENT, SERUM	No Precert Req	
86985	SPLIT BLOOD OR PRODUCTS	No Precert Req	
86999	TRANSFUSION PROCEDURE	No Precert Req	
87001	SMALL ANIMAL INOCULATION	No Precert Req	
87003	SMALL ANIMAL INOCULATION	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
87015	SPECIMEN CONCENTRATION	No Precert Req	
87040	BLOOD CULTURE FOR BACTER	No Precert Req	
87045	FECES CULTURE, BACTERIA	No Precert Req	
87046	STOOL CULTR, BACTERIA, E	No Precert Req	
87070	CULTURE, BACTERIA, OTHER	No Precert Req	
87071	CULTURE BACTERI AEROBIC	No Precert Req	
87073	CULTURE BACTERIA ANAEROB	No Precert Req	
87075	CULTR BACTERIA, EXCEPT B	No Precert Req	
87076	CULTURE ANAEROBE IDENT,	No Precert Req	
87077	CULTURE AEROBIC IDENTIFY	No Precert Req	
87081	CULTURE SCREEN ONLY	No Precert Req	
87084	CULTURE OF SPECIMEN BY K	No Precert Req	
87086	URINE CULTURE/COLONY COU	No Precert Req	
87088	URINE BACTERIA CULTURE	No Precert Req	
87101	SKIN FUNGI CULTURE	No Precert Req	
87102	FUNGUS ISOLATION CULTURE	No Precert Req	
87103	BLOOD FUNGUS CULTURE	No Precert Req	
87106	FUNGI IDENTIFICATION, YE	No Precert Req	
87107	FUNGI IDENTIFICATION, MO	No Precert Req	
87109	MYCOPLASMA	No Precert Req	
87110	CHLAMYDIA CULTURE	No Precert Req	
87116	MYCOBACTERIA CULTURE	No Precert Req	
87118	MYCOBACTERIC IDENTIFICAT	No Precert Req	
87140	CULTURE TYPE IMMUNOFLUOR	No Precert Req	
87143	CULTURE TYPING, GLC/HPLC	No Precert Req	
87147	CULTURE TYPE, IMMUNOLOGI	No Precert Req	
87149	CULTURE TYPE, NUCLEIC AC	No Precert Req	
87150	DNA/RNA, AMPLIFIED PROBE	No Precert Req	
87152	CULTURE TYPE PULSE FIELD	No Precert Req	
87153	DNA/RNA SEQUENCING	No Precert Req	
87158	CULTURE TYPING, ADDED ME	No Precert Req	
87164	DARK FIELD EXAMINATION	No Precert Req	
87166	DARK FIELD EXAMINATION	No Precert Req	
87168	MACROSCOPIC EXAM ARTHROP	No Precert Req	
87169	MACROSCOPIC EXAM PARASIT	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
87172	PINWORM EXAM	No Precert Req	
87176	TISSUE HOMOGENIZATION, C	No Precert Req	
87177	OVA AND PARASITES SMEARS	No Precert Req	
87181	MICROBE SUSCEPTIBLE, DIF	No Precert Req	
87184	MICROBE SUSCEPTIBLE, DIS	No Precert Req	
87185	MICROBE SUSCEPTIBLE, ENZ	No Precert Req	
87186	MICROBE SUSCEPTIBLE, MIC	No Precert Req	
87187	MICROBE SUSCEPTIBLE, MLC	No Precert Req	
87188	MICROBE SUSCEPT, MACROBR	No Precert Req	
87190	MICROBE SUSCEPT, MYCOBAC	No Precert Req	
87197	BACTERICIDAL LEVEL, SERU	No Precert Req	
87205	SMEAR, GRAM STAIN	No Precert Req	
87206	SMEAR, FLUORESCENT/ACID	No Precert Req	
87207	SMEAR, SPECIAL STAIN	No Precert Req	
87209	SMEAR, COMPLEX STAIN	No Precert Req	
87210	SMEAR, WET MOUNT, SALINE	No Precert Req	
87220	TISSUE EXAM FOR FUNGI	No Precert Req	
87230	ASSAY, TOXIN OR ANTITOXI	No Precert Req	
87250	VIRUS INOCULATE, EGGS/AN	No Precert Req	
87252	VIRUS INOCULATION, TISSU	No Precert Req	
87253	VIRUS INOCULATE TISSUE,	No Precert Req	
87254	VIRUS INOCULATION, SHELL	No Precert Req	
87255	GENET VIRUS ISOLATE, HSV	No Precert Req	
87260	ADENOVIRUS AG, IF	No Precert Req	
87265	PERTUSSIS AG, IF	No Precert Req	
87267	ENTEROVIRUS ANTIBODY, DF	No Precert Req	
87269	GIARDIA AG, IF	No Precert Req	
87270	CHLAMYDIA TRACHOMATIS AG	No Precert Req	
87271	CRYPTOSPORIDIUM/GARDIA AG	No Precert Req	
87272	CRYPTOSPORIDIUM AG, IF	No Precert Req	
87273	HERPES SIMPLEX 2, AG, IF	No Precert Req	
87274	HERPES SIMPLEX 1, AG, IF	No Precert Req	
87275	INFLUENZA B, AG, IF	No Precert Req	
87276	INFLUENZA A, AG, IF	No Precert Req	
87277	LEGIONELLA MICDADEI, AG,	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
87278	LEGION PNEUMOPHILIA AG,	No Precert Req	
87279	PARAINFLUENZA, AG, IF	No Precert Req	
87280	RESPIRATORY SYNCYTIAL AG	No Precert Req	
87281	PNEUMOCYSTIS CARINII, AG	No Precert Req	
87283	RUBEOLA, AG, IF	No Precert Req	
87285	TREPONEMA PALLIDUM, AG,	No Precert Req	
87290	VARICELLA ZOSTER, AG, IF	No Precert Req	
87299	ANTIBODY DETECTION, NOS,	No Precert Req	
87300	AG DETECTION, POLYVAL, I	No Precert Req	
87301	ADENOVIRUS AG, EIA	No Precert Req	
87305	ASPERGILLUS AG, EIA	No Precert Req	
87320	CHYLM D TRACH AG, EIA	No Precert Req	
87324	CLOSTRIDIUM AG, EIA	No Precert Req	
87327	CRYPTOCOCCUS NEOFORM AG,	No Precert Req	
87328	CRYPTOSPORIDIUM AG, EIA	No Precert Req	
87329	GIARDIA AG, EIA	No Precert Req	
87332	CYTOMEGALOVIRUS AG, EIA	No Precert Req	
87335	E COLI 0157 AG, EIA	No Precert Req	
87336	ENTAMOEB HIST DISPR, AG,	No Precert Req	
87337	ENTAMOEB HIST GROUP, AG,	No Precert Req	
87338	HPYLORI, STOOL, EIA	No Precert Req	
87339	H PYLORI AG, EIA	No Precert Req	
87340	HEPATITIS B SURFACE AG,	No Precert Req	
87341	HEPATITIS B SURFACE, AG,	No Precert Req	
87350	HEPATITIS BE AG, EIA	No Precert Req	
87380	HEPATITIS DELTA AG, EIA	No Precert Req	
87385	HISTOPLASMA CAPSUL AG, E	No Precert Req	
87389	HIV-1 AG W/HIV-1 & HIV-2	No Precert Req	
87390	HIV-1 AG, EIA	No Precert Req	
87391	HIV-2 AG, EIA	No Precert Req	
87400	INFLUENZA A/B, AG, EIA	No Precert Req	
87420	RESP SYNCYTIAL AG, EIA	No Precert Req	
87425	ROTAVIRUS AG, EIA	No Precert Req	
87427	SHIGA-LIKE TOXIN AG, EIA	No Precert Req	
87430	STREP A AG, EIA	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
87449	AG DETECT NOS, EIA, MULT	No Precert Req	
87450	AG DETECT NOS, EIA, SING	No Precert Req	
87451	AG DETECT POLYVAL, EIA,	No Precert Req	
87470	BARTONELLA, DNA, DIR PRO	No Precert Req	
87471	BARTONELLA, DNA, AMP PRO	No Precert Req	
87472	BARTONELLA, DNA, QUANT	No Precert Req	
87475	LYME DIS, DNA, DIR PROBE	No Precert Req	
87476	LYME DIS, DNA, AMP PROBE	No Precert Req	
87477	LYME DIS, DNA, QUANT	No Precert Req	
87480	CANDIDA, DNA, DIR PROBE	No Precert Req	
87481	CANDIDA, DNA, AMP PROBE	No Precert Req	
87482	CANDIDA, DNA, QUANT	No Precert Req	
87483	CNS DNA AMP PROBE TYPE 12-25	No Precert Req	
87485	CHYLMD PNEUM, DNA, DIR P	No Precert Req	
87486	CHYLMD PNEUM, DNA, AMP P	No Precert Req	
87487	CHYLMD PNEUM, DNA, QUANT	No Precert Req	
87490	CHYLMD TRACH, DNA, DIR P	No Precert Req	
87491	CHYLMD TRACH, DNA, AMP P	No Precert Req	
87492	CHYLMD TRACH, DNA, QUANT	No Precert Req	
87493	C DIFF AMPLIFIED PROBE	No Precert Req	
87495	CYTOMEG, DNA, DIR PROBE	No Precert Req	
87496	CYTOMEG, DNA, AMP PROBE	No Precert Req	
87497	CYTOMEG, DNA, QUANT	No Precert Req	
87498	ENTEROVIRUS, DNA, AMP PR	No Precert Req	
87500	VANCOMYCIN, DNA, AMP PRO	No Precert Req	
87501	INFLUENZA DNA AMP PROB 1	No Precert Req	
87502	INFLUENZA DNA AMP PROBE	No Precert Req	
87503	INFLUENZA DNA AMP PROB A	No Precert Req	
87505	NFCT AGENT DETECTION GI	No Precert Req	
87506	IADNA-DNA/RNA PROBE TQ 6-11	No Precert Req	
87507	IADNA-DNA/RNA PROBE TQ 12-25	No Precert Req	
87510	GARDNER VAG, DNA, DIR PR	No Precert Req	
87511	GARDNER VAG, DNA, AMP PR	No Precert Req	
87512	GARDNER VAG, DNA, QUANT	No Precert Req	
87515	HEPATITIS B, DNA, DIR PR	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
87516	HEPATITIS B, DNA, AMP PR	No Precert Req	
87517	HEPATITIS B, DNA, QUANT	No Precert Req	
87520	HEPATITIS C, RNA, DIR PR	No Precert Req	
87521	HEPATITIS C, RNA, AMP PR	No Precert Req	
87522	HEPATITIS C, RNA, QUANT	No Precert Req	
87525	HEPATITIS G, DNA, DIR PR	No Precert Req	
87526	HEPATITIS G, DNA, AMP PR	No Precert Req	
87527	HEPATITIS G, DNA, QUANT	No Precert Req	
87528	HSV, DNA, DIR PROBE	No Precert Req	
87529	HSV, DNA, AMP PROBE	No Precert Req	
87530	HSV, DNA, QUANT	No Precert Req	
87531	HHV-6, DNA, DIR PROBE	No Precert Req	
87532	HHV-6, DNA, AMP PROBE	No Precert Req	
87533	HHV-6, DNA, QUANT	No Precert Req	
87534	HIV-1, DNA, DIR PROBE	No Precert Req	
87535	HIV-1, DNA, AMP PROBE	No Precert Req	
87536	HIV-1, DNA, QUANT	No Precert Req	
87537	HIV-2, DNA, DIR PROBE	No Precert Req	
87538	HIV-2, DNA, AMP PROBE	No Precert Req	
87539	HIV-2, DNA, QUANT	No Precert Req	
87540	LEGION PNEUMO, DNA, DIR	No Precert Req	
87541	LEGION PNEUMO, DNA, AMP	No Precert Req	
87542	LEGION PNEUMO, DNA, QUAN	No Precert Req	
87550	MYCOBACTERIA, DNA, DIR P	No Precert Req	
87551	MYCOBACTERIA, DNA, AMP P	No Precert Req	
87552	MYCOBACTERIA, DNA, QUANT	No Precert Req	
87555	M.TUBERCULO, DNA, DIR PR	No Precert Req	
87556	M.TUBERCULO, DNA, AMP PR	No Precert Req	
87557	M.TUBERCULO, DNA, QUANT	No Precert Req	
87560	M.AVIUM-INTRA, DNA, DIR	No Precert Req	
87561	M.AVIUM-INTRA, DNA, AMP	No Precert Req	
87562	M.AVIUM-INTRA, DNA, QUAN	No Precert Req	
87580	M.PNEUMON, DNA, DIR PROB	No Precert Req	
87581	M.PNEUMON, DNA, AMP PROB	No Precert Req	
87582	M.PNEUMON, DNA, QUANT	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
87590	N.GONORRHOEAE, DNA, DIR	No Precert Req	
87591	N.GONORRHOEAE, DNA, AMP	No Precert Req	
87592	N.GONORRHOEAE, DNA, QUAN	No Precert Req	
87623	HPV LOW-RISK TYPES	No Precert Req	
87624	HPV HIGH-RISK TYPES	No Precert Req	
87625	HPV TYPES 16 & 18 ONLY	No Precert Req	
87640	STAPH A, DNA, AMP PROBE	No Precert Req	
87641	MR-STAPH, DNA, AMP PROBE	No Precert Req	
87650	STREP A, DNA, DIR PROBE	No Precert Req	
87651	STREP A, DNA, AMP PROBE	No Precert Req	
87652	STREP A, DNA, QUANT	No Precert Req	
87653	STREP B, DNA, AMP PROBE	No Precert Req	
87660	TRICHOMONAS VAGIN, DIR P	No Precert Req	
87661	TRICHOMONAS VAGINALIS AMPLIF	No Precert Req	
87797	DETECT AGENT NOS, DNA, D	No Precert Req	
87798	DETECT AGENT NOS, DNA, A	No Precert Req	
87799	DETECT AGENT NOS, DNA, Q	No Precert Req	
87800	DETECT AGNT MULT, DNA, D	No Precert Req	
87801	DETECT AGNT MULT, DNA, A	No Precert Req	
87802	STREP B ASSAY W/OPTIC	No Precert Req	
87803	CLOSTRIDIUM TOXIN A W/OP	No Precert Req	
87804	INFLUENZA ASSAY W/OPTIC	No Precert Req	
87806	HIV ANTIGEN W/HIV ANTIBODIES	No Precert Req	
87807	RSV ASSAY W/OPTIC	No Precert Req	
87808	TRICHOMONAS ASSAY W/OPTI	No Precert Req	
87809	AGENT NOS ASSAY W/OPTIC	No Precert Req	
87810	CHYLM D TRACH ASSAY W/OPT	No Precert Req	
87850	N. GONORRHOEAE ASSAY W/O	No Precert Req	
87880	STREP A ASSAY W/OPTIC	No Precert Req	
87899	AGENT NOS ASSAY W/OPTIC	No Precert Req	
87900	PHENOTYPE, INFECT AGENT	No Precert Req	
87901	GENOTYPE, DNA, HIV REVER	No Precert Req	
87902	GENOTYPE, DNA, HEPATITIS	No Precert Req	
87903	PHENOTYPE, DNA HIV W/CUL	No Precert Req	
87904	PHENOTYPE, DNA HIV W/CLT	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
87905	SIALIDASE ENZYME ASSAY]	No Precert Req	
87906	GENOTYPE DNA HIV REVERSE	No Precert Req	
87999	MICROBIOLOGY PROCEDURE	No Precert Req	
88000	AUTOPSY (NECROPSY), GROS	No Precert Req	
88005	AUTOPSY (NECROPSY), GROS	No Precert Req	
88007	AUTOPSY (NECROPSY), GROS	No Precert Req	
88012	AUTOPSY (NECROPSY), GROS	No Precert Req	
88014	AUTOPSY (NECROPSY), GROS	No Precert Req	
88016	AUTOPSY (NECROPSY), GROS	No Precert Req	
88020	AUTOPSY (NECROPSY), COMP	No Precert Req	
88025	AUTOPSY (NECROPSY), COMP	No Precert Req	
88027	AUTOPSY (NECROPSY), COMP	No Precert Req	
88028	AUTOPSY (NECROPSY), COMP	No Precert Req	
88029	AUTOPSY (NECROPSY), COMP	No Precert Req	
88036	LIMITED AUTOPSY	No Precert Req	
88037	LIMITED AUTOPSY	No Precert Req	
88040	FORENSIC AUTOPSY (NECROP	No Precert Req	
88045	CORONER'S AUTOPSY (NECRO	No Precert Req	
88099	NECROPSY (AUTOPSY) PROCE	No Precert Req	
88104	CYTOPATHOLOGY, FLUIDS	No Precert Req	
88106	CYTOPATHOLOGY, FLUIDS	No Precert Req	
88107	CYTOPATHOLOGY, FLUIDS	No Precert Req	
88108	CYTOPATH, CONCENTRATE TE	No Precert Req	
88112	CYTOPATH, CELL ENHANCE T	No Precert Req	
88120	CYTP URNE 3-5 PROBES EA	No Precert Req	
88121	CYTP URNE 3-5 PROBES CMP	No Precert Req	
88125	FORENSIC CYTOPATHOLOGY	No Precert Req	
88130	SEX CHROMATIN IDENTIFICA	No Precert Req	
88140	SEX CHROMATIN IDENTIFICA	No Precert Req	
88141	CYTOPATH, C/V, INTERPRET	No Precert Req	
88142	CYTOPATH, C/V, THIN LAYE	No Precert Req	
88143	CYTOPATH C/V THIN LAYER	No Precert Req	
88147	CYTOPATH, C/V, AUTOMATED	No Precert Req	
88148	CYTOPATH, C/V, AUTO RESC	No Precert Req	
88150	CYTOPATH, C/V, MANUAL	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
88152	CYTOPATH, C/V, AUTO REDO	No Precert Req	
88153	CYTOPATH, C/V, REDO	No Precert Req	
88154	CYTOPATH, C/V, SELECT	No Precert Req	
88155	CYTOPATH, C/V, INDEX ADD	No Precert Req	
88160	CYTOPATH SMEAR, OTHER SO	No Precert Req	
88161	CYTOPATH SMEAR, OTHER SO	No Precert Req	
88162	CYTOPATH SMEAR, OTHER SO	No Precert Req	
88164	CYTOPATH TBS, C/V, MANUA	No Precert Req	
88165	CYTOPATH TBS, C/V, REDO	No Precert Req	
88166	CYTOPATH TBS, C/V, AUTO	No Precert Req	
88167	CYTOPATH TBS, C/V, SELEC	No Precert Req	
88172	CYTOPATHOLOGY EVAL OF FN	No Precert Req	
88173	CYTOPATH EVAL, FNA, REPO	No Precert Req	
88174	CYTOPATH, C/V AUTO, IN F	No Precert Req	
88175	CYTOPATH C/V AUTO FLUID	No Precert Req	
88177	CYTP C/V AUTO THIN LYR A	No Precert Req	
88182	CELL MARKER STUDY	No Precert Req	
88184	FLOWCYTOMETRY/ TC, 1 MAR	No Precert Req	
88185	FLOWCYTOMETRY/TC, ADD-ON	No Precert Req	
88187	FLOWCYTOMETRY/READ, 2-8	No Precert Req	
88188	FLOWCYTOMETRY/READ, 9-15	No Precert Req	
88199	CYTOPATHOLOGY PROCEDURE	No Precert Req	
88230	TISSUE CULTURE, LYMPHOCY	No Precert Req	
88233	TISSUE CULTURE, SKIN/BIO	No Precert Req	
88235	TISSUE CULTURE, PLACENTA	No Precert Req	
88237	TISSUE CULTURE, BONE MAR	No Precert Req	
88239	TISSUE CULTURE, TUMOR	No Precert Req	
88240	CELL CRYOPRESERVE/STORAG	No Precert Req	
88241	FROZEN CELL PREPARATION	No Precert Req	
88245	CHROMOSOME ANALYSIS, 20-	No Precert Req	
88248	CHROMOSOME ANALYSIS, 50-	No Precert Req	
88249	CHROMOSOME ANALYSIS, 100	No Precert Req	
88261	CHROMOSOME ANALYSIS, 5	No Precert Req	
88262	CHROMOSOME ANALYSIS, 15-	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
88263	CHROMOSOME ANALYSIS, 45	No Precert Req	
88264	CHROMOSOME ANALYSIS, 20-	No Precert Req	
88267	CHROMOSOME ANALYS, PLACE	No Precert Req	
88269	CHROMOSOME ANALYS, AMNIO	No Precert Req	
88271	CYTOGENETICS, DNA PROBE	No Precert Req	
88272	CYTOGENETICS, 3-5	No Precert Req	
88273	CYTOGENETICS, 10-30	No Precert Req	
88274	CYTOGENETICS, 25-99	No Precert Req	
88275	CYTOGENETICS, 100-300	No Precert Req	
88280	CHROMOSOME KARYOTYPE STU	No Precert Req	
88283	CHROMOSOME BANDING STUDY	No Precert Req	
88285	CHROMOSOME COUNT, ADDITI	No Precert Req	
88289	CHROMOSOME STUDY, ADDITI	No Precert Req	
88291	CYTO/MOLECULAR REPORT	No Precert Req	
88300	SURGICAL PATH, GROSS	No Precert Req	
88302	TISSUE EXAM BY PATHOLOGI	No Precert Req	
88304	TISSUE EXAM BY PATHOLOGI	No Precert Req	
88305	TISSUE EXAM BY PATHOLOGI	No Precert Req	
88307	TISSUE EXAM BY PATHOLOGI	No Precert Req	
88309	TISSUE EXAM BY PATHOLOGI	No Precert Req	
88311	DECALCIFY TISSUE	No Precert Req	
88312	SPECIAL STAINS	No Precert Req	
88313	SPECIAL STAINS	No Precert Req	
88314	HISTOCHEMICAL STAIN	No Precert Req	
88318	CHEMICAL HISTOCHEMISTRY	No Precert Req	
88319	ENZYME HISTOCHEMISTRY	No Precert Req	
88321	MICROSLIDE CONSULTATION	No Precert Req	
88323	MICROSLIDE CONSULTATION	No Precert Req	
88325	COMPREHENSIVE REVIEW OF	No Precert Req	
88329	PATH CONSULT INTROP	No Precert Req	
88331	PATH CONSULT INTRAOP, 1	No Precert Req	
88332	PATH CONSULT INTRAOP, AD	No Precert Req	
88333	INTRAOP CYTO PATH CONSUL	No Precert Req	
88334	INTRAOP CYTO PATH CONSUL	No Precert Req	
88341	IMMUNOHISTO ANTIBODY SLIDE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
88342	IMMUNOHISTOCHEMISTRY	No Precert Req	
88344	IMMUNOHISTO ANTIBODY SLIDE	No Precert Req	
88346	IMMUNOFLUORESCENT STUDY	No Precert Req	
88347	IMMUNOFLUORESCENT STUDY	No Precert Req	Code deleted 12/31/2015
88348	ELECTRON MICROSCOPY	No Precert Req	
88350	IMMUNOFLUOR ANTB ADDL STAIN	No Precert Req	
88355	ANALYSIS, SKELETAL MUSCL	No Precert Req	
88356	ANALYSIS, NERVE	No Precert Req	
88358	ANALYSIS, TUMOR	No Precert Req	
88360	TUMOR IMMUNOHISTOCHEM/MA	No Precert Req	
88361	TUMOR IMMUNOHISTOCHEM/CO	No Precert Req	
88362	NERVE TEASING PREPARATIO	No Precert Req	
88363	XM ARCHIVE TISSUE MOLEC	No Precert Req	
88364	INSITU HYBRIDIZATION (FISH)	No Precert Req	
88365	INSITU HYBRIDIZATION (FI	No Precert Req	
88366	INSITU HYBRIDIZATION (FISH)	No Precert Req	
88367	INSITU HYBRIDIZATION, AU	No Precert Req	
88368	INSITU HYBRIDIZATION, MA	No Precert Req	
88369	M/PHMTRC ALYSISHQUANT/SEMIQ	No Precert Req	
88371	PROTEIN, WESTERN BLOT TI	No Precert Req	
88372	PROTEIN ANALYSIS W/PROBE	No Precert Req	
88373	M/PHMTRC ALYS ISHQUANT/SEMIQ	No Precert Req	
88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	No Precert Req	
88377	M/PHMTRC ALYS ISHQUANT/SEMIQ	No Precert Req	
88380	MICRODISSECTION	No Precert Req	
88381	MICRODISSECTION, MANUAL	No Precert Req	
88384	EVAL MOLECULAR PROBES, 1	No Precert Req	
88385	EVAL MOLECUL PROBES, 51	No Precert Req	
88386	EVAL MOLECUL PROBES, 251	No Precert Req	
88387	TISS EXAM MOLECULAR STUD	No Precert Req	
88388	TISS EX MOLECUL STUDY AD	No Precert Req	
88399	SURGICAL PATHOLOGY PROCE	No Precert Req	
88720	BILIRUBIN TOTAL TRANSCUT	No Precert Req	
88738	HGB QUANT TRANCUTANEOUS	No Precert Req	
88740	TRANCUTANEOUS CARBOXYHB	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
88741	TRANSCUTANEOUS METHB]	No Precert Req	
89049	CHCT FOR MAL HYPERTHERMI	No Precert Req	
89050	BODY FLUID CELL COUNT	No Precert Req	
89051	BODY FLUID CELL COUNT	No Precert Req	
89055	LEUKOCYTE ASSESSMENT, FE	No Precert Req	
89060	EXAM, SYNOVIAL FLUID CRYSTALS	No Precert Req	
89125	SPECIMEN FAT STAIN	No Precert Req	
89160	EXAM FECES FOR MEAT FIBER	No Precert Req	
89190	NASAL SMEAR FOR EOSINOPHILS	No Precert Req	
89220	SPUTUM SPECIMEN COLLECTION	No Precert Req	
89230	COLLECT SWEAT FOR TEST	No Precert Req	
89259	CRYOPRESERVATION, SPERM	No Precert Req	EXCLUDED
89330	EVALUATION, CERVICAL MUCUS	No Precert Req	
89335	CRYOPRESERVE TESTICULAR	No Precert Req	EXCLUDED
89343	STORAGE/YEAR; SPERM/SEMI	No Precert Req	EXCLUDED
89344	STORAGE/YEAR; REPROD TISSUE	No Precert Req	EXCLUDED
89354	THAW CRYOPRESERVED; REPROD	No Precert Req	EXCLUDED
9001F	AORTIC ANEURYSM < 5CM DIAM CT	No Precert Req	
9002F	AORTIC ANEURYSM 5-5.4CM DIAM	No Precert Req	
9003F	AORTIC ANEURYSM 5.5-5.4CM DIAM	No Precert Req	
9004F	AORTIC ANEURYSM 6/GRTR CM DIAM	No Precert Req	
9005F	ASYMPT CAROT/VRTBRBAS STEN	No Precert Req	
9006F	SYMPT STEN-TIA/STRK < 120DAYS	No Precert Req	
9007F	OTHER CAROT STEN 120DAYS/GRTR	No Precert Req	
90287	BOTULINUM ANTITOXIN	No Precert Req	
90288	BOTULISM IG, IV	No Precert Req	
90291	CMV IG, IV	No Precert Req	
90296	DIPHTHERIA ANTITOXIN	No Precert Req	
90371	HEP B IG, IM	No Precert Req	
90375	RABIES IG, IM/SC	No Precert Req	
90376	RABIES IG, HEAT TREATED	No Precert Req	
90379	RSV IG, IV	No Precert Req	
90384	RH IG, FULL-DOSE, IM	No Precert Req	
90385	RH IG, MINIDOSE, IM	No Precert Req	
90386	RH IG, IV	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
90389	TETANUS IG, IM	No Precert Req	
90393	VACCINA IG, IM	No Precert Req	
90396	VARICELLA-ZOSTER IG, IM	No Precert Req	
90460	IMADM ANY ROUTE 1ST VAC	No Precert Req	
90461	INADM ANY ROUTE ADDL VAC	No Precert Req	
90471	IMMUNIZATION ADMIN	No Precert Req	
90472	IMMUNIZATION ADMIN, EACH	No Precert Req	
90473	IMMUNE ADMIN ORAL/NASAL	No Precert Req	
90474	IMMUNE ADMIN ORAL/NASAL	No Precert Req	
90476	ADENOVIRUS VACCINE, TYPE	No Precert Req	
90477	ADENOVIRUS VACCINE, TYPE	No Precert Req	
90581	ANTHRAX VACCINE, SC	No Precert Req	
90585	BCG VACCINE, PERCUT	No Precert Req	
90586	BCG VACCINE, INTRAVESICA	No Precert Req	
90587	DENGUE VACC QUAD 3 DOSE SUBQ	No Precert Req	
90620	MENB RP W/OMV VACCINE IM	No Precert Req	
90621	MENB RLP VACCINE IM	No Precert Req	
90625	CHOLERA VACCINE LIVE ORAL	No Precert Req	
90630	IIV4 FLU VACC NO PRESERV ID	No Precert Req	
90632	HEP A VACCINE, ADULT IM	No Precert Req	
90633	HEP A VACC, PED/ADOL, 2	No Precert Req	
90634	HEP A VACC, PED/ADOL, 3	No Precert Req	
90636	HEP A/HEP B VACC, ADULT	No Precert Req	
90644	HIB/MEN/TT VACCINE, IM	No Precert Req	
90645	HIB VACCINE, HBOC, IM	No Precert Req	Code deleted 12/31/2015
90646	HIB VACCINE, PRP-D, IM	No Precert Req	Code deleted 12/31/2015
90647	HIB VACCINE, PRP-OMP, IM	No Precert Req	
90648	HIB VACCINE, PRP-T, IM	No Precert Req	
90649	H PAPILOMA VACC 3 DOSE	No Precert Req	
90650	HPV TYP BIVAL 3 DOSE IM	No Precert Req	
90651	HPV VACCINE NON VALENT IM	No Precert Req	
90654	FLU VACCINE NO PRESERV,	No Precert Req	
90655	FLU VACCINE NO PRESERV 6	No Precert Req	
90656	FLU VACCINE NO PRESERV 3	No Precert Req	
90657	FLU VACCINE, 6-35 MO, IM	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
90658	FLU VACCINE AGE 3 & OVER	No Precert Req	
90660	FLU VACCINE, NASAL	No Precert Req	
90661	FLU VACC CELL CULT PRSV	No Precert Req	
90662	FLU VACC PRSV FREE INC A	No Precert Req	
90664	FLU VACC PANDEMIC LIVE N	No Precert Req	
90665	LYME DISEASE VACCINE, IM	No Precert Req	
90666	FLU VACC PANDEMIC NO PRS	No Precert Req	
90667	FLU VACC PANDEMIC ADM IM	No Precert Req	
90668	FLU VACC PANDEMIC SPLT V	No Precert Req	
90669	PNEUMOCOCCAL VACC, PED <	No Precert Req	Code deleted 12/31/2015
90670	PNEUMOCOCCAL VACC, 13 VA	No Precert Req	
90673	FLU VACC RIV3 NO PRESERV	No Precert Req	
90674	CCIIV4 VAC NO PRSV 0.5 ML IM	No Precert Req	
90675	RABIES VACCINE, IM	No Precert Req	
90676	RABIES VACCINE, ID	No Precert Req	
90680	ROTOVIRUS VACC 3 DOSE, O	No Precert Req	
90681	ROTOVIRUS VACC 2 DOSE OR	No Precert Req	
90682	RIV4 VACC RECOMBINANT DNA IM	No Precert Req	
90690	TYPHOID VACCINE, ORAL	No Precert Req	
90691	TYPHOID VACCINE, IM	No Precert Req	
90692	TYPHOID VACCINE, H-P, SC	No Precert Req	Code deleted 12/31/2015
90693	TYPHOID VACCINE, AKD, SC	No Precert Req	Code deleted 12/31/2015
90696	DTAP-IPV VACC 4-6 YR IM	No Precert Req	
90698	DTAP-HIB-IP VACCINE, IM	No Precert Req	
90700	DTAP VACCINE, < 7 YRS, I	No Precert Req	
90701	DTP VACCINE, IM	No Precert Req	
90702	DT VACCINE < 7, IM	No Precert Req	
90703	TETANUS VACCINE, IM	No Precert Req	Code deleted 12/31/2015
90704	MUMPS VACCINE, SC	No Precert Req	Code deleted 12/31/2015
90705	MEASLES VACCINE, SC	No Precert Req	Code deleted 12/31/2015
90706	RUBELLA VACCINE, SC	No Precert Req	Code deleted 12/31/2015
90707	MMR VACCINE, SC	No Precert Req	
90708	MEASLES-RUBELLA VACCINE,	No Precert Req	Code deleted 12/31/2015
90710	MMRV VACCINE, SC	No Precert Req	
90712	ORAL POLIOVIRUS VACCINE	No Precert Req	Code deleted 12/31/2015

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Code	Description	PHS+ Review Type	Comments
90713	POLIOVIRUS, IPV, SC/IM	No Precert Req	
90714	TD VACCINE NO PRSRV >/=	No Precert Req	
90715	TDAP VACCINE >7 IM	No Precert Req	
90716	CHICKEN POX VACCINE, SC	No Precert Req	
90717	YELLOW FEVER VACCINE, SC	No Precert Req	
90718	TD VACCINE > 7, IM	No Precert Req	
90719	DIPHTHERIA VACCINE, IM	No Precert Req	Code deleted 12/31/2015
90720	DTP/HIB VACCINE, IM	No Precert Req	Code deleted 12/31/2015
90721	DTAP/HIB VACCINE, IM	No Precert Req	Code deleted 12/31/2015
90723	DTAP-HEP B-IPV VACCINE,	No Precert Req	
90725	CHOLERA VACCINE, INJECTA	No Precert Req	Code deleted 12/31/2015
90727	PLAGUE VACCINE, IM	No Precert Req	Code deleted 12/31/2015
90732	PNEUMOCOCCAL VACCINE	No Precert Req	
90733	MENINGOCOCCAL VACCINE, S	No Precert Req	
90734	MENINGOCOCCAL VACCINE, I	No Precert Req	
90735	ENCEPHALITIS VACCINE, SC	No Precert Req	Code deleted 12/31/2015
90736	ZOSTER VACC, SC	No Precert Req	
90738	INACTIVATED JE VACC IM	No Precert Req	
90740	HEPB VACC, ILL PAT 3 DOS	No Precert Req	
90743	HEP B VACC, ADOL, 2 DOSE	No Precert Req	
90744	HEPB VACC PED/ADOL 3 DOS	No Precert Req	
90746	HEP B VACCINE, ADULT, IM	No Precert Req	
90747	HEPB VACC, ILL PAT 4 DOS	No Precert Req	
90748	HEP B/HIB VACCINE, IM	No Precert Req	
90750	HZV VACC RECOMBINANT IM NJX	No Precert Req	
90947	DIALYSIS, REPEATED EVAL	No Precert Req	
90951	ESRD SERV, 4 VISITS P MO	No Precert Req	
90952	ESRD SERV, 2-3 VSTS P MO	No Precert Req	
90953	ESRD SERV, 1 VISIT P MO,	No Precert Req	
90954	ESRD SERV, 4 VSTS P MO,]	No Precert Req	
90955	ESRD SRV, 2-3 VSTS P MO,	No Precert Req	
90956	ESRD SRV, 1 VISIT P MO,]	No Precert Req	
90957	ESRD SRV, 4 VSTS P MO,]	No Precert Req	
90958	ESRD SRV, 2-3 VSTS P MO,	No Precert Req	
90959	ESRD SERV, 1 VST P MO, 1	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
90960	ESRD SRV, 4 VISITS P MO,	No Precert Req	
90961	ESRD SRV, 2-3 VSTS P MO,	No Precert Req	
90962	ESRD SERV, 1 VISIT P MO,	No Precert Req	
90963	ESRD HOME PT, SERV P MO,	No Precert Req	
90964	ESRD HOME PT SERV P MO,]	No Precert Req	
90965	ESRD HOME PT SERV P MO,]	No Precert Req	
90966	ESRD HOME PT, SERV P MO,	No Precert Req	
90967	ESRD HOME PT SERV P DAY,	No Precert Req	
90968	ESRD HOME PT SRV P DAY,]	No Precert Req	
90969	ESRD HOME PT SRV P DAY,]	No Precert Req	
90970	ESRD HOME PT SERV P DAY,	No Precert Req	
90997	HEMOPERFUSION	No Precert Req	
91010	ESOPHAGUS MOTILITY STUDY	No Precert Req	
91013	ESOPHGL MOTIL W/STIM/PER	No Precert Req	
91020	GASTRIC MOTILITY STUDIES	No Precert Req	
91022	DUODENAL MOTILITY STUDY	No Precert Req	
91030	ACID PERFUSION OF ESOPHA	No Precert Req	
91034	GASTROESOPHAGEAL REFLUX	No Precert Req	
91035	G-ESOPH REFLX TST W/ELEC	No Precert Req	
91037	ESOPH IMPED FUNCTION TES	No Precert Req	
91038	ESOPH IMPED FUNCT TEST >	No Precert Req	
91040	ESOPH BALLOON DISTENSION	No Precert Req	
91065	BREATH HYDROGEN TEST	No Precert Req	
91100	PASS INTESTINE BLEEDING	No Precert Req	
91110	GI TRACT CAPSULE ENDOSCO	No Precert Req	
91120	RECTAL SENSATION TEST	No Precert Req	
91122	ANAL PRESSURE RECORD	No Precert Req	
91132	ELECTROGASTROGRAPHY	No Precert Req	
91133	ELECTROGASTROGRAPHY W/TE	No Precert Req	
92020	SPECIAL EYE EVALUATION	No Precert Req	
92025	CORNEAL TOPOGRAPHY	No Precert Req	
92060	SPECIAL EYE EVALUATION	No Precert Req	
92065	ORTHOPTIC/PLEOPTIC TRAIN	No Precert Req	
92072	FIT CONTAC LENS FOR MANA	No Precert Req	
92081	VISUAL FIELD EXAMINATION	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
92082	VISUAL FIELD EXAMINATION	No Precert Req	
92083	VISUAL FIELD EXAMINATION	No Precert Req	
92100	SERIAL TONOMETRY EXAM(S)	No Precert Req	
92120	TONOGRAPHY & EYE EVALUAT	No Precert Req	
92130	WATER PROVOCATION TONOGR	No Precert Req	
92132	CMPTR OPHTH DX IMG ANT S	No Precert Req	
92133	CMPTR OPHTH IMG OPTIC NE	No Precert Req	
92134	CPTR OPHTH DX IMG POST S	No Precert Req	
92136	OPHTHALMIC BIOMETRY	No Precert Req	
92140	GLAUCOMA PROVOCATIVE TES	No Precert Req	Code deleted 12/31/2016
92225	SPECIAL EYE EXAM, INITIA	No Precert Req	
92226	SPECIAL EYE EXAM, SUBSEQ	No Precert Req	
92227	REMOTE DX RETINAL IMAGIN	No Precert Req	
92228	REMOTE RETINAL IMAGING	No Precert Req	
92240	ICG ANGIOGRAPHY	No Precert Req	
92242	FLUORESCEIN ICG ANGIOGRAPHY	No Precert Req	
92250	EYE EXAM WITH PHOTOS	No Precert Req	
92260	OPHTHALMOSCOPY/DYNAMOMET	No Precert Req	
92265	EYE MUSCLE EVALUATION	No Precert Req	
92270	ELECTRO-OCULOGRAPHY	No Precert Req	
92275	ELECTRORETINOGRAPHY	No Precert Req	
92284	DARK ADAPTATION EYE EXAM	No Precert Req	
92285	EYE PHOTOGRAPHY	No Precert Req	
92286	INTERNAL EYE PHOTOGRAPHY	No Precert Req	
92287	INTERNAL EYE PHOTOGRAPHY	No Precert Req	
92358	EYE PROSTHESIS SERVICE	No Precert Req	
92502	EAR AND THROAT EXAMINATI	No Precert Req	
92504	EAR MICROSCOPY EXAMINATI	No Precert Req	
92511	NASOPHARYNGOSCOPY	No Precert Req	
92512	NASAL FUNCTION STUDIES	No Precert Req	
92516	FACIAL NERVE FUNCTION TE	No Precert Req	
92531	SPONTANEOUS NYSTAGMUS ST	No Precert Req	
92532	POSITIONAL NYSTAGMUS TES	No Precert Req	
92533	CALORIC VESTIBULAR TEST	No Precert Req	
92534	OPTOKINETIC NYSTAGMUS TE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
92537	CALORIC VSTBLR TEST W/REC	No Precert Req	
92538	CALORIC VSTBLR TEST W/REC	No Precert Req	
92540	BASIC VESTIBULAR EVALUAT	No Precert Req	
92541	SPONTANEOUS NYSTAGMUS TE	No Precert Req	
92542	POSITIONAL NYSTAGMUS TES	No Precert Req	
92543	CALORIC VESTIBULAR TEST	No Precert Req	Code deleted 12/31/2015
92544	OPTOKINETIC NYSTAGMUS TE	No Precert Req	
92545	OSCILLATING TRACKING TES	No Precert Req	
92546	SINUSOIDAL ROTATIONAL TE	No Precert Req	
92547	SUPPLEMENTAL ELECTRICAL	No Precert Req	
92548	POSTUROGRAPHY	No Precert Req	Experimental/Investigational/Unproven
92550	TYMPANOMETRY & REFLEX TH	No Precert Req	
92551	PURE TONE HEARING TEST,	No Precert Req	
92552	PURE TONE AUDIOMETRY, AI	No Precert Req	
92553	AUDIOMETRY, AIR & BONE	No Precert Req	
92555	SPEECH THRESHOLD AUDIOME	No Precert Req	
92556	SPEECH AUDIOMETRY, COMPL	No Precert Req	
92557	COMPREHENSIVE HEARING TE	No Precert Req	
92558	EVOKED AUDITORY TEST QUA	No Precert Req	
92559	GROUP AUDIOMETRIC TESTIN	No Precert Req	
92560	BEKESY AUDIOMETRY, SCREE	No Precert Req	
92561	BEKESY AUDIOMETRY, DIAGN	No Precert Req	
92562	LOUDNESS BALANCE TEST	No Precert Req	
92563	TONE DECAY HEARING TEST	No Precert Req	
92564	SISI HEARING TEST	No Precert Req	
92565	STENGER TEST, PURE TONE	No Precert Req	
92567	TYMPANOMETRY	No Precert Req	
92568	ACOUSTIC REFL THRESHOLD	No Precert Req	
92570	ACOUSTIC IMMITTANCE TEST	No Precert Req	
92571	FILTERED SPEECH HEARING	No Precert Req	
92572	STAGGERED SPONDAIC WORD	No Precert Req	
92575	SENSORINEURAL ACUITY TES	No Precert Req	
92576	SYNTHETIC SENTENCE TEST	No Precert Req	
92577	STENGER TEST, SPEECH	No Precert Req	
92579	VISUAL AUDIOMETRY (VRA)	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
92582	CONDITIONING PLAY AUDIOM	No Precert Req	
92583	SELECT PICTURE AUDIOMETR	No Precert Req	
92584	ELECTROCOCHLEOGRAPHY	No Precert Req	
92585	AUDITOR EVOKE POTENT, CO	No Precert Req	
92586	AUDITOR EVOKE POTENT, LI	No Precert Req	
92587	EVOKED AUDITORY TEST	No Precert Req	
92588	EVOKED AUDITORY TEST	No Precert Req	
92590	HEARING AID EXAM, ONE EA	No Precert Req	
92591	HEARING AID EXAM, BOTH E	No Precert Req	
92592	HEARING AID CHECK, ONE E	No Precert Req	
92593	HEARING AID CHECK, BOTH	No Precert Req	
92594	ELECTRO HEARNNG AID TEST,	No Precert Req	
92595	ELECTRO HEARNNG AID TST,	No Precert Req	
92596	EAR PROTECTOR EVALUATION	No Precert Req	
92597	ORAL SPEECH DEVICE EVAL	No Precert Req	
92601	COCHLEAR IMPLT F/UP EXAM	No Precert Req	
92602	REPROGRAM COCHLEAR IMPLT	No Precert Req	
92603	COCHLEAR IMPLT F/UP EXAM	No Precert Req	
92604	REPROGRAM COCHLEAR IMPLT	No Precert Req	
92605	EVAL FOR NONSPEECH DEVIC	No Precert Req	
92606	NON-SPEECH DEVICE SERVIC	No Precert Req	
92607	EX FOR SPEECH DEVICE RX,	No Precert Req	
92608	EX FOR SPEECH DEVICE RX	No Precert Req	
92609	USE OF SPEECH DEVICE SER	No Precert Req	
92610	EVALUATE SWALLOWING FUNC	No Precert Req	
92611	MOTION FLUOROSCOPY/SWALL	No Precert Req	
92612	ENDOSCOPY SWALLOW TST (F	No Precert Req	
92613	ENDOSCOPY SWALLOW TST (F	No Precert Req	
92614	LARYNGOSCOPIC SENSORY TE	No Precert Req	
92615	EVAL LARYNGOSCOPY SENSE	No Precert Req	
92616	FEES W/LARYNGEAL SENSE T	No Precert Req	
92617	INTERPRT FEES/LARYNGEAL	No Precert Req	
92618	EX FOR NONSPEECH DEV RX	No Precert Req	
92620	AUDITORY FUNCTION, 60 MI	No Precert Req	
92621	AUDITORY FUNCTION, + 15	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
92625	TINNITUS ASSESSMENT	No Precert Req	
92626	EVAL AUD REHAB STATUS	No Precert Req	
92627	EVAL AUD STATUS REHAB AD	No Precert Req	
92630	AUD REHAB PRE-LING HEAR	No Precert Req	
92633	AUD REHAB POSTLING HEAR	No Precert Req	
92640	AUD BRAINSTEM IMPLT PROG	No Precert Req	
92943	PRQ CARD REVASC CHRONIC 1VSL	No Precert Req	
92960	CARDIOVERSION ELECTRIC,	No Precert Req	
92961	CARDIOVERSION, ELECTRIC,	No Precert Req	
92974	CATH PLACE, CARDIO BRACH	No Precert Req	
92975	DISSOLVE CLOT, HEART VES	No Precert Req	
92978	INTRAVASC US, HEART ADD-	No Precert Req	
92979	INTRAVASC US, HEART ADD-	No Precert Req	
92986	REVISION OF AORTIC VALVE	No Precert Req	
92987	REVISION OF MITRAL VALVE	No Precert Req	
92990	REVISION OF PULMONARY VA	No Precert Req	
92997	PUL ART BALLOON REPR, PE	No Precert Req	
92998	PUL ART BALLOON REPR, PE	No Precert Req	
93000	ELECTROCARDIOGRAM, COMPL	No Precert Req	
93005	ELECTROCARDIOGRAM, TRACI	No Precert Req	
93010	ELECTROCARDIOGRAM REPORT	No Precert Req	
93015	CARDIOVASCULAR STRESS TE	No Precert Req	
93016	CARDIOVASCULAR STRESS TE	No Precert Req	
93017	CARDIOVASCULAR STRESS TE	No Precert Req	
93018	CARDIOVASCULAR STRESS TE	No Precert Req	
93024	CARDIAC DRUG STRESS TEST	No Precert Req	
93025	MICROVOLT T-WAVE ASSESS	No Precert Req	
93040	RHYTHM ECG WITH REPORT	No Precert Req	
93041	RHYTHM ECG, TRACING	No Precert Req	
93042	RHYTHM ECG, REPORT	No Precert Req	
93050	ART PRESSURE WAVEFORM ANALYS	No Precert Req	
93224	ECG MONIT/REPRT UP TO 48	No Precert Req	
93225	ECG MONIT/REPRT UP TO 48	No Precert Req	
93226	ECG MONIT/REPRT UP TO 48	No Precert Req	
93227	ECG MONIT/REPRT UP TO 48	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
93228	REMOTE 30 DAY ECG REV/RE	No Precert Req	
93229	REMOTE 30 DAY ECG TECH S	No Precert Req	
93260	PRGRMG DEV EVAL IMPLTBL SYS	No Precert Req	
93261	INTERROGATE SUBQ DEFIB	No Precert Req	
93268	ECG RECORD/REVIEW	No Precert Req	
93270	REMOTE 30 DAY ECG REV/RE	No Precert Req	
93271	ECG/MONITORING AND ANALY	No Precert Req	
93272	ECG/REVIEW, INTERPRET ON	No Precert Req	
93278	ECG/SIGNAL-AVERAGED	No Precert Req	Experimental/Investigational/Unproven
93279	PM DEVICE PROGR EVAL, SN	No Precert Req	
93280	PM DEVICE PROGR EVAL DUAL	No Precert Req	
93281	PM DEVICE PROGR EVAL, MU	No Precert Req	
93282	ICD DEVICE PROG EVAL, 1]	No Precert Req	
93283	ICD DEVICE PROGR EVAL, D	No Precert Req	
93284	ICD DEVICE PROGR EVAL, M	No Precert Req	
93285	ILR DEVICE EVAL PROGR]	No Precert Req	
93286	PRE-OP PM DEVICE EVAL]	No Precert Req	
93287	PRE-OP ICD DEVICE EVAL]	No Precert Req	
93288	PM DEVICE EVAL IN PERSON	No Precert Req	
93289	ICD DEVICE INTERROGATE]	No Precert Req	
93290	ICM DEVICE EVAL]	No Precert Req	
93291	ILR DEVICE INTERROGATE]	No Precert Req	
93292	WCD DEVICE INTERROGATE]	No Precert Req	
93293	PM PHONE R-STRIP DEVICE]	No Precert Req	
93294	PM DEVICE INTERROGATE RE	No Precert Req	
93295	ICD DEVICE INTERROGATE R	No Precert Req	
93296	PM/ICD REMOTE TECH SERV]	No Precert Req	
93297	ICM DEVICE INTERROGAT RE	No Precert Req	
93298	ILR DEVICE INTERROGAT RE	No Precert Req	
93299	ICM/ILR REMOTE TECH SERV	No Precert Req	
93303	ECHO TRANSTHORACIC	No Precert Req	
93304	ECHO TRANSTHORACIC	No Precert Req	
93306	TTE W/DOPPLER, COMPLETE]	No Precert Req	
93307	ECHO EXAM OF HEART	No Precert Req	
93308	ECHO EXAM OF HEART	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
93312	ECHO TRANSESOPHAGEAL	No Precert Req	
93313	ECHO TRANSESOPHAGEAL	No Precert Req	
93314	ECHO TRANSESOPHAGEAL	No Precert Req	
93315	ECHO TRANSESOPHAGEAL	No Precert Req	
93316	ECHO TRANSESOPHAGEAL	No Precert Req	
93317	ECHO TRANSESOPHAGEAL	No Precert Req	
93318	ECHO TRANSESOPHAGEAL INT	No Precert Req	
93320	DOPPLER ECHO EXAM, HEART	No Precert Req	
93321	DOPPLER ECHO EXAM, HEART	No Precert Req	
93325	DOPPLER COLOR FLOW ADD-O	No Precert Req	
93352	ADMIN ECG CONTRAST AGENT	No Precert Req	
93355	ECHO TRANSESOPHAGEAL (TEE)	No Precert Req	
93462	L HRT CATH TRNSPTL PUNCT	No Precert Req	
93463	DRUG ADMIN & HEMODYNMIC	No Precert Req	
93464	EXERCISE W/HEMODYNAMIC M	No Precert Req	
93503	INSERT/PLACE HEART CATHE	No Precert Req	
93561	CARDIAC OUTPUT MEASUREME	No Precert Req	
93562	CARDIAC OUTPUT MEASUREME	No Precert Req	
93563	INJECT CONGENITAL CARD C	No Precert Req	
93564	INJECT HRT CONGNL ART/GR	No Precert Req	
93565	INJECT L VENTR/ATRIAL AN	No Precert Req	
93566	INJECT R VENTR/ATRIAL AN	No Precert Req	
93567	INJECT SUPRVLV AORTOGRAP	No Precert Req	
93568	INJECT PULM ART HRT CATH	No Precert Req	
93571	HEART FLOW RESERVE MEASU	No Precert Req	
93572	HEART FLOW RESERVE MEASU	No Precert Req	
93581	TRANSCATH CLOSURE OF VSD	No Precert Req	
93600	BUNDLE OF HIS RECORDING	No Precert Req	
93602	INTRA-ATRIAL RECORDING	No Precert Req	
93603	RIGHT VENTRICULAR RECORD	No Precert Req	
93609	MAP TACHYCARDIA, ADD-ON	No Precert Req	
93610	INTRA-ATRIAL PACING	No Precert Req	
93612	INTRAVENTRICULAR PACING	No Precert Req	
93613	ELECTROPHYS MAP 3D, ADD-	No Precert Req	
93615	ESOPHAGEAL RECORDING	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
93616	ESOPHAGEAL RECORDING	No Precert Req	
93618	HEART RHYTHM PACING	No Precert Req	
93631	HEART PACING, MAPPING	No Precert Req	
93640	EVALUATION HEART DEVICE	No Precert Req	
93641	ELECTROPHYSIOLOGY EVALUA	No Precert Req	
93642	ELECTROPHYSIOLOGY EVALUA	No Precert Req	
93650	ABLATE HEART DYSRHYTHM F	No Precert Req	
93651	ABLATE HEART DYSRHYTHM F	No Precert Req	
93652	ABLATE HEART DYSRHYTHM F	No Precert Req	
93656	TX ATRIAL FIB PULM VEIN	No Precert Req	
93657	TX L/R ATRIAL FIB ADDL	No Precert Req	
93660	TILT TABLE EVALUATION	No Precert Req	
93668	PERIPHERAL VASCULAR REHA	No Precert Req	
93701	BIOIMPEDANCE, THORACIC	No Precert Req	Experimental/Investigational/Unproven
93720	TOTAL BODY PLETHYSMOGRAP	No Precert Req	
93721	PLETHYSMOGRAPHY TRACING	No Precert Req	
93722	PLETHYSMOGRAPHY REPORT	No Precert Req	
93724	ANALYZE PACEMAKER SYSTEM	No Precert Req	
93740	TEMPERATURE GRADIENT STU	No Precert Req	
93745	SET-UP CARDIOVERT-DEFIBR	No Precert Req	
93750	INTERROGATION VAD, IN PE	No Precert Req	
93770	MEASURE VENOUS PRESSURE	No Precert Req	
93784	Ambulatory BP MONITORING	No Precert Req	
93786	Ambulatory BP RECORDING	No Precert Req	
93788	Ambulatory BP ANALYSIS	No Precert Req	
93790	REVIEW/REPORT BP RECORDI	No Precert Req	
93797	CARDIAC REHAB	No Precert Req	
93798	CARDIAC REHAB/MONITOR	No Precert Req	
93875	EXTRACRANIAL STUDY	No Precert Req	
93880	EXTRACRANIAL STUDY	No Precert Req	
93882	EXTRACRANIAL STUDY	No Precert Req	
93886	INTRACRANIAL STUDY	No Precert Req	
93888	INTRACRANIAL STUDY	No Precert Req	
93890	TCD, VASOREACTIVITY STUD	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
93892	TCD, EMBOLI DETECT W/O I	No Precert Req	
93893	TCD, EMBOLI DETECT W/INJ	No Precert Req	
93922	UPR/L XTREMITY ART 2 LEV	No Precert Req	
93923	UPR/LXTR ART STDY 3+ LVL	No Precert Req	
93924	LWR XTR VASC STDY BILAT	No Precert Req	
93925	LOWER EXTREMITY STUDY	No Precert Req	
93926	LOWER EXTREMITY STUDY	No Precert Req	
93930	UPPER EXTREMITY STUDY	No Precert Req	
93931	UPPER EXTREMITY STUDY	No Precert Req	
93965	EXTREMITY STUDY	No Precert Req	Code deleted 12/31/2016
93970	EXTREMITY STUDY	No Precert Req	
93971	EXTREMITY STUDY	No Precert Req	
93975	VASCULAR STUDY	No Precert Req	
93976	VASCULAR STUDY	No Precert Req	
93978	VASCULAR STUDY	No Precert Req	
93979	VASCULAR STUDY	No Precert Req	
93980	PENILE VASCULAR STUDY	No Precert Req	
93981	PENILE VASCULAR STUDY	No Precert Req	
93982	ANEURYSM PRESSURE SENS S	No Precert Req	Experimental/Investigational/Unproven
93990	DOPPLER FLOW TESTING	No Precert Req	
94002	VENT MGMT INPAT, INIT DA	No Precert Req	
94003	VENT MGMT INPAT, SUBQ DA	No Precert Req	
94004	VENT MGMT NF PER DAY	No Precert Req	
94005	HOME VENT MGMT SUPERVISI	No Precert Req	
94010	BREATHING CAPACITY TEST	No Precert Req	
94011	SPIROMETRY UP TO 2 YRS O	No Precert Req	
94012	SPIRMTRY W/BRNCHDIL INF-	No Precert Req	
94013	MEAS LUNG VOL THRU 2 YRS	No Precert Req	
94014	PATIENT RECORDED SPIROME	No Precert Req	
94015	PATIENT RECORDED SPIROME	No Precert Req	
94016	REVIEW PATIENT SPIROMETR	No Precert Req	
94060	EVALUATION OF WHEEZING	No Precert Req	
94070	EVALUATION OF WHEEZING	No Precert Req	
94150	VITAL CAPACITY TEST	No Precert Req	
94200	LUNG FUNCTION TEST (MBC/	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
94240	RESIDUAL LUNG CAPACITY	No Precert Req	
94250	EXPIRED GAS COLLECTION	No Precert Req	
94260	THORACIC GAS VOLUME	No Precert Req	
94350	LUNG NITROGEN WASHOUT CU	No Precert Req	
94360	MEASURE AIRFLOW RESISTAN	No Precert Req	
94370	BREATH AIRWAY CLOSING VO	No Precert Req	
94375	RESPIRATORY FLOW VOLUME	No Precert Req	
94400	CO2 BREATHING RESPONSE C	No Precert Req	
94450	HYPOXIA RESPONSE CURVE	No Precert Req	
94452	HAST W/REPORT	No Precert Req	
94453	HAST W/OXYGEN TITRATE	No Precert Req	
94610	SURFACTANT ADMIN THRU TU	No Precert Req	
94620	PULMONARY STRESS TEST/SI	No Precert Req	
94621	PULM STRESS TEST/COMPLEX	No Precert Req	
94640	AIRWAY INHALATION TREATM	No Precert Req	
94642	AEROSOL INHALATION TREAT	No Precert Req	
94644	CBT, 1ST HOUR	No Precert Req	
94645	CBT, EACH ADDL HOUR	No Precert Req	
94660	POS AIRWAY PRESSURE, CPA	No Precert Req	
94662	NEG PRESS VENTILATION, C	No Precert Req	
94664	EVALUATE PT USE OF INHAL	No Precert Req	
94667	CHEST WALL MANIPULATION	No Precert Req	
94668	CHEST WALL MANIPULATION	No Precert Req	
94669	MECHANICAL CHEST WALL OSCILL	No Precert Req	
94680	EXHALED AIR ANALYSIS, O2	No Precert Req	
94681	EXHALED AIR ANALYSIS, O2	No Precert Req	
94690	EXHALED AIR ANALYSIS	No Precert Req	
94720	MONOXIDE DIFFUSING CAPAC	No Precert Req	
94725	MEMBRANE DIFFUSION CAPAC	No Precert Req	
94726	PULM FUNCT TST PLETHYSMO	No Precert Req	
94727	PULM FUNCTION TEST BY GA	No Precert Req	
94728	PULM FUNCT TEST OSCILLOM	No Precert Req	
94729	C02/MEMBANE DIFFUSE CAPA	No Precert Req	
94750	PULMONARY COMPLIANCE STU	No Precert Req	
94760	MEASURE BLOOD OXYGEN LEV	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
94761	MEASURE BLOOD OXYGEN LEV	No Precert Req	
94762	MEASURE BLOOD OXYGEN LEV	No Precert Req	
94770	EXHALED CARBON DIOXIDE T	No Precert Req	
94772	BREATH RECORDING, INFANT	No Precert Req	
94774	PED HOME APNEA REC, COMP	No Precert Req	
94775	PED HOME APNEA REC, HK-U	No Precert Req	
94776	PED HOME APNEA REC, DOWN	No Precert Req	
94777	PED HOME APNEA REC, REPO	No Precert Req	
94780	CAR SEAT/BED TEST 60 MIN	No Precert Req	
94781	CAR SEAT/BED TEST + 30 M	No Precert Req	
95004	PERCUT ALLERGY SKIN TEST	No Precert Req	
95010	PERCUT ALLERGY TITRATE T	No Precert Req	
95012	EXHALED NITRIC OXIDE MEA	No Precert Req	Experimental/Investigational/Unproven
95015	ID ALLERGY TITRATE-DRUG/	No Precert Req	
95024	ID ALLERGY TEST, DRUG/BU	No Precert Req	
95027	ID ALLERGY TITRATE-AIRBO	No Precert Req	
95028	ID ALLERGY TEST-DELAYED	No Precert Req	
95044	ALLERGY PATCH TESTS	No Precert Req	
95052	PHOTO PATCH TEST	No Precert Req	
95056	PHOTOSENSITIVITY TESTS	No Precert Req	
95060	EYE ALLERGY TESTS	No Precert Req	
95065	NOSE ALLERGY TEST	No Precert Req	
95070	BRONCHIAL ALLERGY TESTS	No Precert Req	
95071	BRONCHIAL ALLERGY TESTS	No Precert Req	
95075	INGESTION CHALLENGE TEST	No Precert Req	
95115	IMMUNOTHERAPY, ONE INJEC	No Precert Req	
95117	IMMUNOTHERAPY INJECTIONS	No Precert Req	
95120	IMMUNOTHERAPY, ONE INJEC	No Precert Req	
95125	IMMUNOTHERAPY, MANY ANTI	No Precert Req	
95130	IMMUNOTHERAPY, INSECT VE	No Precert Req	
95131	IMMUNOTHERAPY, INSECT VE	No Precert Req	
95132	IMMUNOTHERAPY, INSECT VE	No Precert Req	
95133	IMMUNOTHERAPY, INSECT VE	No Precert Req	
95134	IMMUNOTHERAPY, INSECT VE	No Precert Req	
95144	ANTIGEN THERAPY SERVICES	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
95145	ANTIGEN THERAPY SERVICES	No Precert Req	
95146	ANTIGEN THERAPY SERVICES	No Precert Req	
95147	ANTIGEN THERAPY SERVICES	No Precert Req	
95148	ANTIGEN THERAPY SERVICES	No Precert Req	
95149	ANTIGEN THERAPY SERVICES	No Precert Req	
95165	ANTIGEN THERAPY SERVICES	No Precert Req	
95170	ANTIGEN THERAPY SERVICES	No Precert Req	
95180	RAPID DESENSITIZATION	No Precert Req	
95199	ALLERGY IMMUNOLOGY SERVI	No Precert Req	
95250	GLUCOSE MONITORING, CONT	No Precert Req	
95251	GLUC MONITOR, CONT, PHYS	No Precert Req	
95812	EEG, 41-60 MINUTES	No Precert Req	
95813	EEG, OVER 1 HOUR	No Precert Req	
95816	EEG, AWAKE AND DROWSY	No Precert Req	
95819	EEG, AWAKE AND ASLEEP	No Precert Req	
95822	EEG, COMA OR SLEEP ONLY	No Precert Req	
95824	EEG, CEREBRAL DEATH ONLY	No Precert Req	
95827	EEG, ALL NIGHT RECORDING	No Precert Req	
95829	SURGERY ELECTROCORTICOGR	No Precert Req	
95830	INSERT ELECTRODES FOR EE	No Precert Req	
95831	LIMB MUSCLE TESTING, MAN	No Precert Req	
95832	HAND MUSCLE TESTING, MAN	No Precert Req	
95833	BODY MUSCLE TESTING, MAN	No Precert Req	
95834	BODY MUSCLE TESTING, MAN	No Precert Req	
95851	RANGE OF MOTION MEASUREM	No Precert Req	
95852	RANGE OF MOTION MEASUREM	No Precert Req	
95857	TENSILON TEST	No Precert Req	
95860	MUSCLE TEST, ONE LIMB	No Precert Req	
95861	MUSCLE TEST, 2 LIMBS	No Precert Req	
95863	MUSCLE TEST, 3 LIMBS	No Precert Req	
95864	MUSCLE TEST, 4 LIMBS	No Precert Req	
95865	MUSCLE TEST, LARYNX	No Precert Req	
95866	MUSCLE TEST, HEMIDIAPHRA	No Precert Req	
95867	MUSCLE TEST CRAN NERV UN	No Precert Req	
95868	MUSCLE TEST CRAN NERVE B	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
95869	MUSCLE TEST, THOR PARASP	No Precert Req	
95870	MUSCLE TEST, NONPARASPIN	No Precert Req	
95872	MUSCLE TEST, ONE FIBER	No Precert Req	
95873	GUIDE NERV DESTR, ELEC S	No Precert Req	
95874	GUIDE NERV DESTR, NEEDLE	No Precert Req	
95875	LIMB EXERCISE TEST	No Precert Req	
95885	MUSC TST DONE W/NERV TST	No Precert Req	
95886	MUSC TEST DONE W/N TEST	No Precert Req	
95887	MUSC TST DONE W/N TST NO	No Precert Req	
95900	MOTOR NERVE CONDUCTION T	No Precert Req	
95903	MOTOR NERVE CONDUCTION T	No Precert Req	
95904	SENSE NERVE CONDUCTION T	No Precert Req	
95905	MOTOR/SENS NRVE CONDUCT	No Precert Req	Experimental/Investigational/Unproven
95907	Nerve conduction studies; 1-2 studies	No Precert Req	
95908	Nerve conduction studies; 3-4 studies	No Precert Req	
95909	Nerve conduction studies; 5-6 studies	No Precert Req	
95910	Nerve conduction studies; 7-8 studies	No Precert Req	
95911	Nerve conduction studies; 9-10 studies	No Precert Req	
95912	Nerve conduction studies; 11-12 studies	No Precert Req	
95913	Nerve conduction studies; 13 or more studies	No Precert Req	
95920	INTRAOP NERVE TEST ADD-O	No Precert Req	
95921	AUTONOMIC NERV FUNCTION	No Precert Req	
95922	AUTONOMIC NERV FUNCTION	No Precert Req	
95923	AUTONOMIC NERV FUNCTION	No Precert Req	
95924	AUTONOMIC NERV FUNCTION	No Precert Req	
95925	SOMATOSENSORY TESTING	No Precert Req	
95926	SOMATOSENSORY TESTING	No Precert Req	
95927	SOMATOSENSORY TESTING	No Precert Req	
95928	C MOTOR EVOKED, UPPR LIM	No Precert Req	
95929	C MOTOR EVOKED, LWR LIMB	No Precert Req	
95930	VISUAL EVOKED POTENTIAL	No Precert Req	
95933	BLINK REFLEX TEST	No Precert Req	
95934	H-REFLEX TEST	No Precert Req	
95936	H-REFLEX TEST	No Precert Req	
95937	NEUROMUSCULAR JUNCTION T	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
95938	SOMATOSENSORY TESTING	No Precert Req	
95939	C MOTOR EVOKED UPR&LWR L	No Precert Req	
95943	AUTONOMIC NERV FUNCTION	No Precert Req	
95950	Ambulatory EEG MONITORIN	No Precert Req	
95951	EEG MONITORING/VIDEORECO	No Precert Req	
95953	EEG MONITORING/COMPUTER	No Precert Req	
95954	EEG MONITORING/GIVING DR	No Precert Req	
95955	EEG DURING SURGERY	No Precert Req	
95956	EEG MONITORING, CABLE/RA	No Precert Req	
95957	EEG DIGITAL ANALYSIS	No Precert Req	
95958	EEG MONITORING/FUNCTION	No Precert Req	
95961	ELECTRODE STIMULATION, B	No Precert Req	
95962	ELECTRODE STIM, BRAIN AD	No Precert Req	
95965	MEG, SPONTANEOUS	No Precert Req	
95966	MEG, EVOKED, SINGLE	No Precert Req	
95967	MEG, EVOKED, EACH ADD'L	No Precert Req	
95970	ANALYZE NEUROSTIM, NO PR	No Precert Req	
95971	ANALYZE NEUROSTIM, SIMPL	No Precert Req	
95972	ANALYZE NEUROSTIM, COMPL	No Precert Req	
95973	ANALYZE NEUROSTIM, COMPL	No Precert Req	
95974	CRANIAL NEUROSTIM, COMPL	No Precert Req	
95975	CRANIAL NEUROSTIM, COMPL	No Precert Req	
95978	ANALYZE NEUROSTIM BRAIN/	No Precert Req	
95979	ANALYZ NEUROSTIM BRAIN A	No Precert Req	
95980	IO ANAL GAST N-STIM INI	No Precert Req	
95981	IO ANAL GAST N-STIM SUBS	No Precert Req	
95982	IO GA N-STIM SUBSQ W/REP	No Precert Req	
95990	SPIN/BRAIN PUMP REFIL &	No Precert Req	
95991	SPIN/BRAIN PUMP REFIL &	No Precert Req	
95992	CANALITH REPOSITIONING P	No Precert Req	
96000	MOTION ANALYSIS, VIDEO/3	No Precert Req	
96001	MOTION TEST W/FT PRESS M	No Precert Req	
96002	DYNAMIC SURFACE EMG	No Precert Req	
96003	DYNAMIC FINE WIRE EMG	No Precert Req	
96004	PHYS REVIEW OF MOTION TE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
96020	FUNCTIONAL BRAIN MAPPING	No Precert Req	
96040	GENETIC COUNSELING, 30 M	No Precert Req	
96160	PT-FOCUSED HLTH RISK ASSMT	No Precert Req	
96161	CAREGIVER HEALTH RISK ASSMT	No Precert Req	
96360	HYDRATION IV INFUSION, I	No Precert Req	
96361	HYDRAT IV INFUSION, ADD-	No Precert Req	
96365	THER/PROPH/DIAG IV INF,]	No Precert Req	
96366	THER/PROPH/DIAG IV INF A	No Precert Req	
96367	TX/PROPH/DG ADDL SEG IV]	No Precert Req	
96368	THER/DIAG CONCURRENT INF	No Precert Req	
96369	SC THER INFUSION, UP TO]	No Precert Req	
96370	SC THER INFUSION, ADDL H	No Precert Req	
96371	SC THER INFUSION, RESET]	No Precert Req	
96372	THER/PROPH/DIAG INJ SC/I	No Precert Req	
96373	THER/PROPH/DIAG INJ IA]	No Precert Req	
96374	THER/PROPH/DIAG INJ IV P	No Precert Req	
96375	TX/PRO/DX INJ NEW DRUG A	No Precert Req	
96376	TX/PRO/DX INJ NEW DRUG A	No Precert Req	
96377	APPLICATION ON-BODY INJECTOR	No Precert Req	
96379	THER/PROP/DIAG INJ/INF P	No Precert Req	
96931	RCM CELULR SUBCELULR IMG SKN	No Precert Req	Experimental/Investigational/Unproven
96932	RCM CELULR SUBCELULR IMG SKN	No Precert Req	Experimental/Investigational/Unproven
96933	RCM CELULR SUBCELULR IMG SKN	No Precert Req	Experimental/Investigational/Unproven
96934	RCM CELULR SUBCELULR IMG SKN	No Precert Req	Experimental/Investigational/Unproven
96935	RCM CELULR SUBCELULR IMG SKN	No Precert Req	Experimental/Investigational/Unproven
96936	RCM CELULR SUBCELULR IMG SKN	No Precert Req	Experimental/Investigational/Unproven
97001	PT EVALUATION	No Precert Req	Code deleted 12/31/2016
97002	PT RE-EVALUATION	No Precert Req	Code deleted 12/31/2016
97003	OT EVALUATION	No Precert Req	Code deleted 12/31/2016
97004	OT RE-EVALUATION	No Precert Req	Code deleted 12/31/2016
97005	ATHLETIC TRAIN EVAL	No Precert Req	Code deleted 12/31/2016
97006	ATHLETIC TRAIN REEVAL	No Precert Req	Code deleted 12/31/2016
97010	HOT OR COLD PACKS THERAP	No Precert Req	
97012	MECHANICAL TRACTION THER	No Precert Req	
97014	ELECTRIC STIMULATION THE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
97016	VASOPNEUMATIC DEVICE THE	No Precert Req	
97018	PARAFFIN BATH THERAPY	No Precert Req	
97022	WHIRLPOOL THERAPY	No Precert Req	
97024	DIATHERMY EG, MICROWAVE	No Precert Req	
97026	INFRARED THERAPY	No Precert Req	
97028	ULTRAVIOLET THERAPY	No Precert Req	
97032	ELECTRICAL STIMULATION	No Precert Req	
97033	ELECTRIC CURRENT THERAPY	No Precert Req	
97034	CONTRAST BATH THERAPY	No Precert Req	
97035	ULTRASOUND THERAPY	No Precert Req	
97036	HYDROTHERAPY	No Precert Req	
97039	PHYSICAL THERAPY TREATME	No Precert Req	
97110	THERAPEUTIC EXERCISES	No Precert Req	
97112	NEUROMUSCULAR REEDUCATIO	No Precert Req	
97113	AQUATIC THERAPY/EXERCISE	No Precert Req	
97116	GAIT TRAINING THERAPY	No Precert Req	
97124	MASSAGE THERAPY	No Precert Req	
97139	PHYSICAL MEDICINE PROCED	No Precert Req	
97140	MANUAL THERAPY	No Precert Req	
97150	GROUP THERAPEUTIC PROCED	No Precert Req	
97161	PT EVAL LOW COMPLEX 20 MIN	No Precert Req	
97162	PT EVAL MOD COMPLEX 30 MIN	No Precert Req	
97163	PT EVAL HIGH COMPLEX 45 MIN	No Precert Req	
97164	PT RE-EVAL EST PLAN CARE	No Precert Req	
97165	OT EVAL LOW COMPLEX 30 MIN	No Precert Req	
97166	OT EVAL MOD COMPLEX 45 MIN	No Precert Req	
97167	OT EVAL HIGH COMPLEX 60 MIN	No Precert Req	
97168	OT RE-EVAL EST PLAN CARE	No Precert Req	
97169	ATHLETIC TRN EVAL LOW Cmplx	No Precert Req	
97170	ATHLETIC TRN EVAL MOD Cmplx	No Precert Req	
97171	ATHLETIC TRN EVAL HIGH Cmplx	No Precert Req	
97172	ATHLETIC TRN RE-EVAL PLAN CR	No Precert Req	
97530	THERAPEUTIC ACTIVITIES	No Precert Req	
97532	COGNITIVE SKILLS DEVELOP	No Precert Req	
97533	SENSORY INTEGRATION	No Precert Req	Experimental/Investigational/Unproven

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Code	Description	PHS+ Review Type	Comments
97535	SELF CARE MNGMENT TRAINI	No Precert Req	
97537	COMMUNITY/WORK REINTEGRA	No Precert Req	
97542	WHEELCHAIR MNGMENT TRAIN	No Precert Req	
97545	WORK HARDENING	No Precert Req	
97546	WORK HARDENING ADD-ON	No Precert Req	
97597	RMVL DEVITAL TIS 20 CM/<	No Precert Req	
97598	RMVL DEVITAL TIS ADDL 20	No Precert Req	
97602	WOUND(S) CARE NON-SELECT	No Precert Req	
97605	NEG PRESS WOUND TX, < 50	No Precert Req	
97606	NEG PRESS WOUND TX, > 50	No Precert Req	
97607	NEG PRESS WND TX </=50 SQ CM	No Precert Req	Experimental/Investigational/Unproven
97608	NEG PRESS WOUND TX >50 CM	No Precert Req	Experimental/Investigational/Unproven
97750	PHYSICAL PERFORMANCE TES	No Precert Req	
97755	ASSISTIVE TECHNOLOGY ASS	No Precert Req	
97760	ORTHOTIC MGMT AND TRAINI	No Precert Req	
97761	PROSTHETIC TRAINING	No Precert Req	
97762	C/O FOR ORTHOTIC/PROSTH	No Precert Req	
97799	PHYSICAL MEDICINE PROCED	No Precert Req	
97802	MEDICAL NUTRITION, INDIV	No Precert Req	
97803	MED NUTRITION, INDIV, SU	No Precert Req	
97804	MEDICAL NUTRITION, GROUP	No Precert Req	
97810	ACUPUNCT W/O STIMUL 15 M	No Precert Req	
97811	ACUPUNCT W/O STIMUL ADDL	No Precert Req	
97813	ACUPUNCT W/STIMUL 15 MIN	No Precert Req	
97814	ACUPUNCT W/STIMUL ADDL 1	No Precert Req	
98925	OSTEOPATHIC MANIPULATION	No Precert Req	
98926	OSTEOPATHIC MANIPULATION	No Precert Req	
98927	OSTEOPATHIC MANIPULATION	No Precert Req	
98928	OSTEOPATHIC MANIPULATION	No Precert Req	
98929	OSTEOPATHIC MANIPULATION	No Precert Req	
98940	CHIROPRACTIC MANIPULATIO	No Precert Req	
98941	CHIROPRACTIC MANIPULATIO	No Precert Req	
98942	CHIROPRACTIC MANIPULATIO	No Precert Req	
98943	CHIROPRACTIC MANIPULATIO	No Precert Req	
98960	SELF-MGMT EDUC & TRAIN,	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
98961	SELF-MGMT EDUC/TRAIN, 2-	No Precert Req	
98962	SELF-MGMT EDUC/TRAIN, 5-	No Precert Req	
98966	HC PRO PHONE CALL 5-10 M	No Precert Req	
98967	HC PRO PHONE CALL 11-20	No Precert Req	
98968	HC PRO PHONE CALL 21-30	No Precert Req	
98969	ONLINE SERVICE BY HC PRO	No Precert Req	
99000	SPECIMEN HANDLING	No Precert Req	
99001	SPECIMEN HANDLING	No Precert Req	
99002	DEVICE HANDLING	No Precert Req	
99024	POSTOP FOLLOW-UP VISIT	No Precert Req	
99027	OUT-OF-HOSP ON CALL SERV	No Precert Req	
99050	MEDICAL SERVICES AFTER H	No Precert Req	
99051	MED SERV, EVE/WKEND/HOLI	No Precert Req	
99053	MED SERV 10PM-8AM, 24 HR	No Precert Req	
99056	MED SERVICE OUT OF OFFIC	No Precert Req	
99058	OFFICE EMERGENCY CARE	No Precert Req	
99060	OUT OF OFFICE EMERG MED	No Precert Req	
99070	SPECIAL SUPPLIES	No Precert Req	
99071	PATIENT EDUCATION MATERI	No Precert Req	
99075	MEDICAL TESTIMONY	No Precert Req	
99078	GROUP HEALTH EDUCATION	No Precert Req	
99080	SPECIAL REPORTS OR FORMS	No Precert Req	
99082	UNUSUAL PHYSICIAN TRAVEL	No Precert Req	
99090	COMPUTER DATA ANALYSIS	No Precert Req	
99091	COLLECT/REVIEW DATA FROM	No Precert Req	
99100	SPECIAL ANESTHESIA SERVI	No Precert Req	
99116	ANESTHESIA WITH HYPOTHER	No Precert Req	
99135	SPECIAL ANESTHESIA PROCE	No Precert Req	
99140	EMERGENCY ANESTHESIA	No Precert Req	
99143	MOD CS BY SAME PHYS, < 5	No Precert Req	Code deleted 12/31/2016
99144	MOD CS BY SAME PHYS, 5 Y	No Precert Req	Code deleted 12/31/2016
99145	MOD CS BY SAME PHYS ADD-	No Precert Req	Code deleted 12/31/2016
99148	MOD CS DIFF PHYS < 5 YRS	No Precert Req	Code deleted 12/31/2016
99149	MOD CS DIFF PHYS 5 YRS +	No Precert Req	Code deleted 12/31/2016
99150	MOD CS DIFF PHYS ADD-ON	No Precert Req	Code deleted 12/31/2016

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Code	Description	PHS+ Review Type	Comments
99151	MOD SED SAME PHYS/QHP <5 YRS	No Precert Req	
99152	MOD SED SAME PHYS/QHP 5/>YRS	No Precert Req	
99153	MOD SED SAME PHYS/QHP EA	No Precert Req	
99155	MOD SED OTH PHYS/QHP <5 YRS	No Precert Req	
99156	MOD SED OTH PHYS/QHP 5/>YRS	No Precert Req	
99157	MOD SED OTHER PHYS/QHP EA	No Precert Req	
99170	ANOGENITAL EXAM, CHILD	No Precert Req	
99172	OCULAR FUNCTION SCREEN	No Precert Req	
99173	VISUAL ACUITY SCREEN	No Precert Req	
99174	OCULAR PHOTOSCREENING	No Precert Req	
99175	INDUCTION OF VOMITING	No Precert Req	
99177	OCULAR INSTRUMNT SCREEN BIL	No Precert Req	
99184	HYPOTHERMIA ILL NEONATE	No Precert Req	
99188	APP TOPICAL FLUORIDE VARNISH	No Precert Req	
99190	SPECIAL PUMP SERVICES	No Precert Req	
99191	SPECIAL PUMP SERVICES	No Precert Req	
99192	SPECIAL PUMP SERVICES	No Precert Req	
99195	PHLEBOTOMY	No Precert Req	
99201	OFFICE/OUTPATIENT VISIT,	No Precert Req	
99202	OFFICE/OUTPATIENT VISIT,	No Precert Req	
99203	OFFICE/OUTPATIENT VISIT,	No Precert Req	
99204	OFFICE/OUTPATIENT VISIT,	No Precert Req	
99205	OFFICE/OUTPATIENT VISIT,	No Precert Req	
99211	OFFICE/OUTPATIENT VISIT,	No Precert Req	
99212	OFFICE/OUTPATIENT VISIT,	No Precert Req	
99213	OFFICE/OUTPATIENT VISIT,	No Precert Req	
99214	OFFICE/OUTPATIENT VISIT,	No Precert Req	
99215	OFFICE/OUTPATIENT VISIT,	No Precert Req	
99221	INITIAL HOSPITAL CARE	No Precert Req	
99222	INITIAL HOSPITAL CARE	No Precert Req	
99223	INITIAL HOSPITAL CARE	No Precert Req	
99224	SUBSEQUENT OBSERVATION C	No Precert Req	
99225	SUBSEQUENT OBSERVATION C	No Precert Req	
99226	SUBSEQUENT OBSERVATION C	No Precert Req	
99231	SUBSEQUENT HOSPITAL CARE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
99232	SUBSEQUENT HOSPITAL CARE	No Precert Req	
99233	SUBSEQUENT HOSPITAL CARE	No Precert Req	
99238	HOSPITAL DISCHARGE DAY	No Precert Req	
99239	HOSPITAL DISCHARGE DAY	No Precert Req	
99241	OFFICE CONSULTATION	No Precert Req	
99242	OFFICE CONSULTATION	No Precert Req	
99243	OFFICE CONSULTATION	No Precert Req	
99244	OFFICE CONSULTATION	No Precert Req	
99245	OFFICE CONSULTATION	No Precert Req	
99251	INITIAL Inpatient CONSUL	No Precert Req	
99252	INITIAL Inpatient CONSUL	No Precert Req	
99253	INITIAL Inpatient CONSUL	No Precert Req	
99254	INITIAL Inpatient CONSUL	No Precert Req	
99255	INITIAL Inpatient CONSUL	No Precert Req	
99281	EMERGENCY DEPT VISIT	No Precert Req	
99282	EMERGENCY DEPT VISIT	No Precert Req	
99283	EMERGENCY DEPT VISIT	No Precert Req	
99284	EMERGENCY DEPT VISIT	No Precert Req	
99285	EMERGENCY DEPT VISIT	No Precert Req	
99288	DIRECT ADVANCED LIFE SUP	No Precert Req	
99291	CRITICAL CARE, FIRST HOU	No Precert Req	
99292	CRITICAL CARE, ADD'L 30	No Precert Req	
99315	NURSING FAC DISCHARGE DA	No Precert Req	
99316	NURSING FAC DISCHARGE DA	No Precert Req	
99324	DOMICIL/R-HOME VISIT NEW	No Precert Req	
99325	DOMICIL/R-HOME VISIT NEW	No Precert Req	
99326	DOMICIL/R-HOME VISIT NEW	No Precert Req	
99327	DOMICIL/R-HOME VISIT NEW	No Precert Req	
99328	DOMICIL/R-HOME VISIT NEW	No Precert Req	
99334	DOMICIL/R-HOME VISIT EST	No Precert Req	
99335	DOMICIL/R-HOME VISIT EST	No Precert Req	
99336	DOMICIL/R-HOME VISIT EST	No Precert Req	
99337	DOMICIL/R-HOME VISIT EST	No Precert Req	
99339	DOMICIL/R-HOME CARE SUPE	No Precert Req	
99340	DOMICIL/R-HOME CARE SUPE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
99341	HOME VISIT, NEW PATIENT	No Precert Req	
99342	HOME VISIT, NEW PATIENT	No Precert Req	
99343	HOME VISIT, NEW PATIENT	No Precert Req	
99344	HOME VISIT, NEW PATIENT	No Precert Req	
99345	HOME VISIT, NEW PATIENT	No Precert Req	
99347	HOME VISIT, EST PATIENT	No Precert Req	
99348	HOME VISIT, EST PATIENT	No Precert Req	
99349	HOME VISIT, EST PATIENT	No Precert Req	
99350	HOME VISIT, EST PATIENT	No Precert Req	
99354	PROLONGED SERVICE, OFFIC	No Precert Req	
99355	PROLONGED SERVICE, OFFIC	No Precert Req	
99356	PROLONGED SERVICE, INPAT	No Precert Req	
99357	PROLONGED SERVICE, INPAT	No Precert Req	
99358	PROLONGED SERV, W/O CONT	No Precert Req	
99359	PROLONGED SERV, W/O CONT	No Precert Req	
99360	PHYSICIAN STANDBY SERVIC	No Precert Req	
99363	ANTICOAG MGMT, INIT	No Precert Req	
99364	ANTICOAG MGMT, SUBSEQ	No Precert Req	
99366	TEAM CONF W/PAT BY HC PR	No Precert Req	
99367	TEAM CONF W/O PAT BY PHY	No Precert Req	
99368	TEAM CONF W/O PAT BY HC	No Precert Req	
99374	HOME HEALTH CARE SUPERVI	No Precert Req	
99375	HOME HEALTH CARE SUPERVI	No Precert Req	
99377	HOSPICE CARE SUPERVISION	No Precert Req	
99378	HOSPICE CARE SUPERVISION	No Precert Req	
99379	NURSING FAC CARE SUPERVI	No Precert Req	
99380	NURSING FAC CARE SUPERVI	No Precert Req	
99381	PREV VISIT, NEW, INFANT	No Precert Req	
99382	PREV VISIT, NEW, AGE 1-4	No Precert Req	
99383	PREV VISIT, NEW, AGE 5-1	No Precert Req	
99384	PREV VISIT, NEW, AGE 12-	No Precert Req	
99385	PREV VISIT, NEW, AGE 18-	No Precert Req	
99386	PREV VISIT, NEW, AGE 40-	No Precert Req	
99387	PREV VISIT, NEW, 65 & OV	No Precert Req	
99391	PREV VISIT, EST, INFANT	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
99392	PREV VISIT, EST, AGE 1-4	No Precert Req	
99393	PREV VISIT, EST, AGE 5-1	No Precert Req	
99394	PREV VISIT, EST, AGE 12-	No Precert Req	
99395	PREV VISIT, EST, AGE 18-	No Precert Req	
99396	PREV VISIT, EST, AGE 40-	No Precert Req	
99397	PREV VISIT, EST, 65 & OV	No Precert Req	
99401	PREVENTIVE COUNSELING, I	No Precert Req	
99402	PREVENTIVE COUNSELING, I	No Precert Req	
99403	PREVENTIVE COUNSELING, I	No Precert Req	
99404	PREVENTIVE COUNSELING, I	No Precert Req	
99406	BEHAV CHNG SMOKING 3-10	No Precert Req	
99407	BEHAV CHNG SMOKING < 10	No Precert Req	
99408	AUDIT/DAST, 15-30 MIN	No Precert Req	
99409	AUDIT/DAST, OVER 30 MIN	No Precert Req	
99411	PREVENTIVE COUNSELING, G	No Precert Req	
99412	PREVENTIVE COUNSELING, G	No Precert Req	
99415	PROLONG CLINCL STAFF SVC	No Precert Req	
99416	PROLONG CLINCL STAFF SVC ADD	No Precert Req	
99420	HEALTH RISK ASSESSMENT T	No Precert Req	Code deleted 12/31/2016
99429	UNLISTED PREVENTIVE SERV	No Precert Req	
99441	PHONE E/M BY PHYS 5-10 M	No Precert Req	
99442	PHONE E/M BY PHYS 11-20	No Precert Req	
99443	PHONE E/M BY PHYS 21-30	No Precert Req	
99444	ONLINE E/M BY PHYS	No Precert Req	
99446	Interprof phone/online 5-10	No Precert Req	
99447	Interprof phone/online 11-20	No Precert Req	
99448	Interprof phone/online 21-30	No Precert Req	
99449	Interprof phone/online 31/>	No Precert Req	
99450	LIFE/DISABILITY EVALUATI	No Precert Req	
99455	DISABILITY EXAMINATION	No Precert Req	
99456	DISABILITY EXAMINATION	No Precert Req	
99460	INIT NB EM PER DAY, HOSP	No Precert Req	
99461	INIT NB EM PER DAY, NON-	No Precert Req	
99462	SBSQ NB EM PER DAY, HOSP	No Precert Req	
99463	SAME DAY NB DISCHARGE]	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
99464	ATTENDANCE AT DELIVERY]	No Precert Req	
99465	NB RESUSCITATION]	No Precert Req	
99466	PED CRIT CARE TRANSPORT]	No Precert Req	
99467	PED CRITCARE TRANSPORT A	No Precert Req	
99468	NEONATE CRIT CARE, INITI	No Precert Req	
99469	NEONATE CRIT CARE, SUBSQ	No Precert Req	
99471	PED CRITICAL CARE, INITI	No Precert Req	
99472	PED CRITICAL CARE, SUBSQ	No Precert Req	
99475	PED CRIT CARE AGE 2-5, I	No Precert Req	
99476	PED CRIT CARE AGE 2-5, S	No Precert Req	
99477	INIT DAY HOSP NEONATE CA	No Precert Req	
99478	IC, LBW INF < 1500 GM SU	No Precert Req	
99479	IC, LBW INF 1500-2500 G]	No Precert Req	
99480	IC INF PBW 2501-5000 G S	No Precert Req	
99490	CHRON CARE MGMT SRVC 20 MIN	No Precert Req	
99497	ADVNCDCARE PLAN 30 MIN	No Precert Req	
99498	ADVNCDCARE PLAN ADDL 30 MIN	No Precert Req	
99499	UNLISTED E&M SERVICE	No Precert Req	
99605	MTMS BY PHARM, NP, 15 MI	No Precert Req	
99606	MTMS BY PHARM, EST, 15 M	No Precert Req	
99607	MTMS BY PHARM, ADDL 15 M	No Precert Req	
A0021	OUT STATE/MILE AMB SRVC	No Precert Req	
A0080	NONVESTD ESCORT NONEMER	No Precert Req	
A0090	INTEREST ESCORT NONEMER	No Precert Req	
A0100	NONEMER TRANSPORT TAXI	No Precert Req	
A0110	NONEMER TRANSP&BUS ST	No Precert Req	
A0120	NONEMER TRANSP MINI-BUS	No Precert Req	
A0130	NONER TRANSP WHEELCH VN	No Precert Req	
A0160	NONER TRANSP CASEWORKER	No Precert Req	
A0170	TRANSPORT PARKNG FEES	No Precert Req	
A0180	NONER TRANSP LODGNG REC	No Precert Req	
A0190	NONER TRANSP MEALS REC	No Precert Req	
A0200	NONER TRANSP LODGNG ESC	No Precert Req	
A0210	NONER TRANSP MEAL ESCRT	No Precert Req	
A0225	NEONATAL EMERG TRANSP	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A0380	BLS PER MILE	No Precert Req	
A0382	BLS ROUTINE DIS SUPPLY	No Precert Req	
A0384	BLS DEFIB & SUPPLIES	No Precert Req	
A0390	ALS PER MILE	No Precert Req	
A0392	ALS DEFIB & SUPPLIES	No Precert Req	
A0394	ALS IV DRUG TX&SUPPLY	No Precert Req	
A0396	ALS ESOPH INTUB&SUPPLYS	No Precert Req	
A0398	ALS ROUTINE DISP SUPPLY	No Precert Req	
A0420	AMB WAITING 1/2 HR INCR	No Precert Req	
A0422	AMB 02 LIFE SUST SITUAT	No Precert Req	
A0424	EXTRA AMB ATTENDANT	No Precert Req	
A0425	GROUND MILEAGE-PER MILE	No Precert Req	
A0426	ALS 1	No Precert Req	
A0427	ALS 1-EMERGENCY	No Precert Req	
A0428	BLS	No Precert Req	
A0429	BLS-EMERGENCY	No Precert Req	
A0431	ROTARY WING AIR TRANSPOR	No Precert Req	
A0432	PI VOLUNTEER AMBULANCE	No Precert Req	
A0433	ALS 2	No Precert Req	
A0434	SPECIALTY CARE TRANSPORT	No Precert Req	
A0436	ROTARY WING MILEAGE	No Precert Req	
A0888	NONCOVERED AMB MI/MI	No Precert Req	
A0998	AMBULANCE RESPONSE/TREAT	No Precert Req	
A4206	1 CC STERL SYRNG&NEEDLE	No Precert Req	
A4207	2 CC STERL SYRNG&NEEDLE	No Precert Req	
A4208	3 CC STERL SYRNG&NEEDLE	No Precert Req	
A4209	5+ CC STERL SYRNG&NEEDL	No Precert Req	
A4210	NONNEEDLE INJECTION DEV	No Precert Req	
A4211	SUPP SELF-ADM INJECTION	No Precert Req	
A4212	NON CORING NEEDLE/STYLT	No Precert Req	
A4213	20+ CC SYRINGE ONLY	No Precert Req	
A4215	STERILE NEEDLE	No Precert Req	
A4216	STERILE WATER/SALINE, 10	No Precert Req	
A4217	STERILE H2O/SALINE 500ML	No Precert Req	
A4218	STERILE SALINE OR WATER	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A4220	IMP INFUS PUMP REFIL KT	No Precert Req	
A4221	MANT SUP DRG INF CATH/WK	No Precert Req	
A4222	INFUSION SUPPL W/ PUMP	No Precert Req	
A4223	INFUSION SUPPLIES W/O PU	No Precert Req	
A4224	SUPPLY INSULIN INF CATH/WK	No Precert Req	
A4225	SUP/EXT INSULIN INF PUMP SYR	No Precert Req	
A4230	INFUS INSLN PMP NO NEEDL	No Precert Req	
A4231	INFUS INSULN PUMP NEEDLE	No Precert Req	
A4232	SYRING W/NEEDL INSLN 3CC	No Precert Req	
A4233	ALKALIN BATT FOR GLUCOSE	No Precert Req	
A4234	J-CELL BATT FOR GLUCOSE	No Precert Req	
A4235	LITHIUM BATT FOR GLUCOSE	No Precert Req	
A4236	SILVR OXIDE BATT GLUCOSE	No Precert Req	
A4244	ALCOHOL OR PEROXIDE PER	No Precert Req	
A4245	ALCOHOL WIPES PER BOX	No Precert Req	
A4246	BETADINE/PHISOHEX SOLU	No Precert Req	
A4247	BETADINE/IODINE SWABS/W	No Precert Req	
A4248	CHLORHEXIDINE + ANTISEPT	No Precert Req	
A4250	URINE REAGENT STRIP/TAB	No Precert Req	
A4252	BLOOD KETONE TEST/STRIP	No Precert Req	
A4253	BLD GLUCOS/REAGNT STRIP	No Precert Req	
A4255	PLATFRMS BLD GLUCO MONIT	No Precert Req	
A4256	CALIBRTR SOLUTION/CHIPS	No Precert Req	
A4257	REPLACMNT LENS SHIELD	No Precert Req	
A4258	LANCET DEVICE EACH	No Precert Req	
A4259	LANCETS PER BOX	No Precert Req	
A4261	CONTRACEP CERVICAL CAP	No Precert Req	
A4262	TEMP TEAR DUCT PLUG EA	No Precert Req	
A4263	PERM TEAR DUCT PLUG EA	No Precert Req	
A4264	INTRATUBAL OCCLUSION DEV	No Precert Req	
A4265	PARAFFIN	No Precert Req	
A4266	DIAPHRAGM	No Precert Req	
A4267	MALE CONDOM	No Precert Req	
A4268	FEMALE CONDOM	No Precert Req	
A4269	SPERMICIDE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A4270	DISP ENDOSCOPE SHEATH	No Precert Req	
A4280	ADHESIVE SKIN SUPPORT	No Precert Req	
A4281	REPLACE BREASTPUMP TUBE	No Precert Req	
A4282	REPLACE BREASTPUMP ADPT	No Precert Req	
A4283	REPLACE BREASTPUMP CAP	No Precert Req	
A4284	RPLACE BREASTPUMP SHEILD	No Precert Req	
A4285	RPLACE BREASTPUMP BOTTLE	No Precert Req	
A4286	RPLCE BREASTPMP LOCK RNG	No Precert Req	
A4290	SACR NERV STIM TEST LEAD	No Precert Req	
A4300	IMPL VASC ACCESS CATH	No Precert Req	
A4301	IMPLNTBLE ACCES SYS PERC	No Precert Req	
A4305	DRUG DEL SYSTEM >=50 ML	No Precert Req	
A4306	DRUG DEL SYSTEM <=5 ML	No Precert Req	
A4310	INSERT TRAY NO BAG/CATH	No Precert Req	
A4311	CATH NO BAG 2-WAY LATEX	No Precert Req	
A4312	CATH NO BAG 2-WAY SILIC	No Precert Req	
A4313	CATHETER W/BAG 3-WAY	No Precert Req	
A4314	CATH W/DRAIN 2-WY LATEX	No Precert Req	
A4315	CATH W/DRAIN 2-WAY SILC	No Precert Req	
A4316	CATH W/DRAINAGE 3-WAY	No Precert Req	
A4320	IRRIGATION TRAY	No Precert Req	
A4321	THERAP AGT URIN CATH IRG	No Precert Req	
A4322	IRRIGATION SYRINGE	No Precert Req	
A4326	MALE EXT CATH W/ CHAMBER	No Precert Req	
A4327	FEM URINE COLLECT DEV	No Precert Req	
A4328	FEM URINE COLLECT POUCH	No Precert Req	
A4330	STOOL COLLECTION POUCH	No Precert Req	
A4331	EXTENSION DRAINAGE TUBE	No Precert Req	
A4332	LUBE STERILE PACKET	No Precert Req	
A4333	URINARY CATH ANCHOR DEVI	No Precert Req	
A4334	URINARY CATH LEG STRAP	No Precert Req	
A4335	INCONTINENCE SUPPLY	No Precert Req	
A4336	URETHRAL INSERT	No Precert Req	
A4337	Incontinence supply, rectal insert, any type, each	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A4338	INDWELLING CATH LATEX	No Precert Req	
A4340	INDWELL CATH SPECIAL, EA	No Precert Req	
A4344	INDW CATH FOLEY 2-W SIL	No Precert Req	
A4346	CATH INDW FOLEY 3 WAY	No Precert Req	
A4349	DISP MALE EXTRN CATHETER	No Precert Req	
A4351	STRAIGHT TIP URINE CATH	No Precert Req	
A4352	COUDE TIP URINARY CATH	No Precert Req	
A4353	INTRMT URIN CATH W/SUPLY	No Precert Req	
A4354	CATH INSERT TRAY W/BAG	No Precert Req	
A4355	BLADDER IRRIGATE TUBING	No Precert Req	
A4356	EXT URETH CLMP/COMPR DV	No Precert Req	
A4357	BEDSIDE DRAINAGE BAG	No Precert Req	
A4358	URINARY LEG OR ABD BAG	No Precert Req	
A4360	DISPOSABLE EXT URETHRAL	No Precert Req	
A4361	OSTOMY FACE PLATE	No Precert Req	
A4362	SOLID SKIN BARRIER	No Precert Req	
A4363	OSTOMY CLAMP, REPLACEMEN	No Precert Req	
A4364	LIQUID OR EQUAL ADHESVE	No Precert Req	
A4366	ANY TYP OSTOMY VENT, EA	No Precert Req	
A4367	OSTOMY BELT	No Precert Req	
A4368	ANY OSTOMY FILTER, EA	No Precert Req	
A4369	OSTOMY SKIN BARR,LIQUID	No Precert Req	
A4371	OSTOMY SKIN BARR, POWDER	No Precert Req	
A4372	OSTOMY SKIN BARR, SOLID	No Precert Req	
A4373	OSTOMY SKIN BAR, WI FLAN	No Precert Req	
A4375	OSTOMY POUCH, DRAIN,PLAS	No Precert Req	
A4376	OSTOMY POUCH W FP,RUBBER	No Precert Req	
A4377	OSTOMY POUCH, PLASTIC	No Precert Req	
A4378	OSTOMY POUCH, RUBBER	No Precert Req	
A4379	OSTOM POU URIN FP PLAST	No Precert Req	
A4380	OSTOM POU URIN FP RUBBER	No Precert Req	
A4381	OSTOMY POUCH, URIN PLAST	No Precert Req	
A4382	OSTOMY POUCH, URIN HPLAS	No Precert Req	
A4383	OSTOMY POUCH, URIN RUB	No Precert Req	
A4384	OSTOMY FACEPLATE EQUIV	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A4385	OSTOMY SK BAR, SOLID	No Precert Req	
A4387	OSTOMY POUCH CLOSED	No Precert Req	
A4388	OSTOMY POUCH DRN W EXT	No Precert Req	
A4389	OSTOMY POUCH DRN W STAND	No Precert Req	
A4390	OSTOMY POUCH W EXTENDED	No Precert Req	
A4391	OSTOMY POUCH URIN EXTEND	No Precert Req	
A4392	OSTOMY POUCH URIN STAND	No Precert Req	
A4393	OSTOMY POUCH URIN BUILT	No Precert Req	
A4394	OSTOMY DEODORANT	No Precert Req	
A4395	OSTOMY DEODORANT, SOLID	No Precert Req	
A4396	PERISTOMAL HERNIA SUPPOR	No Precert Req	
A4397	IRRIGATE SUPPLY SLEEVE	No Precert Req	
A4398	OSTMY IRRGATN SUPPLY BAG	No Precert Req	
A4399	OSTMY IRRIGATN,CONE/CATH	No Precert Req	
A4400	OSTOMY IRRIGATION SET	No Precert Req	
A4402	LUBRICANT PER OUNCE	No Precert Req	
A4404	OSTOMY RING EACH	No Precert Req	
A4405	NONPECTIN OSTOMY PASTE	No Precert Req	
A4406	PECTIN BASE OSTOMY PASTE	No Precert Req	
A4407	EXT WEAR OST BARR <=4SQ	No Precert Req	
A4408	EXT WEAR OST BARR >4SQ	No Precert Req	
A4409	OST SKN BARR CONVEX <=4	No Precert Req	
A4410	OST SKN BARR EXTND >4 SQ	No Precert Req	
A4411	OST SKN BARR EXTND =4SQ	No Precert Req	
A4412	OST POUCH DRAIN HIGH OUT	No Precert Req	
A4413	2 PC DRAINABLE OST POUCH	No Precert Req	
A4414	OST SKNBAR W/O CONV<=4 S	No Precert Req	
A4415	OST SKN BARR W/O CONV >4	No Precert Req	
A4416	CL OSTOMY POUCH-BARRIER	No Precert Req	
A4417	CL OST POUCH-BARR+CONVEX	No Precert Req	
A4418	CLOSED OSTOMY POUCH	No Precert Req	
A4419	CL OST POUCH-FLANGE	No Precert Req	
A4420	CL OST POUCH-LOCK FLANGE	No Precert Req	
A4421	OSTOMY SUPPLY MISC	No Precert Req	
A4422	OST POUCH ABSORBNT MTRL	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A4423	CL OST PCH-LCK FLANG/FIL	No Precert Req	
A4424	DRAIN OST POUCH-BARR	No Precert Req	
A4425	DRAIN OST POUCH-FLANGE	No Precert Req	
A4426	DRAIN OST PCH-LCK FLANGE	No Precert Req	
A4427	DRN OST PCH-LCK FLAN+FIL	No Precert Req	
A4428	URIN OST PCH-FAUCET/TAP	No Precert Req	
A4429	URIN OST PCH-BLTIN CONVX	No Precert Req	
A4430	URIN OST PCH-EXT BAR+CVX	No Precert Req	
A4431	URIN OST PCH-BAR+TAP+VLV	No Precert Req	
A4432	URIN OST PCH-BAR+FLNG+TA	No Precert Req	
A4433	URIN OST PCH-BAR+LCK FLG	No Precert Req	
A4434	URIN OST PCH-LCK FLG+TAP	No Precert Req	
A4450	NON-WATERPROOF TAPE	No Precert Req	
A4452	WATERPROOF TAPE	No Precert Req	
A4455	ADHESIVE REMOVER PER OZ	No Precert Req	
A4456	ADHESIVE REMOVER, WIPES	No Precert Req	
A4458	REUSABLE ENEMA BAG	No Precert Req	
A4459	Manual pump enema, reusable	No Precert Req	
A4461	SURGICL DRESS HOLD NON-R	No Precert Req	
A4463	SURGICAL DRESS HOLDER RE	No Precert Req	
A4465	NO ELASTC EXTREM BINDER	No Precert Req	
A4466	ELASTIC GARMENT/COVERING	No Precert Req	
A4467	BELT STRAP SLEEV GRMNT COVER	No Precert Req	
A4470	GRAVLEE JET WASHER	No Precert Req	
A4480	VABRA ASPIRATOR	No Precert Req	
A4481	ANY TRACH FILTER, EA	No Precert Req	
A4483	DISP MOISTURE EXCHANGER	No Precert Req	
A4490	ABVOE KNEE SURG STOCKNG	No Precert Req	
A4495	THIGH LENGTH SURG STOCK	No Precert Req	
A4500	BELOW KNEE SURGI STOCKN	No Precert Req	
A4510	FULL LENGTH SURG STOCKN	No Precert Req	
A4520	INCONTIN GARMENT ANYTYPE	No Precert Req	
A4550	SURGICAL TRAYS	No Precert Req	
A4553	NONDISP UNDERPADS, ALL SIZES	No Precert Req	
A4554	DISPOSABLE UNDERPADS	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A4556	ELECTRODES-APNEA MONITOR	No Precert Req	
A4557	LEAD WIRES-APNEA MONITOR	No Precert Req	
A4558	CONDUCTIVE PASTE/GEL	No Precert Req	
A4559	COUPLING GEL OR PASTE	No Precert Req	
A4561	PESSARY RUBBER, ANY TYPE	No Precert Req	
A4562	PESSARY NON RUBBER, ANY	No Precert Req	
A4565	SLINGS	No Precert Req	
A4566	SHOULD SLING/VEST/ABREST	No Precert Req	
A4570	SPLINT	No Precert Req	
A4575	HYPERBAR O2 CHAMBR DISPS	No Precert Req	Experimental/Investigational/Unproven
A4580	CAST SUPPLIES (PLASTER)	No Precert Req	
A4590	SPEC CASTING MATERIAL	No Precert Req	
A4595	TENS SUPPL 2 LEAD/MONTH	No Precert Req	
A4595	TENS SUPPL 2 LEAD/MONTH	No Precert Req	
A4600	SLEEVE, INTER LIMB COMP	No Precert Req	
A4601	LITH ION BATT, NON-PROS	No Precert Req	
A4602	Lith ion non prosth recharge	No Precert Req	
A4604	TUBING WITH HEATING ELEM	No Precert Req	
A4605	TRACH SUCTION CATH CLSED	No Precert Req	
A4606	OXYGEN PROBE USED W OXIM	No Precert Req	
A4608	TRANSTRACH OXYGEN CATH	No Precert Req	
A4611	HEAVY DUTY BATTERY	No Precert Req	
A4612	BATTERY CABLES	No Precert Req	
A4613	BATTERY CHARGER	No Precert Req	
A4614	EXPIRATORY FLOW METER	No Precert Req	
A4615	CANNULA NASAL	No Precert Req	
A4616	TUBING (OXYGEN)/FOOT	No Precert Req	
A4617	MOUTH PIECE	No Precert Req	
A4618	BREATHING CIRCUITS	No Precert Req	
A4619	FACE TENT	No Precert Req	
A4620	VARI CONCENTRATION MASK	No Precert Req	
A4623	TRACHE INNER CANNULA	No Precert Req	
A4624	TRACHEAL SUCTION TUBE	No Precert Req	
A4625	TRACH CARE KIT-NEW TRACH	No Precert Req	
A4626	TRACHE CLEANING BRUSH	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A4627	SPACER BAG/RESERVOIR	No Precert Req	
A4628	OROPHARYNG SUCTION CATH	No Precert Req	
A4629	TRACHEOSTOMY CARE KIT	No Precert Req	
A4630	REPL BAT TENS PT OWNED	No Precert Req	
A4633	UVL REPLACEMENT BULB	No Precert Req	
A4634	REPLACE BULB TH LIGHTBOX	No Precert Req	
A4635	UNDERARM CRUTCH PAD	No Precert Req	
A4636	HANDGRIP FOR CANE ETC	No Precert Req	
A4637	REPL TIP CAN/CRTCH/WLKR	No Precert Req	
A4638	REPL BATT EAR PULSE GEN	No Precert Req	
A4639	INFRARED HT SYS RPLC PAD	No Precert Req	
A4640	ALTERNATING PRESSUR PAD	No Precert Req	
A4642	IN111 SATUMOMAB	No Precert Req	
A4649	SURGICAL SUPPLIES	No Precert Req	
A4652	MICROCAPILLARY TUBE SEAL	No Precert Req	
A4653	PD CATHETER ANCHOR BELT	No Precert Req	
A4657	SYRINGE W/WO NEEDLE	No Precert Req	
A4660	SPHYG/BP APP W CUFF&STET	No Precert Req	
A4663	DIALYSIS BP CUFF	No Precert Req	
A4670	AUTO BP MONITOR, DIAL	No Precert Req	
A4671	DISPOSABLE CYCLER SET	No Precert Req	
A4672	DRAINAGE EXT LINE-DIALYS	No Precert Req	
A4673	EXT LINE-EASY LOCK CONN	No Precert Req	
A4674	CHEM/ANTISEPT SOL-DIALYS	No Precert Req	
A4680	ARTIF CARBON FILTER, EA	No Precert Req	
A4690	DIALYZERS, EACH	No Precert Req	
A4706	BICARBONATE CONC SOL,GAL	No Precert Req	
A4707	BICARBONATE CONC POW,PAC	No Precert Req	
A4708	ACETATE CONC SOL PER GAL	No Precert Req	
A4709	ACID CONC SOL PER GALLON	No Precert Req	
A4714	TREATED DIALYSIS PER GAL	No Precert Req	
A4719	Y SET TUBING	No Precert Req	
A4720	DIALYS SOL FLD VOL>249CC	No Precert Req	
A4721	DIALYS SOL FLD VOL>999CC	No Precert Req	
A4722	DIALYS SOL FLD VOL>1999C	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A4723	DIALYS SOL FLD VOL>2999C	No Precert Req	
A4724	DIALYS SOL FLD VOL>3999C	No Precert Req	
A4725	DIALYS SOL FLD VOL>4999C	No Precert Req	
A4726	DIALYS SOL FLD VOL>5999C	No Precert Req	
A4728	NON-DEXTROSE DIALYSATE	No Precert Req	
A4730	FIST CANNULAT SET, EACH	No Precert Req	
A4736	TOPICAL ANESTHETIC, P GM	No Precert Req	
A4737	INJ ANESTHETIC PER 10 ML	No Precert Req	
A4740	SHUNT ACCESSORY, EACH	No Precert Req	
A4750	ART/VENOUS BLOOD TUBING	No Precert Req	
A4755	COMB ART & VENOUS TUBNG	No Precert Req	
A4760	DIALYSATE SOL TEST KIT,E	No Precert Req	
A4765	DIALYSATE CONC POW P/PCK	No Precert Req	
A4766	DIALYS CONC SOL ADD 10ML	No Precert Req	
A4770	BLD COLLECTION TUBE/VACM	No Precert Req	
A4771	SERUM CLOT TIME TUBE	No Precert Req	
A4772	BLOOD GLUCOSE TEST STRIP	No Precert Req	
A4773	OCCULT BLOOD TEST STRIPS	No Precert Req	
A4774	AMMONIA TEST STRIPS	No Precert Req	
A4802	PROTAMINE SULFATE P/50MG	No Precert Req	
A4860	DISPOSABLE CATH TIPS	No Precert Req	
A4870	PLUM/ELEC WRK HEMO EQUIP	No Precert Req	
A4890	REP/MAINT CONT HEMO EQUI	No Precert Req	
A4911	DRAIN BAG/BOTTLE	No Precert Req	
A4913	MISC DIALYSIS SUPPLIES	No Precert Req	
A4918	VENOUS PRESSURE CLAMP	No Precert Req	
A4927	NON-STERILE GLOVES	No Precert Req	
A4928	SURGICAL MASK	No Precert Req	
A4929	TOURNIQUET DIALYSIS,EACH	No Precert Req	
A4930	STERILE, GLOVES PER PAIR	No Precert Req	
A4931	REUSABLE ORAL THERMOMETR	No Precert Req	
A4932	REUSABLE RECT THERMOMETR	No Precert Req	
A5051	POUCH CLSD W BARR ATTCH	No Precert Req	
A5052	CLSD OSTMY POUCH NO BAR	No Precert Req	
A5053	CLSD OSTMY POUCH FACEPL	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A5054	CLSD OSTMY POUCH W/FLNG	No Precert Req	
A5055	STOMA CAP	No Precert Req	
A5056	1 PC OST POUCH W FILTER	No Precert Req	
A5057	1 PC OST POU W BUILT-IN	No Precert Req	
A5061	POUCH DRAIN W BARRIR AT	No Precert Req	
A5062	DRNBL OSTMY POUCH NO BA	No Precert Req	
A5063	DRAIN OSTMY POUCH FLNGE	No Precert Req	
A5071	URINARY POUCH W/BARRIER	No Precert Req	
A5072	URINARY POUCH W/O BARRI	No Precert Req	
A5073	URIN POUCH BARR W/FLNGE	No Precert Req	
A5081	CONTINENT STOMA PLUG	No Precert Req	
A5082	CONTINENT STOMA CATH	No Precert Req	
A5083	STOMA ABSORPTIVE COVER	No Precert Req	
A5093	OSTMY ACCESRY CONVEX IN	No Precert Req	
A5102	BEDSDE BTLE RIGID/EXPAN	No Precert Req	
A5105	URINARY SUSPENSORY	No Precert Req	
A5112	URINARY LEG BAG	No Precert Req	
A5113	LATEX LEG STRAP REPLACMT	No Precert Req	
A5114	FOAM/FABR LEG STRAP REPL	No Precert Req	
A5120	SKIN BARRIER, WIPE OR SW	No Precert Req	
A5121	SOLID SKIN BARRIER 6X6	No Precert Req	
A5122	SOLID SKIN BARRIER 8X8	No Precert Req	
A5126	ADHESIVE DISC/FOAM PAD	No Precert Req	
A5131	APPLIANCE CLEANER	No Precert Req	
A5200	PERCUT CATH/TUBE ANCHOR	No Precert Req	
A5500	DIAB SHOE DENSTY INSERT	No Precert Req	
A5500	DIAB SHOE DENSTY INSERT	No Precert Req	
A5501	DIABETC CUST MOLD SHOE	No Precert Req	
A5501	DIABETC CUST MOLD SHOE	No Precert Req	
A5503	DIAB SHOE W/ROLLR/ROCKR	No Precert Req	
A5503	DIAB SHOE W/ROLLR/ROCKR	No Precert Req	
A5504	DIABETC SHOE WITH WEDGE	No Precert Req	
A5504	DIABETC SHOE WITH WEDGE	No Precert Req	
A5505	DIAB SHOE W/METATSL BAR	No Precert Req	
A5505	DIAB SHOE W/METATSL BAR	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A5506	DIAB SHOE W/OFF SET HEL	No Precert Req	
A5506	DIAB SHOE W/OFF SET HEL	No Precert Req	
A5507	MODIFI DIABETIC SHOE	No Precert Req	
A5507	MODIFI DIABETIC SHOE	No Precert Req	
A5508	DIABETIC DELUXE SHOE	No Precert Req	
A5510	COMPRESSION FORM SHOE IN	No Precert Req	
A5512	MULTI DEN INSERT DIRECT	No Precert Req	
A5512	MULTI DEN INSERT DIRECT	No Precert Req	
A5513	MULTI DEN INSERT CUSTOM	No Precert Req	
A5513	MULTI DEN INSERT CUSTOM	No Precert Req	
A6000	WOUND WARMING WOUND COVR	No Precert Req	
A6010	COLLAGN BASED WND FILLER	No Precert Req	
A6011	COLLAGN GEL/PST WND FILL	No Precert Req	
A6021	COLLAG DRESS <=16 SQ IN	No Precert Req	
A6022	COLLAG DRESS>6<=48SQ IN	No Precert Req	
A6023	COLLAG DRESS > 48 SQ IN	No Precert Req	
A6024	COLLAG DSG WOUND FILLER	No Precert Req	
A6025	SILICONE GEL SHEET, EACH	No Precert Req	
A6154	WOUND POUCH, EA	No Precert Req	
A6196	ALGINATE DRESSNG <=16SQ"	No Precert Req	
A6197	ALGINATE DRSG >16<=48SQ"	No Precert Req	
A6198	ALGINATE DRSG >48 SQ IN	No Precert Req	
A6199	ALGINATE DRSG WND FILLER	No Precert Req	
A6203	COMPOSITE DRSG <=16 SQ"	No Precert Req	
A6204	ADH CMP DRSG >16<=48 SQ"	No Precert Req	
A6205	ADH COMPOS DRSG >48 SQ"	No Precert Req	
A6206	CONTACT LAYER <=16 SQ IN	No Precert Req	
A6207	CONTACT LAYER >16<=48SQ"	No Precert Req	
A6208	CONTACT LAYER > 48 SQ IN	No Precert Req	
A6209	FOAM DRSG<=16 SQ"W/O BDR	No Precert Req	
A6210	FOAM DRG>16<=48SQ" W/O B	No Precert Req	
A6211	FOAM DRG >48 SQ"W/O BRDR	No Precert Req	
A6212	FOAM DRG <=16 SQ" W/BRDR	No Precert Req	
A6213	FOM DRG>16<=48 SQ" W/BDR	No Precert Req	
A6214	FOAM DRG >48 SQ" W/BORDR	No Precert Req	

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A6215	FOAM DRESSNG WOUND FILLR	No Precert Req	
A6216	NONSTERILE GAUZE<=16 SQ"	No Precert Req	
A6217	NONSTER GAUZE >16<=48SQ"	No Precert Req	
A6218	NONSTERILE GAUZE >48 SQ"	No Precert Req	
A6219	GAUZE <=16 SQ" W/BORDER	No Precert Req	
A6220	GAUZE >16<=48 SQ" W/BRDR	No Precert Req	
A6221	GAUZE > 48 SQ IN W/BORDR	No Precert Req	
A6222	GAUZE<=16" W/O SAL/ADHBD	No Precert Req	
A6223	GZE >16<=48 W/O SAL/ADH	No Precert Req	
A6224	GZE >48" W/O SAL/ADH BDR	No Precert Req	
A6228	GAUZE <=16 SQ" WATER/SAL	No Precert Req	
A6229	GAUZE>16<=48SQ" WATR/SAL	No Precert Req	
A6230	GAUZE >48 SQ" WATER/SALN	No Precert Req	
A6231	HYDROGEL DSG<= 16 SQ IN	No Precert Req	
A6232	HYDROGEL DSG>16<=48SQ IN	No Precert Req	
A6233	HYDROGEL DSG > 48 SQ IN	No Precert Req	
A6234	HCOLLDRG <=16 W/O BDR	No Precert Req	
A6235	HCOLLDRG >16<=48 W/O B	No Precert Req	
A6236	HCOLLDRG >48" W/O BRDR	No Precert Req	
A6237	HCOLLDRSG <=16" W/BDR	No Precert Req	
A6238	HCOLLDRG >16<=48 W/BDR	No Precert Req	
A6239	HCOLLDRSG >48 IN W/BDR	No Precert Req	
A6240	HCOLLDRSG FILLER PASTE	No Precert Req	
A6241	HCOLLOID DRSG FILLER DRY	No Precert Req	
A6242	HGEL DRG <=16 IN W/O BDR	No Precert Req	
A6243	HGEL DRG >16<=48 W/O BDR	No Precert Req	
A6244	HGEL DRSG >48 IN W/O BDR	No Precert Req	
A6245	HGEL DRSG <=16 IN W/BRDR	No Precert Req	
A6246	HGEL DRSG >16<=48" W/BRD	No Precert Req	
A6247	HGEL DRG >48 SQ IN W/BRD	No Precert Req	
A6248	HYDROGEL DRSG GEL FILLER	No Precert Req	
A6250	SKIN SEAL PROTECT MOIST	No Precert Req	
A6251	ABS DRSG <=16 SQ" W/O BR	No Precert Req	
A6252	ABS DRSG >16<=48 W/O BDR	No Precert Req	
A6253	ABS DRSG >48 SQ" W/O BDR	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A6254	ABS DRSG <=16 SQ" W/BRDR	No Precert Req	
A6255	ABS DRSG >16<=48" W/BRDR	No Precert Req	
A6256	ABS DRG > 48 SQ IN W/BDR	No Precert Req	
A6257	TRANSP FILM <= 16 SQ IN	No Precert Req	
A6258	TRANSP FILM >16<=48SQ"	No Precert Req	
A6259	TRANSP FILM > 48 SQ IN	No Precert Req	
A6260	WND CLEANSR ANY TYPE/SZ	No Precert Req	
A6261	WND FILLER GEL/PASTE /OZ	No Precert Req	
A6262	WND FILLER DRY FORM /GRM	No Precert Req	
A6266	IMPREG GAUZE NO H20/SAL	No Precert Req	
A6402	GAUZE <=16 SQ" W/O BORDR	No Precert Req	
A6403	GAUZE>16<=48 SQ" W/O BDR	No Precert Req	
A6404	GAUZE >48 SQ" W/O BORDR	No Precert Req	
A6407	PACKNG STRIPS-NON-IMPREG	No Precert Req	
A6410	STERILE EYE PAD	No Precert Req	
A6411	NON-STERILE EYE PAD	No Precert Req	
A6412	OCCLUSIVE EYE PATCH	No Precert Req	
A6413	ADHESIVE BANDAGE, FIRST-	No Precert Req	
A6441	PADD BAND WPTH >=3" <5"	No Precert Req	
A6442	CONFRM BAND WPTH <3"	No Precert Req	
A6443	CONFRM BAND WPTH >=3"<5"	No Precert Req	
A6444	CONFORM BANDG WPTH >=5"	No Precert Req	
A6445	CONFRM BAND ST WPTH <3"	No Precert Req	
A6446	CONFRM BAND ST WD >=3"<5"	No Precert Req	
A6447	CONFRM BAND ST WPTH >=5"	No Precert Req	
A6448	LT COMPRES BAND WPTH <3"	No Precert Req	
A6449	LT COMPRES BAND >=3" <5"	No Precert Req	
A6450	LT COMPRES BAND WD >=5"	No Precert Req	
A6451	MOD COMPRES BAND >=3"<5"	No Precert Req	
A6452	HI COMPRES BAND >=3" <5"	No Precert Req	
A6453	SELF-ADHER BAND WPTH <3"	No Precert Req	
A6454	SELF-ADH BAND WD >=3"<5"	No Precert Req	
A6455	SELF-ADHER BAND WD >=5"	No Precert Req	
A6456	ZINC PASTE BAND >=3" <5"	No Precert Req	
A6457	TUBULAR DRESSING	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A6501	COMPRES BURNGARMENT BODY	No Precert Req	
A6502	COMPRS BURNGRMNT CHINSTR	No Precert Req	
A6503	BURNGARMENT FACEHOOD	No Precert Req	
A6504	CMPRSBURNGARMENT GLOVE-W	No Precert Req	
A6505	BURNGARMENT GLOVE-ELBOW	No Precert Req	
A6506	BURNGRMNT GLOVE-AXILLA	No Precert Req	
A6507	BURNGARMENT FOOT-KNEE	No Precert Req	
A6508	BURNGARMENT FOOT-THIGH	No Precert Req	
A6509	BURN GARMENT JACKET	No Precert Req	
A6510	COMPRES BURN GARMENT LEO	No Precert Req	
A6511	BURN GARMENT PANTY	No Precert Req	
A6512	COMPRES BURN GARMENT NOC	No Precert Req	
A6513	COMPRESS BURN MASK FACE/	No Precert Req	
A6530	COMPRESSION STOCKING BK1	No Precert Req	
A6531	COMPRESSION STOCKING BK3	No Precert Req	
A6532	COMPRESSION STOCKING BK4	No Precert Req	
A6533	GC STOCKING THIGHLNGTH 1	No Precert Req	
A6534	GC STOCKING THIGHLNGTH 3	No Precert Req	
A6535	GC STOCKING THIGHLNGTH 4	No Precert Req	
A6536	GC STOCKING FULL LNGTH 1	No Precert Req	
A6537	GC STOCKING FULL LNGTH 3	No Precert Req	
A6538	GC STOCKING FULL LNGTH 4	No Precert Req	
A6539	GC STOCKING WAISTLNGTH 1	No Precert Req	
A6540	GC STOCKING WAISTLNGTH 3	No Precert Req	
A6541	GC STOCKING WAISTLNGTH 4	No Precert Req	
A6544	GC STOCKING GARTER BELT	No Precert Req	
A6545	GRAD COMP NON-ELASTIC BK	No Precert Req	
A6549	G COMPRESSION STOCKING	No Precert Req	
A6550	NEG PRES WND TX DRSG SET	No Precert Req	
A7000	CANISTER, DISPOSABLE	No Precert Req	
A7001	CANISTER, NON DISPOSABLE	No Precert Req	
A7002	TUBING, USE/W SUCT PUMP	No Precert Req	
A7003	ADMIN SET, DISPOSABLE	No Precert Req	
A7004	SM VOL NF NEB, DISPOSABLE	No Precert Req	
A7005	ADMIN SET NON DISPOSABLE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A7006	ADMIN SET SM VOL FIL NEB	No Precert Req	
A7007	LG VOL NEB DISP UNFILLED	No Precert Req	
A7008	LG VOL NEB DISP PREFILL	No Precert Req	
A7009	RESERVOIR BOTTLE	No Precert Req	
A7010	CORRUG TUBING DISP 100FT	No Precert Req	
A7011	CORRUG TUBING N-DISP 10'	No Precert Req	Code deleted 12/31/2015
A7012	WATER COLLECTION DEVICE	No Precert Req	
A7013	DISPOSABLE COMPRESSOR FI	No Precert Req	
A7014	FILTER, NONDISPOSABLE	No Precert Req	
A7015	AEROSOL MASK	No Precert Req	
A7016	DOME AND MOUTHPIECE	No Precert Req	
A7017	NEBULIZER, DURABLE	No Precert Req	
A7018	WATER DISTILLED W/NEBUL	No Precert Req	
A7020	INTERFACE, COUGH STIM DE	No Precert Req	
A7025	REPLACE CHEST COMPR VEST	No Precert Req	
A7026	REPLACE CHST CMPRSS HOSE	No Precert Req	
A7027	COMBINATION ORAL/NASAL M	No Precert Req	
A7028	REPL ORAL CUSHION COMBO	No Precert Req	
A7029	REPL NASAL PILLOW COMB M	No Precert Req	
A7030	CPAP FULL FACE MASK	No Precert Req	
A7031	REPLACE FACEMASK INTRFCE	No Precert Req	
A7032	REPLACE NASAL CUSHION	No Precert Req	
A7033	REPLACEMENT NASAL PILLOW	No Precert Req	
A7034	NASAL APPLICATION DEVICE	No Precert Req	
A7035	POS AIRWAY PRES HEADGEAR	No Precert Req	
A7036	POS AIRWAY PRESS CHINSTR	No Precert Req	
A7037	POS AIRWAY PRESSURE TUBE	No Precert Req	
A7038	PAP DISPOSABLE FILTER	No Precert Req	
A7039	PAP NON-DISOSABLE FILTER	No Precert Req	
A7040	ONE WAY CHEST DRAIN VALV	No Precert Req	
A7041	WATER SEAL DRAIN CONTAIN	No Precert Req	
A7042	IMPLANTED PLEURAL CATH	No Precert Req	
A7043	VACUUM DRAIN BOTTLE/TUBE	No Precert Req	
A7044	PAP ORAL INTERFACE	No Precert Req	
A7045	REPL EXHAL PORT FOR PAP	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A7046	REPL WATER CHAMBER PAP	No Precert Req	
A7048	Vacuum drain bottle/tube kit	No Precert Req	
A7501	TRACHEOSTOMA VALVE	No Precert Req	
A7502	REPLACE DIAPHRAGM/FPPLATE	No Precert Req	
A7503	HMES FILTER HOLDER / CAP	No Precert Req	
A7504	TRACHEOSTOMA HMES FILTER	No Precert Req	
A7505	HMES OR TRACH VALVE HOUS	No Precert Req	
A7506	HMES/TRACHVALVE ADHESIVE	No Precert Req	
A7507	INTEGRATED FILTER&HOLDER	No Precert Req	
A7508	HOUSING&INTEGRATED ADHES	No Precert Req	
A7509	HEAT & MOISTURE EXCH SYS	No Precert Req	
A7520	TRACH/LARYN TUBE NONCUFF	No Precert Req	
A7521	TRACH/LARYN TUBE CUFFED	No Precert Req	
A7522	TRACH/LARY TUBE STAINLES	No Precert Req	
A7523	TRACHEOST SHOWER PROTECT	No Precert Req	
A7524	TRACHEOSTOMA STENT/STUD	No Precert Req	
A7525	TRACHEOSTOMY MASK	No Precert Req	
A7526	TRACHEOSTOMY TUBE COLLAR	No Precert Req	
A7527	TRACH/LARYN TUBE PLUG/ST	No Precert Req	
A8000	SOFT PROTECT HELMET PREF	No Precert Req	
A8000	SOFT PROTECT HELMET PREF	No Precert Req	
A8001	HARD PROTECT HELMET PREF	No Precert Req	
A8001	HARD PROTECT HELMET PREF	No Precert Req	
A8002	SOFT PROTECT HELMET CUST	No Precert Req	
A8002	SOFT PROTECT HELMET CUST	No Precert Req	
A8003	HARD PROTECT HELMET CUST	No Precert Req	
A8003	HARD PROTECT HELMET CUST	No Precert Req	
A8004	REPL SOFT INTERFACE HELM	No Precert Req	
A8004	REPL SOFT INTERFACE HELM	No Precert Req	
A9150	MISC/EXPER NO PRESC DRU	No Precert Req	
A9152	SINGLE VITAMIN NOS	No Precert Req	
A9153	MULTI-VITAMIN NOS	No Precert Req	
A9155	ARTIFICIAL SALIVA	No Precert Req	
A9180	LICE TREATMENT, TOPICAL	No Precert Req	
A9270	NON-COVERED ITEM/SERVC	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A9270	NON-COVERED ITEM/SERV C	No Precert Req	
A9272	DISPOSABLE MECH WOUND SU	No Precert Req	
A9273	HOT/COLD H2OBOT/CAP/COL/	No Precert Req	
A9274	EXT AMB INSULIN DELIVERY	No Precert Req	
A9275	DISP HOME GLUCOSE MONITO	No Precert Req	
A9276	DISPOSABLE SENSOR, CGM S	No Precert Req	
A9277	EXTERNAL TRANSMITTER, CG	No Precert Req	
A9278	MONITORING FEATURE/DEVIC	No Precert Req	
A9279	MONITORING FEATURE/DEVIC	No Precert Req	
A9280	ALERT/ALARM DEVICE NOC	No Precert Req	
A9281	REACHING/GRABBING DEVICE	No Precert Req	
A9282	WIG ANY TYPE	No Precert Req	
A9283	FOOT PRESS OFF LOAD SUPP	No Precert Req	
A9283	FOOT PRESS OFF LOAD SUPP	No Precert Req	
A9284	NON-ELECTRONIC SPIROMETE	No Precert Req	
A9285	INVERSION EVERSION COR DEVIC	No Precert Req	
A9286	ANY HYGIENIC ITEM, DEVICE	No Precert Req	
A9300	EXERCISE EQUIPMENT	No Precert Req	
A9500	TC99M SESTAMIBI	No Precert Req	
A9501	TECHNETIUM TC-99M TEBORO	No Precert Req	
A9502	TC99M TETROFOSMIN	No Precert Req	
A9503	TC99M MEDRONATE	No Precert Req	
A9504	TC99M APCITIDE	No Precert Req	
A9505	TL201 THALLIUM	No Precert Req	
A9507	IN111 CAPROMAB	No Precert Req	
A9508	I131 IODOBENGUATE, DX	No Precert Req	
A9509	IODINE I-123 SOD IODIDE	No Precert Req	
A9510	TC99M DISOFENIN	No Precert Req	
A9512	TECHNETIUM TC99 PERTECHN	No Precert Req	
A9515	CHOLINE C-11	No Precert Req	
A9516	I123 IODIDE CAP, DX	No Precert Req	
A9517	I131 IODIDE CAP, RX	No Precert Req	
A9520	TC99 TILMANOCEPT DIAG 0.5MCI	No Precert Req	
A9521	TC99M EXAMETAZIME	No Precert Req	
A9524	I131 SERUM ALBUMIN, DX	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A9526	NITROGEN N-13 AMMONIA	No Precert Req	
A9527	IODINE I-125 SODIUM IODI	No Precert Req	
A9528	IODINE I-131 IODIDE CAP,	No Precert Req	
A9529	I131 IODIDE SOL, DX	No Precert Req	
A9530	I131 IODIDE SOL, RX	No Precert Req	
A9531	I131 MAX 100UCI	No Precert Req	
A9532	I125 SERUM ALBUMIN, DX	No Precert Req	
A9536	TC99M DEPREOTIDE	No Precert Req	
A9537	TC99M MEBROFENIN	No Precert Req	
A9538	TC99M PYROPHOSPHATE	No Precert Req	
A9539	TC99M PENTETATE	No Precert Req	
A9540	TC99M MAA	No Precert Req	
A9541	TC99M SULFUR COLLOID	No Precert Req	
A9542	IN111 IBRITUMOMAB, DX	No Precert Req	
A9543	Y90 IBRITUMOMAB, RX	No Precert Req	
A9544	I131 TOSITUMOMAB, DX	No Precert Req	Code deleted 12/31/2016
A9545	I131 TOSITUMOMAB, RX	No Precert Req	Code deleted 12/31/2016
A9546	CO57/58	No Precert Req	
A9547	IN111 OXYQUINOLINE	No Precert Req	
A9548	IN111 PENTETATE	No Precert Req	
A9550	TC99M GLUCEPTATE	No Precert Req	
A9551	TC99M SUCCIMER	No Precert Req	
A9552	F18 FDG	No Precert Req	
A9553	CR51 CHROMATE	No Precert Req	
A9554	I125 IOTHALAMATE, DX	No Precert Req	
A9555	RB82 RUBIDIUM	No Precert Req	
A9556	GA67 GALLIUM	No Precert Req	
A9557	TC99M BICISATE	No Precert Req	
A9558	XE133 XENON 10MCI	No Precert Req	
A9559	CO57 CYANO	No Precert Req	
A9560	TC99M LABELED RBC	No Precert Req	
A9561	TC99M OXIDRONATE	No Precert Req	
A9562	TC99M MERTIATIDE	No Precert Req	
A9563	P32 NA PHOSPHATE	No Precert Req	
A9564	P32 CHROMIC PHOSPHATE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
A9566	TC99M FANOLESOMAB	No Precert Req	
A9567	TECHNETIUM TC-99M AEROSO	No Precert Req	
A9568	TECHNETIUM TC99M ARCITUM	No Precert Req	
A9569	TECHNETIUM TC-99M AUTO W	No Precert Req	
A9570	INDIUM IN-111 AUTO WBC	No Precert Req	
A9571	INDIUM IN-111 AUTO PLATE	No Precert Req	
A9572	INDIUM IN-111 PENTETREOT	No Precert Req	
A9575	INJ GADOTERATE MEGLUMI 0.1ML	No Precert Req	
A9576	INJ PROHANCE MULTIPACK	No Precert Req	
A9577	INJ MULTIHANCE	No Precert Req	
A9578	INJ MULTIHANCE MULTIPACK	No Precert Req	
A9579	GAD-BASE MR CONTRAST NOS	No Precert Req	
A9580	SODIUM FLUORIDE F-18]	No Precert Req	
A9581	GADOXETATE DISODIUM INJ	No Precert Req	
A9582	IODINE I-123 IOBENGUANE	No Precert Req	
A9583	GADOFOSVESET TRISODIUM I	No Precert Req	
A9584	IODINE I-123 IOFLUPANE	No Precert Req	
A9585	GADOBUTROL INJECTION	No Precert Req	
A9587	GALLIUM GA-68	No Precert Req	
A9588	FLUCICLOVINE F-18	No Precert Req	
A9597	PET, DX, FOR TUMOR ID, NOC	No Precert Req	
A9598	PET DX FOR NON-TUMOR ID, NOC	No Precert Req	
A9599	RADIOPHARM for BETA-AMYLOID PET	No Precert Req	Experimental/Investigational/Unproven
A9600	SR89 STRONTIUM	No Precert Req	
A9604	SM 153 LEXIDRONAM	No Precert Req	
A9698	NON-RAD CONTRAST MATERIA	No Precert Req	
A9699	RADIOPHARM RX AGENT NOC	No Precert Req	
A9700	ECHOCARDIOGRAPH CONTRAST	No Precert Req	
A9900	MISC SUPPLY ACCESSORY	No Precert Req	
A9901	DEL,SET UP/DISPENS SERV	No Precert Req	
A9999	DME SUPPLY /ACCESS NOS	No Precert Req	
ATP02	LABORATORY FEES	No Precert Req	
ATP03	LABORATORY FEES	No Precert Req	
ATP04	LABORATORY FEES	No Precert Req	
ATP05	LABORATORY FEES	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
ATP06	LABORATORY FEES	No Precert Req	
ATP07	LABORATORY FEES	No Precert Req	
ATP08	LABORATORY FEES	No Precert Req	
ATP09	LABORATORY FEES	No Precert Req	
ATP10	LABORATORY FEES	No Precert Req	
ATP11	LABORATORY FEES	No Precert Req	
ATP12	LABORATORY FEES	No Precert Req	
ATP16	LABORATORY FEES	No Precert Req	
ATP18	LABORATORY FEES	No Precert Req	
ATP19	LABORATORY FEES	No Precert Req	
ATP20	LABORATORY FEES	No Precert Req	
ATP21	LABORATORY FEES	No Precert Req	
ATP22	LABORATORY FEES	No Precert Req	
B4034	ENTER FEED SUPKIT SYR/DY	No Precert Req	
B4035	ENTER FEED SUPP PUMP/DY	No Precert Req	
B4036	ENTERAL FEED SUP KIT GRA	No Precert Req	
B4081	ENTER NG TUBNG W/STYLET	No Precert Req	
B4082	ENTER NG TUBNG NO STYLT	No Precert Req	
B4083	ENTER STOMCH TUBE LEVIN	No Precert Req	
B4087	GASTRO/JEJUNO TUBE, STD	No Precert Req	
B4088	GASTRO/JEJUNO TUBE, LOW-	No Precert Req	
B4100	FOOD THICKENER ORAL	No Precert Req	
B4102	EF ADULT FLUIDS AND ELEC	No Precert Req	
B4103	EF PED FLUID AND ELECTRO	No Precert Req	
B4104	ADDITV FOR ENTER FORMUA	No Precert Req	
B4149	EF BLENDERIZED FOODS	No Precert Req	
B4149	EF BLENDERIZED FOODS	No Precert Req	
B4150	EF COMPLET W/INTACT NUTR	No Precert Req	
B4150	EF COMPLET W/INTACT NUTR	No Precert Req	
B4152	EF CAL DENSE>=1.5KCAL	No Precert Req	
B4152	EF CAL DENSE>=1.5KCAL	No Precert Req	
B4153	EF HYDROLYZED/AMINO ACID	No Precert Req	
B4153	EF HYDROLYZED/AMINO ACID	No Precert Req	
B4154	EF SPEC METABOLIC NONINH	No Precert Req	
B4154	EF SPEC METABOLIC NONINH	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
B4155	EF INCOMPLETE/MODULAR	No Precert Req	
B4155	EF INCOMPLETE/MODULAR	No Precert Req	
B4157	EF SPECIAL METABOLIC INH	No Precert Req	
B4157	EF SPECIAL METABOLIC INH	No Precert Req	
B4158	EF PED COMPL INTACT NUTR	No Precert Req	
B4158	EF PED COMPL INTACT NUTR	No Precert Req	
B4159	EF PED COMPLETE SOY BASE	No Precert Req	
B4159	EF PED COMPLETE SOY BASE	No Precert Req	
B4160	EF PED CAL DENSE>/=0.7KC	No Precert Req	
B4160	EF PED CAL DENSE>/=0.7KC	No Precert Req	
B4161	EF PED HYDROLYZED/AMINO	No Precert Req	
B4161	EF PED HYDROLYZED/AMINO	No Precert Req	
B4162	EF PED SPECMETABOLIC INH	No Precert Req	
B4162	EF PED SPECMETABOLIC INH	No Precert Req	
B4164	PARENT 50% DEXTROSE SOL	No Precert Req	
B4168	PARENT SOL AMINO ACID 3	No Precert Req	
B4172	PARENT SOL AMINO ACID 5	No Precert Req	
B4176	PARENT SOL AMINO ACID 7	No Precert Req	
B4178	PARENT SOL AMINO ACID >	No Precert Req	
B4180	PARENT SOL CARBOH > 50%	No Precert Req	
B4185	PARENTERAL SOL 10 GM LIP	No Precert Req	
B4189	PARENT SOL AMINO ACID &	No Precert Req	
B4193	PARENT SOL 52-73 GM PRO	No Precert Req	
B4197	PARENT SOL 74-100 GM PR	No Precert Req	
B4199	PARENT SOL > 100 GM PRO	No Precert Req	
B4216	PARENT NUTRI ADDITIVES	No Precert Req	
B4220	PARENT SUPP KIT PREMIX	No Precert Req	
B4222	PARENT SUPP KIT HOMEMIX	No Precert Req	
B4224	PARENT ADMIN KIT/DAY	No Precert Req	
B5000	PARENT SOL RENAL-AMIRSY	No Precert Req	
B5100	PARENT SOL HEPATC-FREAM	No Precert Req	
B5200	PARENT SOL STRES-BRNCH	No Precert Req	
B9000	ENTER INFU PUMP NO ALRM	No Precert Req	Code deleted 12/31/2016
B9002	ENTER INFUS PUMP W ALRM	No Precert Req	
B9004	PARENT INFUS PUMP PORTA	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
B9006	PARENT INFU PUMP STATIO	No Precert Req	
B9998	ENTERN SUP NOT OTHERWISE	No Precert Req	
B9999	PARENT SUP NOT OTHRWSE	No Precert Req	
C1300	HYPERB O2, FULL, PER 30'	No Precert Req	Code deleted 12/31/2014
C1713	ANCH/SCREW BN/BN, TIS/BN	No Precert Req	
C1714	CATH, TRANS ATHERECTOMY,	No Precert Req	
C1720	BRACHYTX SOUR, PALLADIUM	No Precert Req	
C1721	AICD, DUAL CHAMBER	No Precert Req	
C1722	AICD, SINGLE CHAMBER	No Precert Req	
C1724	CATH, TRANS ATHEREC,ROTA	No Precert Req	
C1725	CATH, TRANSLUMIN NON-LAS	No Precert Req	
C1726	CATH, BAL DIL, NON-VASCU	No Precert Req	
C1727	CATH, BAL TIS DIS, NON-V	No Precert Req	
C1729	CATH, DRAINAGE	No Precert Req	
C1730	CATH, EP, 19 OR FEW ELEC	No Precert Req	
C1731	CATH, EP, 20 OR MORE ELE	No Precert Req	
C1732	CATH, EP, DIAG/ABL, 3D/V	No Precert Req	
C1733	CATH, EP, OTHR THAN COOL	No Precert Req	
C1749	ENDO, COLON, RETRO IMAGI	No Precert Req	
C1750	CATH, HEMODIALYSIS, LONGT	No Precert Req	
C1751	CATH, INF, PER/CENT/MIDL	No Precert Req	
C1752	CATH, HEMODIALYSIS, SHORTT	No Precert Req	
C1753	CATH, INTRAVAS ULTRASOUN	No Precert Req	
C1754	CATHETER, INTRADISCAL	No Precert Req	
C1755	CATHETER, INTRASPINAL	No Precert Req	
C1756	CATH, PACING, TRANSESOPH	No Precert Req	
C1757	CATH, THROMBECTOMY/EMBOL	No Precert Req	
C1758	CATHETER, URETERAL	No Precert Req	
C1759	CATH, INTRA ECHOCARDIOGR	No Precert Req	
C1760	CLOSURE DEV, VASC	No Precert Req	
C1763	CONN TISS, NON-HUMAN	No Precert Req	
C1764	EVENT RECORDER, CARDIAC	No Precert Req	
C1765	ADHESION BARRIER	No Precert Req	
C1766	INTRO/SHEATH, STRBLE, NON-	No Precert Req	
C1768	GRAFT, VASCULAR	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
C1769	GUIDE WIRE	No Precert Req	
C1770	IMAGING COIL, MR, INSERT	No Precert Req	
C1771	REP DEV, URINARY, W/SLIN	No Precert Req	
C1772	INFUSION PUMP, PROGRAMMA	No Precert Req	
C1773	RET DEV, INSERTABLE	No Precert Req	
C1776	JOINT DEVICE (IMPLANTABL	No Precert Req	
C1777	LEAD, AICD, ENDO SINGLE	No Precert Req	
C1779	LEAD, PMKR, TRANSVENOUS	No Precert Req	
C1780	LENS, INTRAOCULAR (NEW T	No Precert Req	
C1780	LENS, INTRAOCULAR (NEW T	No Precert Req	
C1781	MESH (IMPLANTABLE)	No Precert Req	
C1782	MORCELLATOR	No Precert Req	
C1783	OCUL AQUEOUS DRAIN DEVIC	No Precert Req	
C1784	OCULAR DEV, INTRAOP, DET	No Precert Req	
C1785	PMKR, DUAL, RATE-RESP	No Precert Req	
C1786	PMKR, SINGLE, RATE-RESP	No Precert Req	
C1788	PORT, INDWELLING, IMP	No Precert Req	
C1789	PROSTHESIS, BREAST, IMP	No Precert Req	
C1813	PROSTHESIS, PENILE, INFL	No Precert Req	
C1814	RETINAL TAMPONADE DEVICE	No Precert Req	
C1815	PROS, URINARY SPH, IMP	No Precert Req	
C1817	SEPTAL DEFECT IMP SYS	No Precert Req	
C1818	INTEG KERATOPROSTHESIS	No Precert Req	
C1819	SURG TISSUE LOCALIZATION	No Precert Req	
C1840	LENS, INTRAOCULAR (TELESCOPIC	No Precert Req	
C1874	STENT, COATED/COV W/DEL	No Precert Req	
C1875	STENT, COATED/COV W/O DE	No Precert Req	
C1876	STENT, NON-COA/NON-COV W	No Precert Req	
C1877	STENT, NON-COAT/COV W/O	No Precert Req	
C1878	MATRL FOR VOCAL CORD	No Precert Req	
C1880	VENA CAVA FILTER	No Precert Req	
C1881	DIALYSIS ACCESS SYSTEM	No Precert Req	
C1882	AICD, OTHER THAN SING/DU	No Precert Req	
C1884	EMBOLIZATION PROTECT SYS	No Precert Req	
C1885	CATH, TRANSLUMIN ANGIO L	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
C1886	CATHETER, ABLATION	No Precert Req	
C1887	GUIDING CATHETER	No Precert Req	
C1888	ENDOVAS NON-CARD ABL CAT	No Precert Req	
C1891	INFUSION PUMP, NON-PROG,	No Precert Req	
C1892	INTRO/SHEATH, FIXED, PEEL-	No Precert Req	
C1893	INTRO/SHEATH, FIXED, NON-	No Precert Req	
C1894	INTRO/SHEATH, NON-LASER	No Precert Req	
C1895	LEAD, AICD, ENDO DUAL CO	No Precert Req	
C1896	LEAD, AICD, NON SING/DUA	No Precert Req	
C1898	LEAD, PMKR, OTHER THAN T	No Precert Req	
C1899	LEAD, PMKR/AICD COMBINAT	No Precert Req	
C1900	CORONARY VENOUS LEAD	No Precert Req	
C2615	SEALANT, PULMONARY, LIQU	No Precert Req	
C2617	STENT, NON-COR, TEM W/O	No Precert Req	
C2618	CRYOABLATION PROBE	No Precert Req	
C2619	PMKR, DUAL, NON RATE-RES	No Precert Req	
C2620	PMKR, SINGLE, NON RATE-R	No Precert Req	
C2621	PMKR, OTHER THAN SING/DU	No Precert Req	
C2622	PROSTHESIS, PENILE, NON-	No Precert Req	
C2625	STENT, NON-COR, TEM W/DE	No Precert Req	
C2626	INFUSION PUMP, NON-PROG,	No Precert Req	
C2627	CATH, SUPRAPUBIC/CYSTOSC	No Precert Req	
C2628	CATHETER, OCCLUSION	No Precert Req	
C2629	INTRO/SHEATH, LASER	No Precert Req	
C2630	CATH, EP, COOL-TIP	No Precert Req	
C2631	REP DEV, URINARY, W/O SL	No Precert Req	
C2633	BRACHYTX SOURCE, CESIUM-	No Precert Req	
C8921	COMP TRANSTHO ECHO W/CON	No Precert Req	
C8921	COMP TRANSTHO ECHO W/CON	No Precert Req	
C8922	LIMIT TRANSTHO ECHO W/CO	No Precert Req	
C8922	LIMIT TRANSTHO ECHO W/CO	No Precert Req	
C8923	2D COM TRANSTHO ECHO W/C	No Precert Req	
C8923	2D COM TRANSTHO ECHO W/C	No Precert Req	
C8924	2D LIM TRANSTHO ECHO W/C	No Precert Req	
C8924	2D LIM TRANSTHO ECHO W/C	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
C8925	2D TEE W/CONTRAST, INT/R	No Precert Req	
C8926	CONG TEE W/CONTR, INT/RE	No Precert Req	
C8927	TEE W/CONTRAST, MONITOR	No Precert Req	
C8928	2D TRANSTHO W/CONTR; STR	No Precert Req	
C8929	TTE W OR WO FOL WCON,DOP	No Precert Req	
C8929	TTE W OR WO FOL WCON,DOP	No Precert Req	
C8930	TTE W OR W/O CONTR, CONT	No Precert Req	
C8957	PROLONGED IV INF, REQ PU	No Precert Req	
C9113	INJ PANTOPRAZOLE SOD,VL	No Precert Req	
C9121	INJECTION, ARGATROBAN	No Precert Req	Code deleted 12/31/2016
C9245	INJECTION, ROMIPLOSTIM, 10 MCG	No Precert Req	
C9248	INJ, CLEVIDIPINE BUTYRAT	No Precert Req	
C9250	ARTISS FIBRIN SEALANT	No Precert Req	
C9254	INJECTION, LACOSAMIDE	No Precert Req	
C9257	BEVACIZUMAB INJECTION	No Precert Req	
C9275	HEXAMINOLEVULINATE HCl	No Precert Req	
C9293	Inj glucarpidase 10 units	No Precert Req	
C9354	VERITAS COLLAGEN MATRIX,	No Precert Req	
C9355	NEUROMATRIX NERVE CUFF,	No Precert Req	
C9356	TENDOGLIDE TENDON PROT,	No Precert Req	
C9359	IMPLNT,BON VOID FILLER-P	No Precert Req	
C9361	NEUROMEND NERVE WRAP	No Precert Req	
C9362	IMPLNT,BON VOID FILLER-S	No Precert Req	
C9363	INTEGRA MESHED BIL WOUND	No Precert Req	
C9443	Injection, dalbavancin	No Precert Req	Code deleted 12/31/2015
C9444	Injection, oritavancin	No Precert Req	Code deleted 12/31/2015
C9446	Inj, tedizolid phosphate	No Precert Req	Code deleted 12/31/2015
C9447	Inj, phenylephrine ketorolac	No Precert Req	
C9456	Inj, isavuconazonium sulfate	No Precert Req	Code deleted 12/31/2015
C9457	Lumason contrast agent	No Precert Req	Code deleted 12/31/2015
C9460	Injection, cangrelor, 1 mg	No Precert Req	
C9479	Instillation, ciprofloxacin otic suspension, 6 mg	No Precert Req	Code deleted 12/31/2016
C9488	Conivaptan HCL	No Precert Req	
C9490	Injection, bezlotoxumab	No Precert Req	

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C9497	LOXAPINE, INHALATION POWDER	No Precert Req	
C9716	RF ENERGY TO ANUS	No Precert Req	
C9742	Laryngoscopy with injection	No Precert Req	Code deleted 12/31/2016
C9744	Abd us w/contrast	No Precert Req	
C9898	INPNT STAY RADIOLABELED	No Precert Req	
C9899	INPT IMPLANT PROS DEV,NO	No Precert Req	
E0100	CANE ADJUST/FIXED W TIP	No Precert Req	DME - no auth if under \$5000
E0105	3/4PRONG CANE ADJUST/FX	No Precert Req	DME - no auth if under \$5000
E0110	CRUTCHES FOREARM PAIR	No Precert Req	DME - no auth if under \$5000
E0111	CRUTCHES FOREARM EACH	No Precert Req	DME - no auth if under \$5000
E0112	CRUTCH UNDERARM PR WOOD	No Precert Req	DME - no auth if under \$5000
E0113	CRUTCH UNDERARM EA WOOD	No Precert Req	DME - no auth if under \$5000
E0114	CRTCH UNDRARM PR/NO WOOD	No Precert Req	DME - no auth if under \$5000
E0116	CRTCH UNDRARM EA/NO WOOD	No Precert Req	DME - no auth if under \$5000
E0117	CRUTCH UNDRARM SPRNG EA	No Precert Req	DME - no auth if under \$5000
E0130	RIGID WALKER ADJ/FX HGT	No Precert Req	DME - no auth if under \$5000
E0135	FOLDNG WALKER ADJ/FX HT	No Precert Req	DME - no auth if under \$5000
E0140	WALKER + TRUNK SUPPORT	No Precert Req	DME - no auth if under \$5000
E0141	RIGID WHEELED WALKER	No Precert Req	DME - no auth if under \$5000
E0143	FOLDING WHEELED WALKER	No Precert Req	DME - no auth if under \$5000
E0144	ENCLOSED FRAMED WALKER	No Precert Req	DME - no auth if under \$5000
E0147	WALKR-BRAK SYS-VARI RES	No Precert Req	DME - no auth if under \$5000
E0148	HVYDUTY WALKER NO WHEELS	No Precert Req	DME - no auth if under \$5000
E0149	HVYDUTY WHEELED WALKER	No Precert Req	DME - no auth if under \$5000
E0153	FOREARM CRTCH PLTF ATCH	No Precert Req	DME - no auth if under \$5000
E0154	WALKR PLATFRM ATTACHMNT	No Precert Req	DME - no auth if under \$5000
E0155	WHEEL ATCH RIGD PICKUP	No Precert Req	DME - no auth if under \$5000
E0156	WALKER SEAT ATTACHMENT	No Precert Req	DME - no auth if under \$5000
E0157	WALKER CRUTCH ATTACHMNT	No Precert Req	DME - no auth if under \$5000
E0158	WALKER LEG EXTENSIONS	No Precert Req	DME - no auth if under \$5000
E0159	BRAKE ATTCH WHEELD WALKR	No Precert Req	DME - no auth if under \$5000
E0160	SITZ TYPE BATH/EQUIPMNT	No Precert Req	DME - no auth if under \$5000
E0161	SITZ BATH/EQUIP W/FAUC	No Precert Req	DME - no auth if under \$5000
E0162	SITZ BATH CHAIR	No Precert Req	DME - no auth if under \$5000
E0163	COMMODE CHAIR STATN FXD	No Precert Req	DME - no auth if under \$5000

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Code	Description	PHS+ Review Type	Comments
E0165	COMMODE CHAIR STATN DET	No Precert Req	DME - no auth if under \$5000
E0167	COMMODE CHAIR PAIL/PAN	No Precert Req	DME - no auth if under \$5000
E0168	HVYDUTY COMMODE CHAIR	No Precert Req	DME - no auth if under \$5000
E0170	COMMODE CHAIR ELECTRIC	No Precert Req	DME - no auth if under \$5000
E0171	COMMODE CHAIR NON-ELECTR	No Precert Req	DME - no auth if under \$5000
E0172	SEAT LIFT MECHANISM TOIL	No Precert Req	DME - no auth if under \$5000
E0175	COMMODE CHAIR FOOT REST	No Precert Req	DME - no auth if under \$5000
E0181	PRES PAD ALTERNATNG PUMP	No Precert Req	DME - no auth if under \$5000
E0182	PUMP ALTERNATNG PRES PD	No Precert Req	DME - no auth if under \$5000
E0184	DRY PRESSURE MATTRESS	No Precert Req	DME - no auth if under \$5000
E0185	GEL PRES MATTRESS PAD	No Precert Req	DME - no auth if under \$5000
E0186	AIR PRESSURE MATTRESS	No Precert Req	DME - no auth if under \$5000
E0187	WATER PRESSURE MATTRESS	No Precert Req	DME - no auth if under \$5000
E0188	SYNTHETIC SHEEPSKIN PAD	No Precert Req	DME - no auth if under \$5000
E0189	LAMBSWOOL SHEEPSKIN PAD	No Precert Req	DME - no auth if under \$5000
E0190	POSITIONING CUSHION	No Precert Req	DME - no auth if under \$5000
E0191	PROTECTOR HEEL OR ELBOW	No Precert Req	DME - no auth if under \$5000
E0193	POWERED AIR FLOTATN BED	No Precert Req	DME - no auth if under \$5000
E0194	AIR FLUIDIZED BED	No Precert Req	DME - no auth if under \$5000
E0196	GEL PRESSURE MATTRESS	No Precert Req	DME - no auth if under \$5000
E0197	AIR PRES PAD FOR MATTRS	No Precert Req	DME - no auth if under \$5000
E0198	WATER PRES PAD FOR MATT	No Precert Req	DME - no auth if under \$5000
E0199	DRY PRES PAD FOR MATTRS	No Precert Req	DME - no auth if under \$5000
E0200	HEAT LAMP WITHOUT STAND	No Precert Req	DME - no auth if under \$5000
E0202	PHOTOTX LIGHT W PHOTOME	No Precert Req	DME - no auth if under \$5000
E0203	THERAPEUTIC LIGHTBOX TAB	No Precert Req	DME - no auth if under \$5000
E0205	HEAT LAMP WITH STAND	No Precert Req	DME - no auth if under \$5000
E0210	ELEC HEAT PAD STANDARD	No Precert Req	DME - no auth if under \$5000
E0215	ELECTRIC HEAT PAD MOIST	No Precert Req	DME - no auth if under \$5000
E0217	H2O CIRC HEAT PAD W/PUMP	No Precert Req	DME - no auth if under \$5000
E0218	H2O CIRC COLD PAD W/PUMP	No Precert Req	Excluded
E0221	INFRARED HEATNG PAD SYST	No Precert Req	DME - no auth if under \$5000
E0225	HYDROCOLLATOR UNIT	No Precert Req	DME - no auth if under \$5000
E0231	NON-CONT WND WARMNG DEVC	No Precert Req	DME - no auth if under \$5000
E0232	WARMING CARD FOR NWT	No Precert Req	DME - no auth if under \$5000

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Code	Description	PHS+ Review Type	Comments
E0235	PARAFFIN BATH UNIT PORT	No Precert Req	DME - no auth if under \$5000
E0236	PUMP FOR H2O CIRCUL PAD	No Precert Req	Excluded
E0239	HYDROCOLLATOR UNIT PORT	No Precert Req	DME - no auth if under \$5000
E0240	BATH/SHOWER CHAIR	No Precert Req	DME - no auth if under \$5000
E0241	BATH TUB WALL RAIL	No Precert Req	DME - no auth if under \$5000
E0242	BATH TUB RAIL FLOOR	No Precert Req	DME - no auth if under \$5000
E0243	TOILET RAIL	No Precert Req	DME - no auth if under \$5000
E0244	TOILET SEAT RAISED	No Precert Req	DME - no auth if under \$5000
E0245	TUB STOOL OR BENCH	No Precert Req	DME - no auth if under \$5000
E0246	TRANSFR TUB RAIL ATTACH	No Precert Req	DME - no auth if under \$5000
E0247	TUB/TOILET TRANSFR BENCH	No Precert Req	DME - no auth if under \$5000
E0248	HEAVY DUTY TRANSFR BENCH	No Precert Req	DME - no auth if under \$5000
E0249	PAD H2O CIRCUL HEAT UNT	No Precert Req	DME - no auth if under \$5000
E0250	HOSP BED FXD HT W/ MAT	No Precert Req	DME - no auth if under \$5000
E0251	HOSP BED FXD HT NO MAT	No Precert Req	DME - no auth if under \$5000
E0255	HOSP BED VAR HT W MATTR	No Precert Req	DME - no auth if under \$5000
E0256	HOSP BED VAR HT W/O MAT	No Precert Req	DME - no auth if under \$5000
E0260	HOSP BED SEMI-ELEC MATT	No Precert Req	DME - no auth if under \$5000
E0261	BED SEMI-ELEC NO MATTR	No Precert Req	DME - no auth if under \$5000
E0265	HOSP BED TOTAL ELEC MAT	No Precert Req	DME - no auth if under \$5000
E0266	BED TOTAL ELEC NO MATTR	No Precert Req	DME - no auth if under \$5000
E0270	HOSP BED INSTITUTIONAL	No Precert Req	DME - no auth if under \$5000
E0271	INNERSPRING MATTRESS	No Precert Req	DME - no auth if under \$5000
E0272	MATTRESS FOAM RUBBER	No Precert Req	DME - no auth if under \$5000
E0273	BED BOARD	No Precert Req	DME - no auth if under \$5000
E0274	OVER-BED TABLE	No Precert Req	DME - no auth if under \$5000
E0275	BED PAN STANDARD	No Precert Req	DME - no auth if under \$5000
E0276	BED PAN FRACTURE	No Precert Req	DME - no auth if under \$5000
E0277	PWR PRESS-RED AIR MATTRS	No Precert Req	DME - no auth if under \$5000
E0280	BED CRADLE	No Precert Req	DME - no auth if under \$5000
E0290	BED FX HT NO RAIL W/MAT	No Precert Req	DME - no auth if under \$5000
E0291	BED FX HT NO RAIL NO MA	No Precert Req	DME - no auth if under \$5000
E0292	BED VAR HT NO RAIL W/MA	No Precert Req	DME - no auth if under \$5000
E0293	BED VAR HT NO RAIL NO M	No Precert Req	DME - no auth if under \$5000
E0294	SEMI-ELEC BED NO RAIL W	No Precert Req	DME - no auth if under \$5000

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Code	Description	PHS+ Review Type	Comments
E0295	BED SEMI-ELEC NO RAIL/M	No Precert Req	DME - no auth if under \$5000
E0296	BED TOT ELEC NO RAIL W/	No Precert Req	DME - no auth if under \$5000
E0297	BED TOT ELEC NO RAIL/MA	No Precert Req	DME - no auth if under \$5000
E0300	ENCLOSD PED CRIB HOSP GR	No Precert Req	DME - no auth if under \$5000
E0301	HD HOSP BED 350-600 LBS	No Precert Req	DME - no auth if under \$5000
E0302	HD HOSP BED > 600 LBS	No Precert Req	DME - no auth if under \$5000
E0303	HOSP BED 350-600 LBS-MAT	No Precert Req	DME - no auth if under \$5000
E0304	HOSP BED > 600 LBS-MATT	No Precert Req	DME - no auth if under \$5000
E0305	BEDSIDE RAIL 1/2 LENGTH	No Precert Req	DME - no auth if under \$5000
E0310	BEDSIDE RAIL FULL LNGTH	No Precert Req	DME - no auth if under \$5000
E0315	BED ACCESR BORD/TABL/SUP	No Precert Req	DME - no auth if under \$5000
E0316	BED SAFETY ENCLOSURE	No Precert Req	DME - no auth if under \$5000
E0325	URINAL MALE JUG-TYPE	No Precert Req	DME - no auth if under \$5000
E0326	URINAL FEMALE JUG-TYPE	No Precert Req	DME - no auth if under \$5000
E0328	PED HOSPITAL BED, MANUAL	No Precert Req	DME - no auth if under \$5000
E0329	PED HOSPITAL BED SEMI/EL	No Precert Req	DME - no auth if under \$5000
E0350	CONTROL UNIT BOWEL SYS	No Precert Req	DME - no auth if under \$5000
E0352	DISP PK USD W/BOWEL SYS	No Precert Req	DME - no auth if under \$5000
E0370	AIR PRESSR HEEL ELEVTR	No Precert Req	DME - no auth if under \$5000
E0371	ADV PRESS-RED MATTRESS	No Precert Req	DME - no auth if under \$5000
E0372	POWERED AIR OVERLAY	No Precert Req	DME - no auth if under \$5000
E0373	NONPOWRD PRESS REDUC MAT	No Precert Req	DME - no auth if under \$5000
E0424	STATION COMPR GAS O2-RN	No Precert Req	DME - no auth if under \$5000
E0425	STATION COMPR O2 GAS-PR	No Precert Req	DME - no auth if under \$5000
E0430	O2 SYS GAS PORT-PURCHSE	No Precert Req	DME - no auth if under \$5000
E0431	PORT GAS O2 SYS-RENTAL	No Precert Req	DME - no auth if under \$5000
E0433	PORTABLE LIQUID OXYGEN S	No Precert Req	DME - no auth if under \$5000
E0434	PORT LIQUID O2-RENTAL	No Precert Req	DME - no auth if under \$5000
E0435	O2 SYS LIQ PORT-PURCHSE	No Precert Req	DME - no auth if under \$5000
E0439	STATION LIQUID O2-RENT	No Precert Req	DME - no auth if under \$5000
E0440	O2 SYS LIQ STATION-PUR	No Precert Req	DME - no auth if under \$5000
E0441	O2 CONTENT GAS/UNT-OWND	No Precert Req	DME - no auth if under \$5000
E0442	O2 CONTENT LIQ/UNT-OWND	No Precert Req	DME - no auth if under \$5000
E0443	PORT O2 CONTENT GAS	No Precert Req	DME - no auth if under \$5000
E0444	PORT O2 CONTENT LIQUID	No Precert Req	DME - no auth if under \$5000

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Code	Description	PHS+ Review Type	Comments
E0445	OXIMETER NON-INVASIVE	No Precert Req	DME - no auth if under \$5000
E0450	VOL CONTROL VENT INVASIV	No Precert Req	Code deleted 12/31/2015
E0455	O2 TENT EXCL GROUP/PEDI	No Precert Req	DME - no auth if under \$5000
E0457	CHEST SHELL	No Precert Req	DME - no auth if under \$5000
E0459	CHEST WRAP	No Precert Req	DME - no auth if under \$5000
E0460	NEG PRES VENT PORT/STAT	No Precert Req	Code deleted 12/31/2015
E0461	VOL CONTROL VENT NONINV	No Precert Req	Code deleted 12/31/2015
E0462	ROCKNG BED W/WO SIDE RA	No Precert Req	DME - no auth if under \$5000
E0463	PRESS SUPP VENT INVASIVE	No Precert Req	Code deleted 12/31/2015
E0464	PRESS SUPP VENT NONINV I	No Precert Req	Code deleted 12/31/2015
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	No Precert Req	DME - no auth if under \$5000
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	No Precert Req	DME - no auth if under \$5000
E0470	RAD W/O BACKUP NON-INVAS	No Precert Req	DME - no auth if under \$5000
E0471	RAD W/ BACKUP NON-INVAS	No Precert Req	DME - no auth if under \$5000
E0472	RAD W/ BACKUP INVASIVE	No Precert Req	DME - no auth if under \$5000
E0480	PERCUSR ELEC/PNEUM HOME	No Precert Req	DME - no auth if under \$5000
E0482	COUGH STIMULATING DEVICE	No Precert Req	DME - no auth if under \$5000
E0484	NON-ELEC OSCILL PEP DEV	No Precert Req	DME - no auth if under \$5000
E0485	ORAL DEVICE/APPLIANCE PR	No Precert Req	DME - no auth if under \$5000
E0486	ORAL DEVICE/APPLIANCE CU	No Precert Req	DME - no auth if under \$5000
E0487	ELECTRONIC SPIROMETER]	No Precert Req	DME - no auth if under \$5000
E0500	IPPB ALL TYPES	No Precert Req	DME - no auth if under \$5000
E0550	HUMIDIF EXTENS SUPPLE W	No Precert Req	DME - no auth if under \$5000
E0555	HUMIDIF USD W REGUL/FLO	No Precert Req	DME - no auth if under \$5000
E0560	HUMIDIFIER SUPPLEMENTAL	No Precert Req	DME - no auth if under \$5000
E0561	HUMIDIFIER NON-HEATD-PAP	No Precert Req	DME - no auth if under \$5000
E0562	HUMIDIFIER HEATED-PAP	No Precert Req	DME - no auth if under \$5000
E0565	COMPRESR AIR POWR SOURC	No Precert Req	DME - no auth if under \$5000
E0570	NEBULIZER W COMPRESSION	No Precert Req	DME - no auth if under \$5000
E0571	AEROSOL COMPRESS-SVNEB	No Precert Req	DME - no auth if under \$5000
E0572	AEROSOL COMPRESS-ADJUST	No Precert Req	DME - no auth if under \$5000

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Code	Description	PHS+ Review Type	Comments
E0574	ULTRASONIC GEN W SV NEB	No Precert Req	DME - no auth if under \$5000
E0575	NEBULIZER ULTRASONIC	No Precert Req	DME - no auth if under \$5000
E0580	NEBULZR USD W REGUL/FLO	No Precert Req	DME - no auth if under \$5000
E0585	NEBULZR W COMPRESR&HEAT	No Precert Req	DME - no auth if under \$5000
E0600	SUCTN PUMP PORT HOME MO	No Precert Req	DME - no auth if under \$5000
E0601	CONT AIRWAY PRESSR DEVC	No Precert Req	DME - no auth if under \$5000
E0602	MANUAL BREAST PUMP	No Precert Req	DME - no auth if under \$5000
E0603	ELECTRIC BREAST PUMP	No Precert Req	DME - no auth if under \$5000
E0605	VAPORIZER ROOM TYPE	No Precert Req	DME - no auth if under \$5000
E0606	POSTURAL DRAINAGE BOARD	No Precert Req	DME - no auth if under \$5000
E0607	HOME BLD GLUCOSE MONITR	No Precert Req	DME - no auth if under \$5000
E0610	PCEMAKR MONITR AUDI/VIS	No Precert Req	DME - no auth if under \$5000
E0615	PCEMAKR MONIT DIGIT/VIS	No Precert Req	DME - no auth if under \$5000
E0616	CARDIAC EVENT RECORDER	No Precert Req	DME - no auth if under \$5000
E0617	EXTERNAL DEFIBRILLA	No Precert Req	DME - no auth if under \$5000
E0618	APNEA MONITOR W/O RECORD	No Precert Req	DME - no auth if under \$5000
E0619	APNEA MONITOR W/ RECORD	No Precert Req	DME - no auth if under \$5000
E0620	CAP BLD SKIN PIERCING LA	No Precert Req	DME - no auth if under \$5000
E0621	PT LIFT SLING OR SEAT	No Precert Req	DME - no auth if under \$5000
E0625	PATIENT LIFT BATHRM/TOIL	No Precert Req	DME - no auth if under \$5000
E0630	PT LFT HYDRAULC SEAT/SL	No Precert Req	DME - no auth if under \$5000
E0636	PAT SUPPORT/POSITNAL SYS	No Precert Req	DME - no auth if under \$5000
E0650	PNEUMA COMPRES NON-SEGM	No Precert Req	DME - no auth if under \$5000
E0650	PNEUMA COMPRES NON-SEGM	No Precert Req	DME - no auth if under \$5000
E0651	PNEUMA COMPRES SEGMENTL	No Precert Req	DME - no auth if under \$5000
E0651	PNEUMA COMPRES SEGMENTL	No Precert Req	DME - no auth if under \$5000
E0652	PNEUM COMPRES CALB PRES	No Precert Req	DME - no auth if under \$5000
E0652	PNEUM COMPRES CALB PRES	No Precert Req	DME - no auth if under \$5000
E0655	PNEUMATC APPLI 1/2 ARM	No Precert Req	DME - no auth if under \$5000
E0660	PNEUMATC APPLI FULL LEG	No Precert Req	DME - no auth if under \$5000
E0660	PNEUMATC APPLI FULL LEG	No Precert Req	DME - no auth if under \$5000
E0665	PNEUMATC APPLI FULL ARM	No Precert Req	DME - no auth if under \$5000
E0666	PNEUMATC APPLI 1/2 LEG	No Precert Req	DME - no auth if under \$5000
E0666	PNEUMATC APPLI 1/2 LEG	No Precert Req	DME - no auth if under \$5000
E0667	SEG PNEUM APPL FULL LEG	No Precert Req	DME - no auth if under \$5000

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Code	Description	PHS+ Review Type	Comments
E0667	SEG PNEUM APPL FULL LEG	No Precert Req	DME - no auth if under \$5000
E0668	SEG PNEUM APPL FULL ARM	No Precert Req	DME - no auth if under \$5000
E0669	SEG PNEUM APPLI 1/2 LEG	No Precert Req	DME - no auth if under \$5000
E0669	SEG PNEUM APPLI 1/2 LEG	No Precert Req	DME - no auth if under \$5000
E0671	PRES PNEU APPL FULL LEG	No Precert Req	DME - no auth if under \$5000
E0671	PRES PNEU APPL FULL LEG	No Precert Req	DME - no auth if under \$5000
E0672	PRES PNEU APPL FULL ARM	No Precert Req	DME - no auth if under \$5000
E0673	PRES PNEUM APPL 1/2 LEG	No Precert Req	DME - no auth if under \$5000
E0673	PRES PNEUM APPL 1/2 LEG	No Precert Req	DME - no auth if under \$5000
E0675	PNEUMATIC COMPRESSON DEV	No Precert Req	DME - no auth if under \$5000
E0675	PNEUMATIC COMPRESSON DEV	No Precert Req	DME - no auth if under \$5000
E0676	INTER LIMB COMPRESS DEV	No Precert Req	DME - no auth if under \$5000
E0676	INTER LIMB COMPRESS DEV	No Precert Req	DME - no auth if under \$5000
E0694	ULTRAVLT MD CABINET 6 FT	No Precert Req	DME - no auth if under \$5000
E0700	SAFETY EQUIPMENT	No Precert Req	DME - no auth if under \$5000
E0705	TRANSFER BOARD OR DEVICE	No Precert Req	DME - no auth if under \$5000
E0710	RESTRAINTS ANY TYPE	No Precert Req	DME - no auth if under \$5000
E0745	NEUROMUS STIM-SHOCK UNT	No Precert Req	DME - no auth if under \$5000
E0745	NEUROMUS STIM-SHOCK UNT	No Precert Req	DME - no auth if under \$5000
E0746	EMG BIOFEEDBACK DEVICE	No Precert Req	Experimental/Investigational/Unproven - DME - no auth if under \$5000
E0749	OSTOIGN STIM SURG IMP,ELE	No Precert Req	DME - no auth if under \$5000
E0755	ELECTRONC SALIVRY REFLX	No Precert Req	DME - no auth if under \$5000
E0761	NON-THERM ELECTROMAG DEV	No Precert Req	Experimental/Investigational/Unproven - DME - no auth if under \$5000
E0762	TRANS ELEC JT STIM DEV S	No Precert Req	Experimental/Investigational/Unproven - DME - no auth if under \$5000
E0765	NERVE STIM FOR TX N&V	No Precert Req	Experimental/Investigational/Unproven - DME - no auth if under \$5000
E0769	ELECTRIC WOUND TREATMENT	No Precert Req	Experimental/Investigational/Unproven - DME - no auth if under \$5000
E0776	IV POLE	No Precert Req	DME - no auth if under \$5000
E0779	AMB INFUS PUMP, MECH>8HR	No Precert Req	DME - no auth if under \$5000
E0780	AMB INFU PUM, <8HRS	No Precert Req	DME - no auth if under \$5000
E0781	AMBUL INFUS PUMP ELE/BAT	No Precert Req	DME - no auth if under \$5000

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Code	Description	PHS+ Review Type	Comments
E0791	PARENT INFUS PUMP STATN	No Precert Req	DME - no auth if under \$5000
E0830	AMB TRACTION DEVICE-EACH	No Precert Req	Experimental/Investigational/Unproven - DME - no auth if under \$5000
E0840	CRV TRCT FRM ATCH HEADB	No Precert Req	Experimental/Investigational/Unproven - DME - no auth if under \$5000
E0849	CERVICAL PNEUM TRAC EQUI	No Precert Req	Experimental/Investigational/Unproven - DME - no auth if under \$5000
E0850	CRV TRACT STAND FREE STD	No Precert Req	Experimental/Investigational/Unproven - DME - no auth if under \$5000
E0855	CRV TRACT EQUIP, NO ADDL	No Precert Req	Experimental/Investigational/Unproven - DME - no auth if under \$5000
E0856	CERVIC COLLAR W AIR BLAD	No Precert Req	Experimental/Investigational/Unproven - DME - no auth if under \$5000
E0860	CRV TRCT EQUIP-OVERDOOR	No Precert Req	Experimental/Investigational/Unproven - DME - no auth if under \$5000
E0870	EXTRM TRCT FRM ATCH FTB	No Precert Req	DME - no auth if under \$5000
E0880	EXTRM TRCT FREE STANDNG	No Precert Req	DME - no auth if under \$5000
E0890	PELVC TRACT FRM ATCH FTB	No Precert Req	DME - no auth if under \$5000
E0900	PELV TRAC FREE STANDING	No Precert Req	DME - no auth if under \$5000
E0910	AKA TRAPEZ BAR ATCH BED	No Precert Req	DME - no auth if under \$5000
E0911	HD TRAPEZE BAR ATTACH TO	No Precert Req	DME - no auth if under \$5000
E0912	HD TRAPEZE BAR FREE STAN	No Precert Req	DME - no auth if under \$5000
E0920	FX FRM ATACH BED INC WT	No Precert Req	DME - no auth if under \$5000
E0930	FX FRM FREE STNDNG W WT	No Precert Req	DME - no auth if under \$5000
E0935	CONT PAS MOTION EXERCISE	No Precert Req	Excluded
E0935	CONT PAS MOTION EXERCISE	No Precert Req	Excluded
E0936	CPM DEVICE, OTHER THAN K	No Precert Req	Excluded
E0940	TRAPEZ BAR FREE STANDNG	No Precert Req	DME - no auth if under \$5000
E0941	GRAVITY ASSISTD TRCT DVC	No Precert Req	Experimental/Investigational/Unproven - DME - no auth if under \$5000
E0942	CERV HEAD HARNESS/HALTR	No Precert Req	DME - no auth if under \$5000
E0944	PELVC BELT/HARNESS/BOOT	No Precert Req	DME - no auth if under \$5000
E0945	BELT/HARNESS EXTREMITY	No Precert Req	DME - no auth if under \$5000
E0946	FX FRM DUAL W CROSS BAR	No Precert Req	DME - no auth if under \$5000
E0947	FX FRM ATCHMNT PELV TRC	No Precert Req	DME - no auth if under \$5000

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Code	Description	PHS+ Review Type	Comments
E0948	FX FRM ATCHMNT CERV TRC	No Precert Req	DME - no auth if under \$5000
E0950	WHEELCHAIR TRAY	No Precert Req	DME - no auth if under \$5000
E0951	LOOP HEEL	No Precert Req	DME - no auth if under \$5000
E0952	TOE LOOP/HOLDER, EACH	No Precert Req	DME - no auth if under \$5000
E0955	CUSHIONED HEADREST	No Precert Req	DME - no auth if under \$5000
E0956	W/C LATERAL TRUNK/HIP SU	No Precert Req	DME - no auth if under \$5000
E0957	W/C MEDIAL THIGH SUPPRT	No Precert Req	DME - no auth if under \$5000
E0958	ONE-ARM DRIVE ATTACHMENT	No Precert Req	DME - no auth if under \$5000
E0959	ADAPTER FOR AMPUTEE	No Precert Req	DME - no auth if under \$5000
E0960	W/C SHOULDER HARNESS/STR	No Precert Req	DME - no auth if under \$5000
E0961	WHEEL LCK BRAKE EXTENSN	No Precert Req	DME - no auth if under \$5000
E0966	W/C HEADREST EXTENSION	No Precert Req	DME - no auth if under \$5000
E0967	WHEELCHAIR HAND RIMS	No Precert Req	DME - no auth if under \$5000
E0968	WHEELCHAIR COMMODOE SEAT	No Precert Req	DME - no auth if under \$5000
E0969	WHEELCHAIR NARROWNG DVC	No Precert Req	DME - no auth if under \$5000
E0970	WHEELCHAIR #2 FOOTPLATE	No Precert Req	DME - no auth if under \$5000
E0971	WHLCHR ANTI-TIPPNG DVC	No Precert Req	DME - no auth if under \$5000
E0973	ADJ HT DETACH ARMREST	No Precert Req	DME - no auth if under \$5000
E0974	ANTI-ROLLBACK DEVICE	No Precert Req	DME - no auth if under \$5000
E0978	W/C ACC,SAF BELT PELV ST	No Precert Req	DME - no auth if under \$5000
E0980	WHEELCHAIR SAFETY VEST	No Precert Req	DME - no auth if under \$5000
E0981	SEAT UPHOLST REPLACEMNT	No Precert Req	DME - no auth if under \$5000
E0982	BACK UPHOLST REPLACEMNT	No Precert Req	DME - no auth if under \$5000
E0983	ADD POWER JOYSTICK CTRL	No Precert Req	DME - no auth if under \$5000
E0984	ADD POWER TILLER CONTROL	No Precert Req	DME - no auth if under \$5000
E0985	W/C SEAT LIFT MECHANISM	No Precert Req	DME - no auth if under \$5000
E0988	LEVER-ACTIVATED WHEEL DR	No Precert Req	DME - no auth if under \$5000
E0990	ELEVATNG LEG REST COMPL	No Precert Req	DME - no auth if under \$5000
E0992	W/C SOLID SEAT INSERT	No Precert Req	DME - no auth if under \$5000
E0994	WHEELCHAIR ARM REST EA	No Precert Req	DME - no auth if under \$5000
E0995	WHEELCHAIR CALF REST/PAD	No Precert Req	DME - no auth if under \$5000
E1011	PED WC MODIFY WIDTH ADJU	No Precert Req	DME - no auth if under \$5000

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Code	Description	PHS+ Review Type	Comments
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	No Precert Req	DME - no auth if under \$5000
E1014	RECLINING BACK ADD PED W	No Precert Req	DME - no auth if under \$5000
E1015	SHOCK ABSORBR MANU WC	No Precert Req	DME - no auth if under \$5000
E1016	SHOCK ABSORBR POWER WC	No Precert Req	DME - no auth if under \$5000
E1017	HD SHCK ABSRB HD MAN WC	No Precert Req	DME - no auth if under \$5000
E1018	HD SHCK ABSRB HD PWR WC	No Precert Req	DME - no auth if under \$5000
E1020	RESDUL LIMB SUPRT SYS WC	No Precert Req	DME - no auth if under \$5000
E1028	W/C MANUAL SWINGAWAY	No Precert Req	DME - no auth if under \$5000
E1029	W/C FIXED VENT TRAY	No Precert Req	DME - no auth if under \$5000
E1030	W/C GIMBALED VENT TRAY	No Precert Req	DME - no auth if under \$5000
E1031	ROLLABOUT CHAIR W CASTR	No Precert Req	DME - no auth if under \$5000
E1035	PATIENT TRANSFER SYSTEM	No Precert Req	DME - no auth if under \$5000
E1036	PATIENT TRANSFER SYSTEM	No Precert Req	DME - no auth if under \$5000
E1037	TRANSPORT CHAIR PED SIZE	No Precert Req	DME - no auth if under \$5000
E1038	TRANSPORT CHAIR PT WT <=3	No Precert Req	DME - no auth if under \$5000
E1039	TRANSPORT CHAIR PT WT >3	No Precert Req	DME - no auth if under \$5000
E1050	WHLCHR FXD FULL LTH ARM	No Precert Req	DME - no auth if under \$5000
E1060	WHLCHR DETACHBL ARM/LEG	No Precert Req	DME - no auth if under \$5000
E1070	WHLCHR DETACHBL FT REST	No Precert Req	DME - no auth if under \$5000
E1083	HEMI-WHLCHR FXD ARM W L	No Precert Req	DME - no auth if under \$5000
E1084	HEMI-WHLCHR DETACHB ARM	No Precert Req	DME - no auth if under \$5000
E1085	HEMI-WHLCH FXD ARM W FT	No Precert Req	DME - no auth if under \$5000
E1086	HEMI-WHLCH DETACH ARM/L	No Precert Req	DME - no auth if under \$5000
E1087	WHLCHR LTWT FXD ARM W L	No Precert Req	DME - no auth if under \$5000
E1088	WHLCH LTWT DETCH ARM&LG	No Precert Req	DME - no auth if under \$5000
E1089	WHLCHR LTWT FXD ARM&FTR	No Precert Req	DME - no auth if under \$5000
E1090	WHLCH LTWT DETCH ARM&FT	No Precert Req	DME - no auth if under \$5000
E1092	WIDE WHLCH DETCH ARM/LG	No Precert Req	DME - no auth if under \$5000
E1093	WIDE WHLCHR DTCH ARM/FT	No Precert Req	DME - no auth if under \$5000
E1100	WHLCH SEMI-RECL FXD ARM	No Precert Req	DME - no auth if under \$5000
E1110	WHLCH SEMI-RECL DET ARM	No Precert Req	DME - no auth if under \$5000
E1130	WHLCHR FXD ARM DETCH FT	No Precert Req	DME - no auth if under \$5000

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Code	Description	PHS+ Review Type	Comments
E1140	WHLCH DETCH ARM&FT REST	No Precert Req	DME - no auth if under \$5000
E1150	WHLCH DETCH ARM&LEG RES	No Precert Req	DME - no auth if under \$5000
E1160	WHLCH FXD ARM DETCH LEG	No Precert Req	DME - no auth if under \$5000
E1161	MANU ADULT WC TILTNSPACE	No Precert Req	DME - no auth if under \$5000
E1170	AMPUTEES WHLCH W LEG RST	No Precert Req	DME - no auth if under \$5000
E1171	AMPUTEES WHLCH W/O LEG R	No Precert Req	DME - no auth if under \$5000
E1172	AMPUTEES WHLCH DETCH ARM	No Precert Req	DME - no auth if under \$5000
E1180	AMPUTEES WHLCH ARM & FT	No Precert Req	DME - no auth if under \$5000
E1190	AMPUTEES WHLCH ARM & LEG	No Precert Req	DME - no auth if under \$5000
E1195	AMPUTEES WHLCHR HVY-DUTY	No Precert Req	DME - no auth if under \$5000
E1200	AMPUTEES WHLCHR FXD ARM	No Precert Req	DME - no auth if under \$5000
E1221	WHLC SPEC SIZE FXD ARM&	No Precert Req	DME - no auth if under \$5000
E1222	WHLC SPEC SIZE W/ LEG	No Precert Req	DME - no auth if under \$5000
E1223	WHLC SPEC SIZE W FT RST	No Precert Req	DME - no auth if under \$5000
E1224	WHLC SPEC SIZE W LEG R	No Precert Req	DME - no auth if under \$5000
E1225	MANUAL SEMI-RECLINING BA	No Precert Req	DME - no auth if under \$5000
E1226	MANUAL FULLY RECLINING B	No Precert Req	DME - no auth if under \$5000
E1227	SPC HT ARM WHLC SPEC SZ	No Precert Req	DME - no auth if under \$5000
E1228	SP HT BACK WHLC SPEC SZ	No Precert Req	DME - no auth if under \$5000
E1231	RIGID PED WC TILT W SEAT	No Precert Req	DME - no auth if under \$5000
E1232	FOLD PED WC TILT W SEAT	No Precert Req	DME - no auth if under \$5000
E1233	RIGD PED WC TILT WO SEAT	No Precert Req	DME - no auth if under \$5000
E1234	FOLD PED WC TILT WO SEAT	No Precert Req	DME - no auth if under \$5000
E1235	RIGD PED WC ADJUST W SYS	No Precert Req	DME - no auth if under \$5000
E1236	FOLD PED WC ADJUST W SYS	No Precert Req	DME - no auth if under \$5000
E1237	RIGD PED WC ADJUST WO SY	No Precert Req	DME - no auth if under \$5000
E1238	FOLD PED WC ADJUST WO SY	No Precert Req	DME - no auth if under \$5000
E1240	LTWT WHLC DET ARM&LEG R	No Precert Req	DME - no auth if under \$5000
E1250	LTWT WHLC FXD ARM DET F	No Precert Req	DME - no auth if under \$5000
E1260	LTWT WHLC DET ARM&FT R	No Precert Req	DME - no auth if under \$5000
E1270	LTWT WHLC FXD ARM DET L	No Precert Req	DME - no auth if under \$5000
E1280	HVY-DUTY WHLC DETCH ARM	No Precert Req	DME - no auth if under \$5000
E1285	HVY-DUTY WHLCH FXD ARMS	No Precert Req	DME - no auth if under \$5000
E1290	HVY-DUTY WHLC DET ARM&F	No Precert Req	DME - no auth if under \$5000
E1295	HVY-DUTY WHLC FXD ARM&L	No Precert Req	DME - no auth if under \$5000

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Code	Description	PHS+ Review Type	Comments
E1296	WHLCHR SPECIAL SEAT HT	No Precert Req	DME - no auth if under \$5000
E1297	WHLCHR SPECL SEAT DEPTH	No Precert Req	DME - no auth if under \$5000
E1298	WHLC SPC SEAT DEPTH/WID	No Precert Req	DME - no auth if under \$5000
E1300	WHIRLPOOL PORTABLE	No Precert Req	DME - no auth if under \$5000
E1310	WHIRLPOOL NON-PORTABLE	No Precert Req	DME - no auth if under \$5000
E1352	O2 FLOW REG POS INSPIR PRESS	No Precert Req	DME - no auth if under \$5000
E1353	O2 REGULATOR EQUIPMENT	No Precert Req	DME - no auth if under \$5000
E1354	WHEELED CART, POST CYL/C	No Precert Req	DME - no auth if under \$5000
E1355	O2 STAND/RACK EQUIPMENT	No Precert Req	DME - no auth if under \$5000
E1356	BATT PACK/CART, PORT CON	No Precert Req	DME - no auth if under \$5000
E1357	BATTERY CHARGER, PORT CO	No Precert Req	DME - no auth if under \$5000
E1358	DC POWER ADAPTER, PORT C	No Precert Req	DME - no auth if under \$5000
E1372	O2 NEBULIZ HEATER EQUIP	No Precert Req	DME - no auth if under \$5000
E1390	OXYGEN CONCENTRATR-SINGL	No Precert Req	DME - no auth if under \$5000
E1391	OXYGEN CONCENTRATOR-DUAL	No Precert Req	DME - no auth if under \$5000
E1392	PORTABLE OXYGEN CONCENTR	No Precert Req	DME - no auth if under \$5000
E1405	O2/H2O VAPR ENRCH HEATD	No Precert Req	DME - no auth if under \$5000
E1406	O2/H2O VAPOR ENRICH SYS	No Precert Req	DME - no auth if under \$5000
E1500	CENTRIFUGE	No Precert Req	DME - no auth if under \$5000
E1510	KIDNY DIALYSTE DELV SYS	No Precert Req	DME - no auth if under \$5000
E1520	DIALYS HEPRN INFUS PUMP	No Precert Req	DME - no auth if under \$5000
E1530	REPLC AIR BUBBL DETCTR	No Precert Req	DME - no auth if under \$5000
E1540	REPLACE PRESSURE ALARM	No Precert Req	DME - no auth if under \$5000
E1550	DYALYS BATH CONDUCTVY ME	No Precert Req	DME - no auth if under \$5000
E1560	REPLACE BLD LEAK DETECTR	No Precert Req	DME - no auth if under \$5000
E1570	ADJ CHAIR FOR ESRD PT	No Precert Req	DME - no auth if under \$5000
E1575	TRANSDCR PROTECT/FLUID	No Precert Req	DME - no auth if under \$5000
E1580	DYALYS UNIPUNC CNTRL SY	No Precert Req	DME - no auth if under \$5000
E1590	HEMODIALYSIS MACHINE	No Precert Req	DME - no auth if under \$5000
E1592	AUTO INTRM PERITNL DIAL	No Precert Req	DME - no auth if under \$5000
E1594	CYCLER DIALYSIS MACHINE	No Precert Req	DME - no auth if under \$5000
E1600	DLV/INSTL EQUIP HEMODIAL	No Precert Req	DME - no auth if under \$5000
E1610	REVRS OSMOSIS H2O PURIF	No Precert Req	DME - no auth if under \$5000
E1615	DEIONIZER H2O PURI SYST	No Precert Req	DME - no auth if under \$5000
E1620	REPLACE BLOOD PUMP	No Precert Req	DME - no auth if under \$5000

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Code	Description	PHS+ Review Type	Comments
E1625	WATER SOFTENING SYSTEM	No Precert Req	DME - no auth if under \$5000
E1630	RECIPROC PERITONL DIALY	No Precert Req	DME - no auth if under \$5000
E1632	WEARABLE ARTIFICL KIDNY	No Precert Req	DME - no auth if under \$5000
E1634	PERITONEAL DIALY CLAMP	No Precert Req	DME - no auth if under \$5000
E1635	COMPACT TRAVEL HEMODIAL	No Precert Req	DME - no auth if under \$5000
E1636	SORBENT CARTRDGE, PER 10	No Precert Req	DME - no auth if under \$5000
E1637	HEMOSTATS, DIALYSIS, EA	No Precert Req	DME - no auth if under \$5000
E1639	DIALYSIS SCALE	No Precert Req	DME - no auth if under \$5000
E1699	DIALYSIS EQUIP NOC	No Precert Req	DME - no auth if under \$5000
E1820	SOFT INTERFACE MATERIAL	No Precert Req	DME - no auth if under \$5000
E1820	SOFT INTERFACE MATERIAL	No Precert Req	DME - no auth if under \$5000
E1825	ADJ FINGER EXT/FLEX DEVI	No Precert Req	DME - no auth if under \$5000
E1825	ADJ FINGER EXT/FLEX DEVI	No Precert Req	DME - no auth if under \$5000
E2000	ELEC GASTRIC SUCTN PUMP	No Precert Req	DME - no auth if under \$5000
E2100	BLD GLUCOSE MONITOR W VO	No Precert Req	DME - no auth if under \$5000
E2101	BLD GLUC MONITOR W LANCE	No Precert Req	DME - no auth if under \$5000
E2201	NONSTND SEAT WD >=20"<22	No Precert Req	DME - no auth if under \$5000
E2202	NONSTND SEAT WIDTH 24-27"	No Precert Req	DME - no auth if under \$5000
E2203	NONSTND SEAT FRAME <22"	No Precert Req	DME - no auth if under \$5000
E2204	NONSTND SEAT DPTH 22-25'	No Precert Req	DME - no auth if under \$5000
E2205	MANUAL WC ACCESSORY, HAN	No Precert Req	DME - no auth if under \$5000
E2206	COMPLETE WHEEL LOCK ASSE	No Precert Req	DME - no auth if under \$5000
E2207	CRUTCH AND CANE HOLDER	No Precert Req	DME - no auth if under \$5000
E2208	CYLINDER TANK CARRIER	No Precert Req	DME - no auth if under \$5000
E2209	ARM TROUGH EACH	No Precert Req	DME - no auth if under \$5000
E2210	WHEELCHAIR BEARINGS	No Precert Req	DME - no auth if under \$5000
E2211	PNEUMATIC PROPULSION TIR	No Precert Req	DME - no auth if under \$5000
E2212	PNEUMATIC PROP TIRE TUBE	No Precert Req	DME - no auth if under \$5000
E2213	PNEUMATIC PROP TIRE INSE	No Precert Req	DME - no auth if under \$5000
E2214	PNEUMATIC CASTER TIRE EA	No Precert Req	DME - no auth if under \$5000
E2215	PNEUMATIC CASTER TIRE TU	No Precert Req	DME - no auth if under \$5000
E2216	FOAM FILLED PROPULSION T	No Precert Req	DME - no auth if under \$5000
E2217	FOAM FILLED CASTER TIRE	No Precert Req	DME - no auth if under \$5000
E2218	FOAM PROPULSION TIRE EAC	No Precert Req	DME - no auth if under \$5000
E2219	FOAM CASTER TIRE ANY SIZ	No Precert Req	DME - no auth if under \$5000

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Code	Description	PHS+ Review Type	Comments
E2220	SOLID PROPULSION TIRE EA	No Precert Req	DME - no auth if under \$5000
E2221	SOLID CASTER TIRE EACH	No Precert Req	DME - no auth if under \$5000
E2222	SOLID CASTER INTEGRATED	No Precert Req	DME - no auth if under \$5000
E2224	PROPULSION WHL EXCLUDES	No Precert Req	DME - no auth if under \$5000
E2225	CASTER WHEEL EXCLUDES TI	No Precert Req	DME - no auth if under \$5000
E2226	CASTER FORK REPLACEMENT	No Precert Req	DME - no auth if under \$5000
E2227	GEAR REDUCTION DIRVE WHE	No Precert Req	DME - no auth if under \$5000
E2228	MWC ACC, WHEELCHAIR BRAK	No Precert Req	DME - no auth if under \$5000
E2230	MANUAL STANDING SYSTEM]	No Precert Req	DME - no auth if under \$5000
E2231	SOLID SEAT SUPPORT BASE]	No Precert Req	DME - no auth if under \$5000
E2291	PLANAR BACK FOR PED SIZE	No Precert Req	DME - no auth if under \$5000
E2292	PLANAR SEAT FOR PED SIZE	No Precert Req	DME - no auth if under \$5000
E2293	CONTOUR BACK FOR PED SIZ	No Precert Req	DME - no auth if under \$5000
E2294	CONTOUR SEAT FOR PED SIZ	No Precert Req	DME - no auth if under \$5000
E2295	PED DYNAMIC SEATING FRAM	No Precert Req	DME - no auth if under \$5000
E2310	ELEC CONNECT CTRL-1 SYST	No Precert Req	DME - no auth if under \$5000
E2311	ELEC CONNCT CTRL-2+ SYST	No Precert Req	DME - no auth if under \$5000
E2312	MINI-PROP REMOTE JOYSTIC	No Precert Req	DME - no auth if under \$5000
E2313	PWC HARNESS, EXPAND CONT	No Precert Req	DME - no auth if under \$5000
E2321	HAND INTERFACE JOYSTICK	No Precert Req	DME - no auth if under \$5000
E2322	HAND CTRL-MULT MECH SWIT	No Precert Req	DME - no auth if under \$5000
E2323	SPECIAL JOYSTICK HANDLE	No Precert Req	DME - no auth if under \$5000
E2324	CHIN CUP CTRL INTERFACE	No Precert Req	DME - no auth if under \$5000
E2325	SIP AND PUFF INTERFACE	No Precert Req	DME - no auth if under \$5000
E2326	BREATH TUBE KIT	No Precert Req	DME - no auth if under \$5000
E2327	HEAD CTRL INTERFACE-MECH	No Precert Req	DME - no auth if under \$5000
E2328	HEAD/EXTREM CTRL INTRFC	No Precert Req	DME - no auth if under \$5000
E2329	HEAD CTRL-CONTACT SWITCH	No Precert Req	DME - no auth if under \$5000
E2330	HEAD CTRL-PROXIM SWITCH	No Precert Req	DME - no auth if under \$5000
E2331	ATTENDANT CONTROL	No Precert Req	DME - no auth if under \$5000
E2340	NONSTND SEAT WDTN 20-23"	No Precert Req	DME - no auth if under \$5000
E2341	NONSTND SEAT WDTN 24-27"	No Precert Req	DME - no auth if under \$5000
E2342	NONSTND SEAT DPTH 20-21"	No Precert Req	DME - no auth if under \$5000
E2343	NONSTND SEAT DPTH 22-25"	No Precert Req	DME - no auth if under \$5000
E2351	ELECTRONIC SGD INTERFACE	No Precert Req	DME - no auth if under \$5000

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Code	Description	PHS+ Review Type	Comments
E2358	GR 34 NONSEALED LEADACID	No Precert Req	DME - no auth if under \$5000
E2359	GR34 SEALED LEADACID BAT	No Precert Req	DME - no auth if under \$5000
E2360	22NF NONSEALED LEADACID	No Precert Req	DME - no auth if under \$5000
E2361	22NF SEALED LEADACID BAT	No Precert Req	DME - no auth if under \$5000
E2362	GR24 NONSEALED LEADACID	No Precert Req	DME - no auth if under \$5000
E2363	GR24 SEALED LEADACID BAT	No Precert Req	DME - no auth if under \$5000
E2364	U-1 NONSEALED LEADACID	No Precert Req	DME - no auth if under \$5000
E2365	U-1 SEALED LEADACID BAT	No Precert Req	DME - no auth if under \$5000
E2366	BATTERY CHRGER, SNGL MODE	No Precert Req	DME - no auth if under \$5000
E2367	BATTERY CHRGER, DUAL MODE	No Precert Req	DME - no auth if under \$5000
E2368	POWER WC MOTOR REPLACEME	No Precert Req	DME - no auth if under \$5000
E2369	PWR WC GEAR BOX REPLACEM	No Precert Req	DME - no auth if under \$5000
E2370	PWR WC MOTOR/GEAR BOX CO	No Precert Req	DME - no auth if under \$5000
E2371	GR27 SEALED LEADACID BAT	No Precert Req	DME - no auth if under \$5000
E2372	GR27 NON-SEALED LEADACID	No Precert Req	DME - no auth if under \$5000
E2373	HAND/CHIN CTRL SPEC JOYS	No Precert Req	DME - no auth if under \$5000
E2374	HAND/CHIN CTRL STD JOYST	No Precert Req	DME - no auth if under \$5000
E2375	NON-EXPANDABLE CONTROLLE	No Precert Req	DME - no auth if under \$5000
E2376	EXPANDABLE CONTROLLER, R	No Precert Req	DME - no auth if under \$5000
E2377	EXPANDABLE CONTROLLER, I	No Precert Req	DME - no auth if under \$5000
E2381	PNEUM DRIVE WHEEL TIRE	No Precert Req	DME - no auth if under \$5000
E2382	TUBE, PNEUM DRIVE WHEEL	No Precert Req	DME - no auth if under \$5000
E2383	INSERT PNEUM DRIVE WHEEL	No Precert Req	DME - no auth if under \$5000
E2384	PNEUMATIC CASTER TIRE	No Precert Req	DME - no auth if under \$5000
E2385	TUBE PNEUMATIC CASTER TI	No Precert Req	DME - no auth if under \$5000
E2386	FOAM FILLED DRIVE WHEEL	No Precert Req	DME - no auth if under \$5000
E2387	FOAM FILLED CASTER TIRE	No Precert Req	DME - no auth if under \$5000
E2388	FOAM DRIVE WHEEL TIRE	No Precert Req	DME - no auth if under \$5000
E2389	FOAM CASTER TIRE	No Precert Req	DME - no auth if under \$5000
E2390	SOLID DRIVE WHEEL TIRE	No Precert Req	DME - no auth if under \$5000
E2391	SOLID CASTER TIRE	No Precert Req	DME - no auth if under \$5000
E2392	SOLID CASTER TIRE, INTEG	No Precert Req	DME - no auth if under \$5000
E2394	DRIVE WHEEL EXCLUDES TIR	No Precert Req	DME - no auth if under \$5000
E2395	CASTER WHEEL EXCLUDES TI	No Precert Req	DME - no auth if under \$5000
E2396	CASTER FORK	No Precert Req	DME - no auth if under \$5000

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Code	Description	PHS+ Review Type	Comments
E2397	PWC ACC, LITH-BASED BATT	No Precert Req	DME - no auth if under \$5000
E2399	INTERFACE NOC	No Precert Req	DME - no auth if under \$5000
E2402	NEG PRESS WOUND TX PUMP	No Precert Req	DME - no auth if under \$5000
E2500	DIG SGD PRE-REC <= 8'	No Precert Req	DME - no auth if under \$5000
E2601	GEN W/C CUSHION WDT<22	No Precert Req	DME - no auth if under \$5000
E2602	GEN W/C CUSHION WDT>=22	No Precert Req	DME - no auth if under \$5000
E2603	SKN PROTCT WC CUS WD<22	No Precert Req	DME - no auth if under \$5000
E2604	SKN PROTCT WC CUS WD>=22	No Precert Req	DME - no auth if under \$5000
E2605	POSITION WC CUSH WDT<22	No Precert Req	DME - no auth if under \$5000
E2606	POSITION WC CUSH WD>=22	No Precert Req	DME - no auth if under \$5000
E2607	SKN PRO/POS WC CUS WD<22	No Precert Req	DME - no auth if under \$5000
E2608	SK PRO/POS WC CUS WD>=22	No Precert Req	DME - no auth if under \$5000
E2609	CUSTOM FABRICATE W/C CUS	No Precert Req	DME - no auth if under \$5000
E2610	POWERED W/C CUSHION	No Precert Req	DME - no auth if under \$5000
E2611	GEN USE BCK CUSH WDT<22	No Precert Req	DME - no auth if under \$5000
E2612	GEN USE BK CUSH WDT>=22	No Precert Req	DME - no auth if under \$5000
E2613	POSITION BK CUSH WD <22	No Precert Req	DME - no auth if under \$5000
E2614	POSITION BK CUSH WD>=22	No Precert Req	DME - no auth if under \$5000
E2615	POS BACK POST/LAT WD<22	No Precert Req	DME - no auth if under \$5000
E2616	POS BK POST/LAT WDT>=22	No Precert Req	DME - no auth if under \$5000
E2617	CUSTOM FAB W/C BACK CUSH	No Precert Req	DME - no auth if under \$5000
E2619	REPLACE COVER W/C SEAT C	No Precert Req	DME - no auth if under \$5000
E2620	WC PLANAR BK CUSH WD<22	No Precert Req	DME - no auth if under \$5000
E2621	WC PLANAR BK CUSH WD>=22	No Precert Req	DME - no auth if under \$5000
E2622	ADJ SKIN PRO W/C CUS WD<	No Precert Req	DME - no auth if under \$5000
E2623	ADJ SKIN PRO WC CUS WD>=	No Precert Req	DME - no auth if under \$5000
E2624	ADJ SKIN PRO/POS CUS<22I	No Precert Req	DME - no auth if under \$5000
E2625	ADJ SKIN PRO/POS WC CUS>	No Precert Req	DME - no auth if under \$5000
E2626	SEO MOBILE ARM SUP ATT T	No Precert Req	DME - no auth if under \$5000
E2627	ARM SUPP ATT TO WC RANCH	No Precert Req	DME - no auth if under \$5000
E2628	MOBILE ARM SUPPORTS RECL	No Precert Req	DME - no auth if under \$5000
E2629	FRICTION DAMPENING ARM S	No Precert Req	DME - no auth if under \$5000
E2630	MONOSUSPENSION ARM/HAND	No Precert Req	DME - no auth if under \$5000
E2631	ELEVAT PROXIMAL ARM SUPP	No Precert Req	DME - no auth if under \$5000
E2632	OFFSET/LAT ROCKER ARM W/	No Precert Req	DME - no auth if under \$5000

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Code	Description	PHS+ Review Type	Comments
E2633	MOBILE ARM SUPPORT SUPIN	No Precert Req	DME - no auth if under \$5000
E8000	POSTERIOR GAIT TRAINER	No Precert Req	DME - no auth if under \$5000
E8001	UPRIGHT GAIT TRAINER	No Precert Req	DME - no auth if under \$5000
E8002	ANTERIOR GAIT TRAINER	No Precert Req	DME - no auth if under \$5000
G0008	ADMIN FLU VIRUS VAC	No Precert Req	
G0009	ADM PNEUMOCOCCAL VAC	No Precert Req	
G0010	ADMIN HEPATITIS B VAC	No Precert Req	
G0027	SEMEN ANALYSIS	No Precert Req	EXCLUDED
G0101	CERV OR VAG CA SCREEN	No Precert Req	
G0102	PROSTATE CANCER SCREENIN	No Precert Req	
G0103	PSA SCREEN- PROSTATE CA	No Precert Req	
G0104	CA SCREEN FLEX SIGMOSCPY	No Precert Req	
G0105	CA SCRN COLONSCPY HI RSK	No Precert Req	
G0106	CA SCREEN BARIUM-ALT SIG	No Precert Req	
G0108	INDIV DIABETES TRAINING	No Precert Req	
G0109	GROUP DIABETES TRAINING	No Precert Req	
G0117	GLAUC SCR N HGH RISK DIRE	No Precert Req	
G0118	GLAUC SCREEN-OPT SUPRV	No Precert Req	
G0120	CA SCREEN BARIUM-ALT COL	No Precert Req	
G0121	CA SCREEN COLONOSCOPY	No Precert Req	
G0122	CA SCREENG BARIUM ENEMA	No Precert Req	
G0123	CERV/VAG SCREEN TECH	No Precert Req	
G0124	CERV/VAG SCR N PHYS INTRP	No Precert Req	
G0127	DYSTROPHIC NAIL TRIMMING	No Precert Req	
G0130	SEXA BONE DENSTY APPEND	No Precert Req	
G0141	CRV/VAG SCR N AUT PHY INT	No Precert Req	
G0143	CRV/VAG SCR N/RESCRN TECH	No Precert Req	
G0144	CRV/VAG SCREEN AUTOMATED	No Precert Req	
G0145	CRV/VAG SCR N MAN RESCRN	No Precert Req	
G0147	CRV/VAG SCR N AUT PHY SPV	No Precert Req	
G0148	CRV/VAG AUT SCR N/MN RESC	No Precert Req	
G0168	WOUND CLOSURE ADHESIVE	No Precert Req	
G0175	MULTIDISC TEAM VISIT	No Precert Req	
G0186	OCULAR PHOTOCOAG-FEEDER	No Precert Req	
G0202	SCR MAMM, DIRECT DIGITAL	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G0204	DIAG MAMM, DIGIT,BILAT	No Precert Req	
G0206	DIAG MAMM, DIGITAL, UNI	No Precert Req	
G0237	THERAP PROCD STRG ENDURA	No Precert Req	
G0238	OTH RESP PROC, INDIV	No Precert Req	
G0239	OTH RESP PROC, GROUP	No Precert Req	
G0239	OTH RESP PROC, GROUP	No Precert Req	
G0245	INITIAL FOOT EXAM-LOPS	No Precert Req	
G0246	FOLLOWUP EVAL FOOT-LOPS	No Precert Req	
G0247	ROUTINE FOOTCARE-LOPS	No Precert Req	
G0248	DEMONSTRAT USE HOME INR	No Precert Req	
G0249	PROVIDE INR TEST MATER/E	No Precert Req	
G0250	MD INR TEST REVIE INTER	No Precert Req	
G0255	SENS NERV CONDOC THRESH	No Precert Req	Experimental/Investigational/Unproven
G0257	UNSCHED DIALYSIS ESRD PT	No Precert Req	
G0259	INJECT SACROILIAC JOINT	No Precert Req	
G0267	BONE MARROW / PSC HARVST	No Precert Req	
G0268	PHYS REMOVAL IMPACTD WAX	No Precert Req	
G0269	OCCLUSIVE DEV - VEIN/ART	No Precert Req	
G0270	INDV MNT SUBS TX EA 15 M	No Precert Req	
G0271	GROUP MNT >=2 EA 30 MINS	No Precert Req	
G0275	RENAL ANG CARD CATH/COR	No Precert Req	
G0276	Pild/placebo control clin tr	No Precert Req	
G0278	ILIAC/FEM ANG CARD CATH	No Precert Req	
G0281	ELEC STIM UNATTEND-ULCER	No Precert Req	
G0281	ELEC STIM UNATTEND-ULCER	No Precert Req	
G0282	ELEC STIM WOUND CARE	No Precert Req	Experimental/Investigational/Unproven
G0283	ELEC STIM OTHR THN WOUND	No Precert Req	
G0288	RECON, CTA FOR SURG PLAN	No Precert Req	
G0289	ARTHRO KNEE DIFF COMPART	No Precert Req	
G0290	DRUG-ELUTING STENT, SNGL	No Precert Req	
G0291	DRUG-ELUTING STENT EA AD	No Precert Req	
G0293	NONCOV SURG PX CLIN TRIA	No Precert Req	
G0294	NON-COV PX CLINIC TRIAL	No Precert Req	
G0295	ELECTROMAG TX-NOT ULCER	No Precert Req	Experimental/Investigational/Unproven

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Code	Description	PHS+ Review Type	Comments
G0296	Counseling visit to discuss need for lung cancer screening (ldct) using low dose ct scan (service is for eligibility determination and shared decision making)	No Precert Req	
G0298	Hiv antigen/antibody, combination assay, screening	No Precert Req	
G0302	PREOP SERV LVRS COMPLETE	No Precert Req	
G0303	PREOP SERV LVRS 10-15DAY	No Precert Req	
G0304	PREOP SERV LVRS 1-9 DAYS	No Precert Req	
G0305	POSTOP SERV LVRS 6+ DAYS	No Precert Req	
G0306	CBC/WBC DIFF NO PLATELET	No Precert Req	
G0307	CBC WITHOUT PLATELET	No Precert Req	
G0328	FECAL BLOOD SCRNM IMMUNO	No Precert Req	
G0329	ULCER ELECTROMAG TX	No Precert Req	Experimental/Investigational/Unproven
G0330	PET IMAGE INIT DX CERV	No Precert Req	
G0331	PET IMAGE RESTAGE OVR CA	No Precert Req	
G0333	DISPENSE FEE INITIAL 30	No Precert Req	
G0337	HOSPICE EVALUATION PREEL	No Precert Req	
G0364	BONE MARROW ASPIRAT W/BX	No Precert Req	
G0365	VESSEL MAPPING HEMO ACCE	No Precert Req	
G0372	MD SERVICE REQUIRED FOR	No Precert Req	
G0378	HOSPITAL OBSERVATION PER	No Precert Req	
G0379	DIRECT ADMIT HOSPITAL OB	No Precert Req	
G0380	LEV 1 HOSP TYPE B ED VIS	No Precert Req	
G0381	LEV 2 HOSP TYPE B ED VIS	No Precert Req	
G0382	LEV 3 HOSP TYPE B ED VIS	No Precert Req	
G0383	LEV 4 HOSP TYPE B ED VIS	No Precert Req	
G0384	LEV 5 HOSP TYPE B ED VIS	No Precert Req	
G0389	ULTRASOUND EXAM AAA SCRE	No Precert Req	Code deleted 12/31/2016
G0390	TRAUMA RESPONS W/HOSP CR	No Precert Req	
G0396	ALCOHOL/SUBS INTERV 15-3	No Precert Req	
G0397	ALCOHOL/SUBS INTERV > 30	No Precert Req	
G0402	INITIAL PREVENTIVE EXAM]	No Precert Req	
G0403	EKG FOR INITIAL PREVENT]	No Precert Req	
G0404	EKG TRACING FOR INITIAL]	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G0405	EKG INTERPET & REPORT PR	No Precert Req	
G0406	TELHEALTH INPT CONSULT 1	No Precert Req	
G0407	TELHEALTH INPT CONSULT 2	No Precert Req	
G0408	TELHEALTH INPT CONSULT 3	No Precert Req	
G0409	CORF RELATED SERV 15 MIN	No Precert Req	
G0410	GRP PSYCH PARTIAL HOSP 4	No Precert Req	
G0411	INTER ACTIVE GRP PSYCH P	No Precert Req	
G0412	OPEN TX ILIAC SPINE UNI/	No Precert Req	
G0413	PELVIC RING FRACTURE UNI	No Precert Req	
G0414	PELVIC RING FX TREAT INT	No Precert Req	
G0415	OPEN TX POST PELVIC FXCT	No Precert Req	
G0416	SAT BIOPSY PROSTATE 1-20	No Precert Req	
G0420	ED SVC CKD IND PER SESSI	No Precert Req	
G0421	ED SVC CKD GRP PER SESSI	No Precert Req	
G0424	PULMONARY REHAB W EXER	No Precert Req	
G0425	INPT TELEHEALTH CONSULT	No Precert Req	
G0426	INPT TELEHEALTH CONSULT	No Precert Req	
G0427	INPT TELEHEALTH CON 70/>	No Precert Req	
G0431	DRUG SCREEN MULTIP CLASS	No Precert Req	Code deleted 12/31/2015.
G0432	EIA HIV-1/HIV-2 SCREEN	No Precert Req	
G0433	ELISA HIV-1/HIV-2 SCREEN	No Precert Req	
G0434	DRUG SCREEN MULTI DRUG C	No Precert Req	Code deleted 12/31/2015.
G0435	ORAL HIV-1/HIV-2 SCREEN	No Precert Req	
G0436	TOBACCO-USE COUNSEL 3-10	No Precert Req	Code deleted 12/31/2016
G0437	TOBACCO-USE COUNSEL >10M	No Precert Req	Code deleted 12/31/2016
G0438	PPPS, INITIAL VISIT	No Precert Req	
G0439	PPPS, SUBSEQ VISIT	No Precert Req	
G0442	ANNUAL ALCOHOL SCREEN 15	No Precert Req	
G0443	BRIEF ALCOHOL MISUSE COU	No Precert Req	
G0444	DEPRESSION SCREEN ANNUAL	No Precert Req	
G0445	HIGH INTEN BEH COUNS STD	No Precert Req	
G0446	INTENS BEHAVE THER CARDI	No Precert Req	
G0447	BEHAVIOR COUNSEL OBESITY	No Precert Req	
G0449	ANNUAL OBESITY SCREEN 15	No Precert Req	
G0450	SCREEN STI W FOUR LAB TE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G0451	DEVELOPMENT TEST INTERPT&	No Precert Req	
G0456	NEG PRESSURE WOUND THERAPY <=50 s	No Precert Req	Code deleted 12/31/2014
G0457	NEG PRESSURE WOUND THERAPY >50 sq	No Precert Req	Code deleted 12/31/2014
G0461	IMMUNOHISTO/CYTO CHEM 1ST ST	No Precert Req	
G0462	IMMUNOHISTO/CYTO CHEM ADD	No Precert Req	
G0463	HOSPITAL OUTPT CLINIC VISIT	No Precert Req	
G0464	Colorec ca scr, sto bas dna	No Precert Req	Experimental/Investigational/Unproven
G0471	Ven blood coll snf/hha	No Precert Req	
G0472	Hep c screen high risk/other	No Precert Req	
G0473	Group behave couns 2-10	No Precert Req	
G0475	Hiv antigen/antibody, combination assay, screening	No Precert Req	
G0476	Infectious agent detection by nucleic acid (dna or rna); human papillomavirus (hpv), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) for cervical cancer screening, must be performed in addition to pap test	No Precert Req	
G0477	Drug test presumpt optical	No Precert Req	Code deleted 12/31/2016
G0477	Drug test presumpt optical	No Precert Req	Code deleted 12/31/2016
G0478	Drug test presumpt opt inst	No Precert Req	Code deleted 12/31/2016
G0478	Drug test presumpt opt inst	No Precert Req	Code deleted 12/31/2016
G0479	Drug test presumpt not opt	No Precert Req	Code deleted 12/31/2016
G0479	Drug test presumpt not opt	No Precert Req	Code deleted 12/31/2016
G0480	Drug test def 1-7 classes	No Precert Req	
G0480	Drug test def 1-7 classes	No Precert Req	
G0481	Drug test def 8-14 classes	No Precert Req	
G0481	Drug test def 8-14 classes	No Precert Req	
G0482	Drug test def 15-21 classes	No Precert Req	
G0482	Drug test def 15-21 classes	No Precert Req	
G0483	Drug test def 22+ classes	No Precert Req	
G0483	Drug test def 22+ classes	No Precert Req	
G0490	Home visit RN, LPN by RHC/FQ	No Precert Req	
G0491	DIALYSIS ACU KIDNEY NO ESRD	No Precert Req	
G0492	MD/OTH EVAL ACUT KID NO ESRD	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G0498	Chemo extend iv infus w/pump	No Precert Req	
G0499	HEPB SCREEN HIGH RISK INDIV	No Precert Req	
G0500	MOD SEDAT ENDO SERVICE >5YRS	No Precert Req	
G0501	RESOURCE-INTEN SVC DURING OV	No Precert Req	
G0502	INIT PSYCH CARE MANAG, 70MIN	No Precert Req	
G0503	Subseq psych care man,60mi	No Precert Req	
G0504	Init/sub psych care add 30 m	No Precert Req	
G0505	Cog/func assessment outpt	No Precert Req	
G0506	Comp asses care plan ccm svc	No Precert Req	
G0507	Care manage serv minimum 20	No Precert Req	
G0508	Crit care telehea consult 60	No Precert Req	
G0509	Crit care telehea consult 50	No Precert Req	
G0659	Drug test def simple all cl	No Precert Req	
G0908	HGB > 12 G/DL	No Precert Req	
G0909	HGB NOT DOC	No Precert Req	
G0910	HGB <= 12 G/DL	No Precert Req	
G0911	ASSESS ACTIVITY SYMPTOMS	No Precert Req	
G0912	NO ASSESS ACTIVITY SYMPT	No Precert Req	
G0913	IMPROVE VISUAL FUNCT	No Precert Req	
G0914	SURVEY NOT COMPLETE	No Precert Req	
G0915	NO IMPROVE VISUAL FUNCT	No Precert Req	
G0916	SATISFY WITH CARE	No Precert Req	
G0917	SATISFY SURVEY NOT COMPL	No Precert Req	
G0918	NO SATISFY WITH CARE	No Precert Req	
G0919	FLU IMMUNIZE NOT AVAIL	No Precert Req	
G0920	TYPE LOC ACT DOC	No Precert Req	
G0921	DOC PT REAS NO ASSESS	No Precert Req	
G0922	TYPE LOC ACT NOT DOC	No Precert Req	
G3001	TOSITUMOMAB INFUSION	No Precert Req	Code deleted 12/31/2016
G6018	Ileoscopy w/stent	No Precert Req	Code deleted 12/31/2015
G6019	Colonoscopy lesion removal	No Precert Req	Code deleted 12/31/2015
G6020	Colonoscopy w/stent	No Precert Req	Code deleted 12/31/2015
G6022	Sigmoidoscopy w/ablate tumr	No Precert Req	Code deleted 12/31/2015
G6023	Sigmoidoscopy w/stent	No Precert Req	Code deleted 12/31/2015
G6024	Lesion removal colonoscopy	No Precert Req	Code deleted 12/31/2015

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Code	Description	PHS+ Review Type	Comments
G6025	Colonoscopy w/stent	No Precert Req	Code deleted 12/31/2015
G6030	Assay of amitriptyline	No Precert Req	
G6031	Assay of benzodiazepines	No Precert Req	
G6032	Assay of desipramine	No Precert Req	
G6034	Assay of doxepin	No Precert Req	
G6035	Assay of gold	No Precert Req	
G6036	Assay of imipramine	No Precert Req	
G6037	Assay of nortriptyline	No Precert Req	
G6038	Assay of salicylate	No Precert Req	
G6039	Assay of acetaminophen	No Precert Req	
G6040	Assay of ethanol	No Precert Req	
G6041	Assay of urine alkaloids	No Precert Req	
G6042	Assay of amphetamines	No Precert Req	
G6043	Assay of barbiturates	No Precert Req	
G6044	Assay of cocaine	No Precert Req	
G6045	Assay of dihydrocodeinone	No Precert Req	
G6046	Assay of dihydromorphinone	No Precert Req	
G6047	Assay of dihydrotestosterone	No Precert Req	
G6048	Assay of dimethadione	No Precert Req	
G6049	Assay of epiandrosterone	No Precert Req	
G6050	Assay of ethchlorvynol	No Precert Req	
G6051	Assay of flurazepam	No Precert Req	
G6052	Assay of meprobamate	No Precert Req	
G6053	Assay of methadone	No Precert Req	
G6054	Assay of methsuximide	No Precert Req	
G6055	Assay of nicotine	No Precert Req	
G6056	Assay of opiates	No Precert Req	
G6057	Assay of phenothiazine	No Precert Req	
G6058	Drug confirmation	No Precert Req	
G8126	PT TREAT W/ANTIDEPRESS12	No Precert Req	
G8127	PT NOT TREAT W/ANTIDEPRE	No Precert Req	
G8128	PT INELIG FOR ANTIDEPRES	No Precert Req	
G8161	ISO CABG PT REC PREOP BB	No Precert Req	
G8163	'ISO CABG PT INELIG FOR	No Precert Req	
G8191	ANTIBIOTIC GIVEN PRIOR S	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G8192	ANTIB GIVEN PRIOR SURG I	No Precert Req	
G8194	PT NOT ELIG FOR ANTIBIOT	No Precert Req	
G8195	ANTIBIOTIC GIVEN PRIOR S	No Precert Req	
G8197	ANTIB ORDER PRIOR TO SUR	No Precert Req	
G8198	CEFAZOLIN DOCUMENTED ORD	No Precert Req	
G8199	CEFAZOLIN GIVEN PROPHYLA	No Precert Req	
G8201	PT NOT ELIGI FOR CEFAZOL	No Precert Req	
G8202	ORDER GIVEN TO D/C ANTIB	No Precert Req	
G8203	ANTIB WAS D/C 24HRS SURG	No Precert Req	
G8205	PT NOT ELIGI FOR PROPH A	No Precert Req	
G8206	MD DOC PROPHYLACTIC AB G	No Precert Req	
G8207	CLINI DOC ORDER TO D/C A	No Precert Req	
G8208	CLINI DOC AB WAS D/C 48H	No Precert Req	
G8210	CLINI DOC PT INELIGIB AN	No Precert Req	
G8211	CLINI DOC PROPH AB GIVEN	No Precert Req	
G8212	CLINI ORDER GIVEN FOR VT	No Precert Req	
G8213	CLINI GIVEN VTE PROP	No Precert Req	
G8215	CLINI DOC PT INELIG VTE	No Precert Req	
G8216	PT RECEIVED DVT PROPHYLA	No Precert Req	
G8218	PT INELIG DVT PROPHYLAXI	No Precert Req	
G8222	PT PRESCRIBE PLATELET AT	No Precert Req	
G8224	PT INELIG FOR ANTIPLAT P	No Precert Req	
G8225	PT PRESCRIB ANTICOAG AT	No Precert Req	
G8227	PT NOT DOC TO HAVE PERM/	No Precert Req	
G8228	CLIN PT INELIG ANTICOAG	No Precert Req	
G8229	PT DOC TO HAVE ADMIN T-P	No Precert Req	
G8230	PT INELIG T-PA ISCH STRO	No Precert Req	
G8232	PT RECEIVED DYSPHAGIA SC	No Precert Req	
G8235	PT RECEIVED NPO	No Precert Req	
G8236	PT INELIG DYSPHAGIA SCRE	No Precert Req	
G8237	PT DOC REC REHAB SERV	No Precert Req	
G8239	INTER CAROTID STENOSIS <	No Precert Req	
G8241	PT INELIG CANDIDATE ITO	No Precert Req	
G8242	PT DOC TO HAVE CT/MRI W/	No Precert Req	
G8245	CLINI DOC PRESE/ABS ALAR	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G8247	PT W/ ALARM SYMP UPPER E	No Precert Req	
G8249	PT INELIG FOR UPPER ENDO	No Precert Req	
G8250	PT W/ BARRETTS ESOPH END	No Precert Req	
G8252	PT INELIG FOR ESOPHAG BI	No Precert Req	
G8253	PT REC ORDER FOR BARIUM	No Precert Req	
G8255	CLINI DOC PT INELIG BAR	No Precert Req	
G8256	CLINI DOC REV D/C MEDS W	No Precert Req	
G8258	PT INELIG FOR D/C MEDS R	No Precert Req	
G8259	PT DOC TO HAV DECISION M	No Precert Req	
G8261	CLINI DOC PT INELIG DEC	No Precert Req	
G8262	PT DOC ASSESS URINY INCO	No Precert Req	
G8264	PT INELIG ASSESS URINARY	No Precert Req	
G8265	PT DOC REC CHARC URIN IN	No Precert Req	
G8267	PT DOC REC PLAN URINARY	No Precert Req	
G8269	CLIN NOT PROV CARE URIN	No Precert Req	
G8270	PT RECEIV SCREEN FOR FAL	No Precert Req	
G8272	CLIN DOC PT INELIG FALL	No Precert Req	
G8273	CLIN NOT PROV CARE SCRE	No Precert Req	
G8275	PT HX W/ NEW MOLES	No Precert Req	
G8277	PT INELIG FOR ASSESS MOL	No Precert Req	
G8278	PT DOC REC PE SKIN	No Precert Req	
G8280	PT INELIG PE SKIN	No Precert Req	
G8281	PT REC COUNSEL FOR SELF-	No Precert Req	
G8283	PT INELIG FOR COUNSEL	No Precert Req	
G8284	PT DOC TO REC PRES OSTEO	No Precert Req	
G8286	PT INELIG TO REC PRES OS	No Precert Req	
G8287	CLIN NOT PROV CARE FOR P	No Precert Req	
G8288	PT DOC REC CAVIT D	No Precert Req	
G8290	CLIN DOC PT INELIG CA/VI	No Precert Req	
G8291	CLIN NO PRO CARE PT CA/V	No Precert Req	
G8292	COPD PT W/SPIR RESULTS	No Precert Req	
G8294	COPD PT INELIG SPIR RESU	No Precert Req	
G8295	COPD PT DOC BRONCH THER	No Precert Req	
G8297	COPD PT INELIG BRONCH TH	No Precert Req	
G8300	PT INELIG FOR OPTIC NERV	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G8301	CLIN NOT PROV CARE POAG	No Precert Req	
G8309	PT DOC REC ANTIOXIDANT	No Precert Req	
G8311	PT INELIG FOR ANTIOXIDAN	No Precert Req	
G8312	CLIN NO PROV CARE FOR AN	No Precert Req	
G8313	PT DOC REC MACULAR EXAM	No Precert Req	
G8315	CLIN DOC PT INELIG MAC E	No Precert Req	
G8316	CLIN NO PRO CARE FOR MAC	No Precert Req	
G8317	PT DOC TO HAVE VISUAL FU	No Precert Req	
G8319	PT INELIG FOR VIS FUNC S	No Precert Req	
G8320	CLIN NOT PROV CARE CATAR	No Precert Req	
G8323	PT INELIG FOR PRES SURG	No Precert Req	
G8324	CLIN NOT PROV CARE FOR I	No Precert Req	
G8325	PT REC FUND EXAM PRIOR S	No Precert Req	
G8327	PT INELIG FOR PRE SURG F	No Precert Req	
G8328	CLIN NOT PROV CARE FUND	No Precert Req	
G8329	PT DOC REC DILATED MACUL	No Precert Req	
G8331	PT INELIG DILATE FUNDUS	No Precert Req	
G8332	CLIN PROV NO CARE DIABET	No Precert Req	
G8333	PT DOC TO HAVE MACULAR E	No Precert Req	
G8335	CLIN DOC PT INELIG MACUL	No Precert Req	
G8336	CLIN DID NOT PRO CARE DI	No Precert Req	
G8337	CLIN DOC PT WAS TEST OST	No Precert Req	
G8339	PT INELIG FOR TEST OSTEO	No Precert Req	
G8340	PT DOC HAVE DEXA	No Precert Req	
G8342	CLIN DOC PT INELIG DEXA	No Precert Req	
G8343	CLIN NOT PROV CARE DEXA	No Precert Req	
G8344	PT DOC HAVE DEXA PERFORM	No Precert Req	
G8346	CLIN DOC PT INELIG DEXA	No Precert Req	
G8347	CLIN NOT PROV CARE DEXA	No Precert Req	
G8348	INT CAROTID STENOSIS MEA	No Precert Req	
G8349	PT INELIG FOR DOC OF ALA	No Precert Req	
G8350	PT DOC 12 LEAD ECG	No Precert Req	
G8352	PT INELIG FOR ECG	No Precert Req	
G8353	PT DOC REC ASPIRIN 24HRS	No Precert Req	
G8355	CLIN DOC PT INELIG ASPIR	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G8356	PT DOC TO HAVE ECG	No Precert Req	
G8358	CLIN DOC PT INELIG ECG	No Precert Req	
G8359	PT DOC VITAL SIGNS RECOR	No Precert Req	
G8361	PT DOC TO HAVE O2 SAT AS	No Precert Req	
G8363	CLIN DOC PT INELIG O2 SA	No Precert Req	
G8364	PT DOC MENTAL STATUS ASS	No Precert Req	
G8366	PT DOC TO HAVE EMPIRIC A	No Precert Req	
G8368	CLIN DOC PT INELIG EMPIR	No Precert Req	
G8395	LVEF>=40% DOC NORMAL OR	No Precert Req	
G8396	LVEF NOT PERFORMED	No Precert Req	
G8397	DIL MACULA/FUNDUS EXAM/W	No Precert Req	
G8398	DIL MACULA/FUNDUS NOT PE	No Precert Req	
G8399	PT W/DXA DOCUMENT OR ORD	No Precert Req	
G8400	PT W/DXA NO DOCUMENT OR	No Precert Req	
G8401	PT INELIG OSTEO SCREEN M	No Precert Req	Code deleted 12/31/2016
G8404	LOW EXTREMITY NEUR EXAM	No Precert Req	
G8405	LOW EXTREMITY NEUR NOT P	No Precert Req	
G8406	PT INELIG LOWER EXTREM N	No Precert Req	
G8410	EVAL ON FOOT DOCUMENTED	No Precert Req	
G8415	EVAL ON FOOT NOT PERFORM	No Precert Req	
G8416	PT INELIG FOOTWEAR EVALU	No Precert Req	
G8417	BMI >=30 CALCULATE W/FOL	No Precert Req	
G8418	BMI < 22 CALCULATE W/FOL	No Precert Req	
G8419	BMI>=30OR<22 CAL NO FOLL	No Precert Req	
G8420	BMI<30 AND >=22 CALC & D	No Precert Req	
G8421	BMI NOT CALCULATED	No Precert Req	
G8422	PT INELIG BMI CALCULATIO	No Precert Req	
G8427	DOC CUR MEDS BY PROVE	No Precert Req	
G8428	CUR MEDS NOT DOCUMENT	No Precert Req	
G8430	PT INELIG MED CHECK	No Precert Req	
G8431	CLIN DEPRESSION SCREEN D	No Precert Req	
G8432	CLIN DEPRESSION SCREEN N	No Precert Req	
G8433	PT INELIG FOR DEPRESSION	No Precert Req	
G8440	PAIN ASSESSMENT DOCUMENT	No Precert Req	
G8441	NO DOCUMENT OF PAIN ASSE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G8442	PT INELIG PAIN ASSESSMEN	No Precert Req	
G8447	PT VIS DOC USE HER CER A	No Precert Req	
G8448	PT VIS DOC W/PQRI QUAL E	No Precert Req	
G8450	BETA-BLOC RX PT W/ABN LV	No Precert Req	
G8451	PT W/ABN LVEF INELIG B-B	No Precert Req	
G8452	PT W/ABN LVEF B-BLOC NO	No Precert Req	
G8458	PT INELIG GENO NO ANTVIR	No Precert Req	Code deleted 12/31/2016
G8459	DOC PT REC ANTIVIR TREAT	No Precert Req	
G8460	PT INELIG RNA NOT ANTVIR	No Precert Req	Code deleted 12/31/2016
G8461	PT REC ANTIVIR TREAT HEP	No Precert Req	Code deleted 12/31/2016
G8462	PT INELIG COUNS NO ANTVI	No Precert Req	
G8463	PT REC ANTIVIRAL TREAT D	No Precert Req	
G8464	PT INELIG; LO TO NO DTER	No Precert Req	
G8465	HIGH RISK RECURRENCE PRO	No Precert Req	
G8468	ACE/ARB RX PT W/ABN LVEF	No Precert Req	
G8469	PT W/ABN LVEF INELIG ACE	No Precert Req	
G8470	PT W/ NORMAL LVEF	No Precert Req	
G8471	LVEF NOT PERFORMED/DOC	No Precert Req	
G8472	ACE/ARB NO RX PT W/ABN L	No Precert Req	
G8473	ACE/ARB THXPY RX'D	No Precert Req	
G8474	ACE/ARB NOT RX'D; DOC RE	No Precert Req	
G8475	ACE/ARB THXPY NOT RX'D	No Precert Req	
G8476	BP SYS <130 AND DIAS <80	No Precert Req	
G8477	BP SYS>=130 AND/OR DIAS	No Precert Req	
G8478	BP NOT PERFORMED/DOC	No Precert Req	
G8482	FLU IMMUNIZE ORDER/ADMIN	No Precert Req	
G8483	FLU IMM NO ORD/ADMIN DOC	No Precert Req	
G8484	FLU IMMUNIZE NO ORDER/AD	No Precert Req	
G8485	REPORT DIABETES MEASURES	No Precert Req	Code deleted 12/31/2016
G8486	REPORT PREV CARE MEASURE	No Precert Req	Code deleted 12/31/2016
G8487	REPORT CKD MEASURES	No Precert Req	Code deleted 12/31/2016
G8489	CAD MEASURES GRP]	No Precert Req	Code deleted 12/31/2016
G8490	RA MEASURES GRP]	No Precert Req	Code deleted 12/31/2016
G8491	HIV/AIDS MEASURES GRP]	No Precert Req	Code deleted 12/31/2016
G8492	PREV CARE MEASURES GRP]	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G8493	BACK PAIN MEASURES GRP]	No Precert Req	
G8494	DM MEAS QUAL ACT PERFORM	No Precert Req	Code deleted 12/31/2016
G8495	CKD MEAS QUAL ACT PERFOR	No Precert Req	Code deleted 12/31/2016
G8496	PC MEAS QUAL ACT PERFORM	No Precert Req	Code deleted 12/31/2016
G8497	CABG MEAS QUAL ACT PERFO	No Precert Req	Code deleted 12/31/2016
G8498	CAD MEAS QUAL ACT PERFOR	No Precert Req	Code deleted 12/31/2016
G8499	RA MEAS QUAL ACT PERFORM	No Precert Req	Code deleted 12/31/2016
G8500	HIV MEAS QUAL ACT PERFOR	No Precert Req	Code deleted 12/31/2016
G8501	PERIO MEAS QUAL ACT PERF	No Precert Req	
G8502	BP MEAS QUAL ACT PERFORM	No Precert Req	
G8506	PT REC ACE/ARB]	No Precert Req	
G8508	PT INELIG; PAIN ASSESS N	No Precert Req	
G8509	PAIN ASSESS NO F/U PLN D	No Precert Req	
G8510	PT INELIG NEG SCR N DEPRE	No Precert Req	
G8511	CLIN DEPRES SCR N NO F/U]	No Precert Req	
G8524	PATCH CLOSURE CONV CEA]	No Precert Req	
G8525	NO PATCH CLOSURE CEA]	No Precert Req	
G8526	NO PATCH CLOSURE CONV CE	No Precert Req	
G8530	AUTO AV FISTULA RECD]	No Precert Req	Code deleted 12/31/2015
G8531	PT INELIG; AUTO AV FISTU	No Precert Req	Code deleted 12/31/2015
G8532	NO AUTO AV FISTULA; NO R	No Precert Req	Code deleted 12/31/2015
G8534	DOC ELDER MAL SCR N F/U P	No Precert Req	
G8535	PT INELIG NO ELD MAL SCR	No Precert Req	
G8536	NO DOC ELDER MAL SCR N]	No Precert Req	
G8537	PT INELIG ELDMAL SCR N NO	No Precert Req	
G8538	ELD MAL SCR N NO F/U PLN]	No Precert Req	
G8539	CUR FUNCT ASSESS & CARE]	No Precert Req	
G8540	PT INELIG FUNCT ASSESS]	No Precert Req	
G8541	NO DOC CUR FUNCT ASSESS]	No Precert Req	
G8542	PT INELIG FUNC ASSES NO]	No Precert Req	
G8543	CUR FUNCT ASSES; NO CARE	No Precert Req	
G8544	CABG MEASURES GRP]	No Precert Req	Code deleted 12/31/206
G8545	HEPC MEASURES GRP	No Precert Req	Code deleted 12/31/206
G8546	CAP MEASURES GRP	No Precert Req	
G8547	IVD MEASURES GRP	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G8548	HF MEASURES GRP	No Precert Req	Code deleted 12/31/206
G8549	HEPC MG QUAL ACT PERFORM	No Precert Req	Code deleted 12/31/206
G8550	CAP MG QUAL ACT PERFORM	No Precert Req	
G8551	HF MG QUAL ACT PERFORM	No Precert Req	Code deleted 12/31/206
G8552	IVD MG QUAL ACT PERFORM	No Precert Req	
G8553	1 RX VIA QUALIFIED ERX S	No Precert Req	
G8556	REF TO DOC OTOLOG EVAL	No Precert Req	
G8557	PT INELIG REF OTOLOG EVA	No Precert Req	
G8558	NO REF TO DOC OTOLOG EVA	No Precert Req	
G8559	PT REF DOC OTO EVAL	No Precert Req	
G8560	PT HX ACT DRAIN PREV 90	No Precert Req	
G8561	PT INELIG FOR REF OTO EV	No Precert Req	
G8562	PT NO HX ACT DRAIN 90 D	No Precert Req	
G8563	PT NO REF OTO REAS NO SP	No Precert Req	
G8564	PT REF OTO EVAL	No Precert Req	
G8565	VER DOC HEAR LOSS	No Precert Req	
G8566	PT INELIG REF OTO EVAL	No Precert Req	
G8567	PT NO DOC HEAR LOSS	No Precert Req	
G8568	PT NO REF OTOLO NO SPEC	No Precert Req	
G8569	PROL INTUBATION REQ	No Precert Req	
G8570	NO PROL INTUB REQ	No Precert Req	
G8571	STER WD IFX 30 D POSTOP	No Precert Req	
G8572	NO STER WD IFX	No Precert Req	
G8573	STK/CVA CABG	No Precert Req	
G8574	NO STRK/CVA CABG	No Precert Req	
G8575	POSTOP REN INSUF	No Precert Req	
G8576	NO POSTOP REN INSUF	No Precert Req	
G8577	REOP REQ BLD GRFT OTH	No Precert Req	
G8578	NO REOP REQ BLD GRFT OTH	No Precert Req	
G8579	ANTPLT MED DISCH	No Precert Req	
G8580	ANTPLT MED CONTRAIND	No Precert Req	
G8581	NO ANTPLT MED DISCH	No Precert Req	
G8582	BBLOCK DISCH	No Precert Req	
G8583	BBLOCK CONTRAIND	No Precert Req	
G8584	NO BBLOCK DISCH	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G8585	ANTILIPID TREAT DISCH	No Precert Req	
G8586	ANTLIP DISCH CONTRA	No Precert Req	
G8587	NO ANTLIPID TREAT DISCH	No Precert Req	
G8588	SYS BP <140	No Precert Req	
G8589	SYS BP >= 140	No Precert Req	
G8590	DIA BP < 90	No Precert Req	
G8591	DIA BP >= 90	No Precert Req	
G8592	NO BP MEASURE	No Precert Req	
G8593	LIPID PN RESULTS	No Precert Req	
G8594	NO LIPID PROF PERF	No Precert Req	
G8595	LDL < 100	No Precert Req	
G8596	NO LDL PERF	No Precert Req	
G8597	LDL >= 100	No Precert Req	
G8598	ASP THERP USED	No Precert Req	
G8599	NO ASP THERP USED	No Precert Req	
G8600	TPA INITI W/IN 3 HRS	No Precert Req	
G8601	NO ELIG TPA INIT W/IN 3	No Precert Req	
G8602	NO TPA INIT W/IN 3 HRS	No Precert Req	
G8603	SPOK LANG COMP SCORE	No Precert Req	
G8604	NO HIGH SCORE SPOK LANG	No Precert Req	
G8605	NO SPOK LANG COMP SCORE	No Precert Req	
G8606	ATTENTION SCORE	No Precert Req	
G8607	NO HIGH SCORE ATTENTION	No Precert Req	
G8608	NO ATTENTION SCORE	No Precert Req	
G8609	MEMORY SCORE	No Precert Req	
G8610	NO HIGH SCORE MEMORY	No Precert Req	
G8611	NO MEMORY SCORE	No Precert Req	
G8612	MOTO SPEECH SCORE	No Precert Req	
G8613	NO HIGH SCORE MOTO SPEEC	No Precert Req	
G8614	NO MOTO SPEECH SCORE	No Precert Req	
G8615	READING SCORE	No Precert Req	
G8616	NO HIGH SCORE READING	No Precert Req	
G8617	NO READING SCORE	No Precert Req	
G8618	SPOK LANG EXP SCORE	No Precert Req	
G8619	NO HIGH SCORE SPOK LANG	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G8620	NO SPOK LANG EXP SCORE	No Precert Req	
G8621	WRITING SCORE	No Precert Req	
G8622	NO HIGH SCORE WRITING	No Precert Req	
G8623	NO WRITING SCORE	No Precert Req	
G8624	SWALLOWING SCORE	No Precert Req	
G8625	NO HIGH SCORE SWALLOWING	No Precert Req	
G8626	NO SWALLOWING SCORE	No Precert Req	
G8627	SURG PROC W/IN 30 DAYS	No Precert Req	
G8628	NO SURG PROC W/IN 30 DAY	No Precert Req	
G8629	DOC ANTIBIO ORDER B/4 SU	No Precert Req	
G8630	DOC ANTIBIO GIVEN B/4 SU	No Precert Req	
G8631	PT NO ELG 4 ORDER ANTBI	No Precert Req	
G8632	DOC NO ANTIBI ORDER B/4	No Precert Req	
G8633	PHARM THER OSTEO RX	No Precert Req	
G8634	PT NO ELG PHAR THER OSTE	No Precert Req	Code deleted 12/31/2016
G8635	NO PHARM THER OSTEO RX	No Precert Req	
G8636	FLU IMMUN ADMIN/PREV REC	No Precert Req	
G8637	PT NO ELG RECEIV FLU IMM	No Precert Req	
G8638	FLU IMMUN NO ADMIN/PREV	No Precert Req	
G8639	FLU IMMUN ADMIN OR PREV	No Precert Req	
G8640	PT NO ELG REC FLU IMMUN	No Precert Req	
G8641	FLU IMMUN NOT ADMIN/PRE	No Precert Req	
G8642	HRDSHP RURAL W/O INTERNE	No Precert Req	
G8643	HRDSHP W/O SUFF PHARM W/	No Precert Req	
G8644	EP NO PRESCRIBE PRIV	No Precert Req	
G8645	ASTHMA MEASURES GRP	No Precert Req	Code deleted 12/31/2016
G8646	ASTHMA MG QUAL ACT PERFO	No Precert Req	Code deleted 12/31/2016
G8647	FUN STAT SCORE KNEE >=0	No Precert Req	
G8648	FUN STAT SCORE KNEE <0	No Precert Req	
G8649	FUN STAT SCORE KNEE PT N	No Precert Req	
G8650	FUN STAT SCORE KNEE NOT	No Precert Req	
G8651	FUN STAT SCORE HIP >=0	No Precert Req	
G8652	FUN STAT SCORE HIP <0	No Precert Req	
G8653	FUN STAT SCORE HIP PT NO	No Precert Req	
G8654	FUN STAT SCORE HIP NOT D	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G8655	FUN STAT SCORE LE>=0	No Precert Req	
G8656	FUN STAT SCORE LE <0	No Precert Req	
G8657	FUN STAT SCORE LE PT NO	No Precert Req	
G8658	FUN STAT SCORE LE NOT DO	No Precert Req	
G8659	FUN STAT SCORE LS >=0	No Precert Req	
G8660	FUN STAT SCORE LS <0	No Precert Req	
G8661	FUN STAT SCORE LS PT NO	No Precert Req	
G8662	FUN STAT SCORE LS NOT DO	No Precert Req	
G8663	FUN STAT SCORE SHDL >=0	No Precert Req	
G8664	FUN STAT SCORE SHDL <0	No Precert Req	
G8665	FUN STAT SCORE SHDL PT N	No Precert Req	
G8666	FUN STAT SCORE SHDL NOT	No Precert Req	
G8667	FUN STAT SCORE UE>=0	No Precert Req	
G8668	FUN STAT SCORE UE <0	No Precert Req	
G8669	FUN STAT SCORE UE PT NO	No Precert Req	
G8670	FUN STAT SCORE UE NOT DO	No Precert Req	
G8671	FUN STAT SCORE NECK/TS >	No Precert Req	
G8672	FUN STAT SCORE NECK/TS <	No Precert Req	
G8673	FUN STAT SCORE NECK/TS P	No Precert Req	
G8674	FUN STAT SCORE NECK/TS N	No Precert Req	
G8675	B/P SYST>=140 MMHG	No Precert Req	
G8676	B/P DIAST>=90 MM HG	No Precert Req	
G8677	B/P SYST<130 MM HG	No Precert Req	
G8678	B/P SYST>130-139 MM HG	No Precert Req	
G8679	B/P DIAST< 80 MM HG	No Precert Req	
G8680	B/P DIAST 80-89 MM HG	No Precert Req	
G8681	PT HOSP W/HF	No Precert Req	
G8682	LVG TEST PERF	No Precert Req	
G8683	PT NOT ELIG FOR LVF TEST	No Precert Req	
G8684	PT NOT HOSP W/HF	No Precert Req	
G8685	LVF TEST NOT PERF	No Precert Req	
G8686	TOBA SMKR CURR OR 2 HAND	No Precert Req	
G8687	NO TOB SMKR CUR NO 2 H	No Precert Req	
G8688	SMKLS TOB CUR; NO 2 HND	No Precert Req	
G8689	TOBA USE NOT ASSESS	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G8690	CURR TOBA SMKR OR 2 HAND	No Precert Req	
G8691	NO CUR TOB SMKR NO 2 HND	No Precert Req	
G8692	CURR SMKLS TOB; NO 2 HND	No Precert Req	
G8693	TOBACCO NO ASSESS	No Precert Req	
G8694	LVEF <40%	No Precert Req	
G8695	LVEF >=40%	No Precert Req	
G8696	ANTITHROMB THX PRESC	No Precert Req	
G8697	ANTITHROMB NO PRESC DOC	No Precert Req	
G8698	ANTITHROMB NO PRESC NO R	No Precert Req	
G8699	REHAB ORDERED DISCH	No Precert Req	
G8700	REHAB NOT INDICATED DISC	No Precert Req	
G8701	REHAB NOT ORDERED	No Precert Req	
G8702	ANTIBIOTICS 4 HR PRIOR	No Precert Req	
G8703	ANTIBIOTICS NOT PRIOR SU	No Precert Req	
G8704	ECG PERFORMED	No Precert Req	
G8705	MED REAS NO ECG	No Precert Req	
G8706	PT REAS NO ECG	No Precert Req	
G8707	ECG NOT PERFORMED	No Precert Req	
G8708	ANTIBIOTIC NOT PRES	No Precert Req	
G8709	MED REAS ANTIBIOTIC PRES	No Precert Req	
G8710	PT PRES ANTIBIOTIC	No Precert Req	
G8711	PRES ANTIBIOTIC	No Precert Req	
G8712	NOT PRES ANTIBIOTIC	No Precert Req	
G8713	SPKT/V GREAT 1.2 KT/V	No Precert Req	Code deleted 12/31/2015
G8714	HEMODIALYSIS 3 TIMES WEE	No Precert Req	Code deleted 12/31/2015
G8715	HEMODIALYSIS NOT 3 TIMES	No Precert Req	
G8716	PT REAS NOT GREAT 1.2KT/	No Precert Req	
G8717	LESS 1.2 KT/V	No Precert Req	Code deleted 12/31/2015
G8718	GREAT 1.7 KT/V PER WEEK	No Precert Req	Code deleted 12/31/2015
G8720	LESS 1.7 KT/V PER WEEK	No Precert Req	Code deleted 12/31/2015
G8721	PT, PN, HIST GRADE DOC	No Precert Req	
G8722	MED REAS PT, PN, NOT DOC	No Precert Req	
G8723	SPEC SIT NOT PRIM TUMOR	No Precert Req	
G8724	PT, PN, HIST GRADE NOT D	No Precert Req	
G8725	LIPID PROFILE PERF DOC	No Precert Req	Code deleted 12/31/2016

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Code	Description	PHS+ Review Type	Comments
G8726	DOC REAS NO LIPID PROFIL	No Precert Req	Code deleted 12/31/2016
G8727	HEMO, PERIT, OR KIDNEY T	No Precert Req	
G8728	LIPID PROFILE NOT PERF	No Precert Req	Code deleted 12/31/2016
G8730	PAIN DOC POS AND PLAN	No Precert Req	
G8731	PAIN NEG NO PLAN	No Precert Req	
G8732	NO DOC OF PAIN	No Precert Req	
G8733	DOC POS ELDER MAL SCR N P	No Precert Req	
G8734	DOC NEG ELDER MAL NO PLA	No Precert Req	
G8735	ELD MAL SCR N POS NO PLAN	No Precert Req	
G8749	SIGNS OF MELANOMA ABSENT	No Precert Req	
G8752	SYS BP LESS 140	No Precert Req	
G8753	SYS BP > OR = 140	No Precert Req	
G8754	DIAS BP LESS 90	No Precert Req	
G8755	DIAS BP > OR = 90	No Precert Req	
G8756	NO BP MEASURE DOC	No Precert Req	
G8757	COPD MG QUAL ACT PERFORM	No Precert Req	Code deleted 12/31/2016
G8758	IBD MG QUAL ACT PERFORM	No Precert Req	Code deleted 12/31/2016
G8759	OSA MG QUAL ACT PERFORM	No Precert Req	Code deleted 12/31/2016
G8761	DEMENTIA MG QUAL ACT PER	No Precert Req	Code deleted 12/31/2016
G8762	PD MG QUAL ACT PERFORM	No Precert Req	Code deleted 12/31/2016
G8765	CATARACT MG QUAL ACT PER	No Precert Req	Code deleted 12/31/2016
G8783	BP SCR N PERF REC INTERVA	No Precert Req	
G8784	PT NO ELIG FOR BP ASSESS	No Precert Req	Code deleted 12/31/2016
G8785	BP SCR N NO PERF AT INTER	No Precert Req	
G8797	SPECIMEN SITE NOT ESOPHA	No Precert Req	
G8798	SPECIMEN SITE NOT PROSTA	No Precert Req	
G8806	TRANSAB OR TRANSVAG US	No Precert Req	
G8807	DOC REAS NO US	No Precert Req	
G8808	NO TRANSAB OR TRANSVAG U	No Precert Req	
G8809	RH-IMMUNOGLOBULIN ORDER	No Precert Req	
G8810	DOC REAS NO RH-IMMUNO	No Precert Req	
G8811	NO RH-IMMUNOGLOBULIN ORD	No Precert Req	
G8815	DOC REAS NO STATIN THERA	No Precert Req	
G8816	STATIN MED PRES AT DISCH	No Precert Req	
G8817	DOC REAS NO STATIN MED D	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G8818	PT DISCH TO HOME BY DAY#	No Precert Req	
G8825	PT NOT DISCH TO HOME DAY	No Precert Req	
G8826	PT DISCH HOME DAY #2 EVA	No Precert Req	
G8833	PT NOT DISCH HOME DAY#2	No Precert Req	
G8834	PT DISCH HOME DAY #2 CEA	No Precert Req	
G8838	NOT DISCH HOME BY DAY #2	No Precert Req	
G8839	SLEEP APNEA ASSESS	No Precert Req	
G8840	DOC REAS NO SLEEP APNEA	No Precert Req	
G8841	NO SLEEP APNEA ASSESS	No Precert Req	
G8842	AHI OR RDI INITIAL DX	No Precert Req	
G8843	DOC REAS NO AHI OR RDI	No Precert Req	
G8844	NO AHI OR RDI INITIAL DX	No Precert Req	
G8845	POS AIRWAY PRESS PRESCRI	No Precert Req	
G8846	MOD OR SEVERE OSA	No Precert Req	Code deleted 12/31/2016
G8848	MILD OSA	No Precert Req	
G8849	DOC REAS NO POS AIR PRES	No Precert Req	
G8850	NO PAP PRESCRIBED	No Precert Req	
G8851	ADHERE POS AIR PRESS THE	No Precert Req	
G8852	POS AIR PRESS PRESCRIBE	No Precert Req	
G8853	POS AIR PRESS NOT PRESCR	No Precert Req	Code deleted 12/31/2016
G8854	REAS NO ADHERE POS AIR P	No Precert Req	
G8855	POS AIR PRESS ADHERE NO	No Precert Req	
G8856	REF FOR OTO EVAL	No Precert Req	
G8857	NO ELIG REF FOR OTO EVAL	No Precert Req	
G8858	NOT REF FOR OTO EVAL	No Precert Req	
G8861	DXA ORDERED FOR OSTEO	No Precert Req	
G8863	NO ASSESS BONE LOSS	No Precert Req	
G8864	PNEUMOCOCCAL VACCINE ADM	No Precert Req	
G8865	DOC MED REAS NO PNEUMOCO	No Precert Req	
G8866	DOC PT REAS NO PNEUMOCOC	No Precert Req	
G8867	NO PNEUMOCOCCAL ADMIN	No Precert Req	
G8868	1ST COURSE ANTITNF	No Precert Req	Code deleted 12/31/2016
G8869	DOC IMMUN HEP B 1ST ANTI	No Precert Req	
G8870	HEPB ADMIN 1ST ANTITNF	No Precert Req	Code deleted 12/31/2015
G8871	NO 1ST ANTITNF	No Precert Req	Code deleted 12/31/2015

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Code	Description	PHS+ Review Type	Comments
G8872	INTRAOP IMAGE CONFIRM EX	No Precert Req	
G8873	SPECIMEN NOT INTRAOP IMA	No Precert Req	
G8874	TISSUE NOT IMAGE INTRAOP	No Precert Req	
G8875	BREAST CANCER DX MIN INV	No Precert Req	
G8876	DOC REAS NO MIN INV DX	No Precert Req	
G8877	NO BRST CNCR DX MIN INVA	No Precert Req	
G8878	SENT LYMPH NODE BIOPSY	No Precert Req	
G8879	NODE NEG INV BRST CNCR	No Precert Req	
G8880	DOC REAS NO LYMPH NODE B	No Precert Req	
G8881	BRST CNCR STAGE > T1N0M0	No Precert Req	
G8882	NO SENT LYMPH NODE BIOPS	No Precert Req	
G8883	REV, COMM, TRACK, DOC BI	No Precert Req	
G8884	DOC REAS BIOPSY NOT REVI	No Precert Req	
G8885	NO REV, COMM, TRACK BIOP	No Precert Req	
G8898	COPD MEASURES GROUP	No Precert Req	Code deleted 12/31/2016
G8899	INFLAMMATORY BOWEL DIS M	No Precert Req	Code deleted 12/31/2016
G8900	OBSTRUCTIVE SLEEP APNEA	No Precert Req	Code deleted 12/31/2016
G8902	DEMENTIA MEASURES GROUP	No Precert Req	Code deleted 12/31/2016
G8903	PARKINSON'S DISEASE MG	No Precert Req	Code deleted 12/31/2016
G8906	CATARACT MEASURES GROUP	No Precert Req	Code deleted 12/31/2016
G9001	COORD CARE FEE-INITIAL	No Precert Req	
G9002	COORD CARE FEE-MAINTENC	No Precert Req	
G9003	COORD CARE FEE-ADJ HIGH	No Precert Req	
G9004	COORD CARE FEE-ADJ LOW	No Precert Req	
G9005	COORD CARE FEE-ADJ MAINT	No Precert Req	
G9006	COORD CARE FEE-HOME	No Precert Req	
G9007	COORD CARE FEE-TEAM	No Precert Req	
G9008	COORD CARE FEE-OVERSITE	No Precert Req	
G9009	MCCD, RISK ADJ, LEVEL 3	No Precert Req	
G9010	MCCD, RISK ADJ, LEVEL 4	No Precert Req	
G9011	MCCD, RISK ADJ, LEVEL 5	No Precert Req	
G9013	ESRD DEMO BUNDLE LEVEL I	No Precert Req	
G9014	ESRD DEMO BUNDLE-LEV II	No Precert Req	
G9016	SMOKING CESSATN COUNSEL	No Precert Req	
G9017	AMANTADINE HCL 100MG ORA	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9018	ZANAMIVIR,INHALATION PWD	No Precert Req	
G9019	OSELTAMIVIR PHOSPHATE 75	No Precert Req	
G9020	RIMANTADINE HCL 100MG OR	No Precert Req	
G9033	AMANTADINE HCL ORAL BRND	No Precert Req	
G9034	ZANAMIVIR, INH PWDR BRND	No Precert Req	
G9035	OSELTAMIVIR PHOSP BRAND	No Precert Req	
G9036	RIMANTADINE HCL, BRAND	No Precert Req	
G9050	ONCOLOGY WORK-UP EVALUAT	No Precert Req	
G9051	ONCOLOGY TREATMENT DECIS	No Precert Req	
G9052	ONC SURVEILLANCE FOR DIS	No Precert Req	
G9053	ONC EXPECTANT MANAGEMENT	No Precert Req	
G9054	ONC SUPERVISION PALLIATI	No Precert Req	
G9055	ONC VISIT UNSPECIFIED NO	No Precert Req	
G9056	ONC PRAC MGMT ADHERES GU	No Precert Req	
G9057	ONC PRACT MGMT DIFFERS G	No Precert Req	
G9058	ONC PRAC MGMT DISAGREE W	No Precert Req	
G9059	ONC PRAC MGMT PT OPT ALT	No Precert Req	
G9060	ONC PRAC MGMT DIF PT COM	No Precert Req	
G9061	ONC PRAC COND NOADD BY G	No Precert Req	
G9062	ONC PRAC GUIDE DIFFERS N	No Precert Req	
G9063	ONC DX NSCLC STGI NO PRO	No Precert Req	
G9064	ONC DX NSCLC STG2 NO PRO	No Precert Req	
G9065	ONC DX NSCLC STG3A NO PR	No Precert Req	
G9066	ONC DX NSCLC STG3B-4 MET	No Precert Req	
G9067	ONC DX NSCLC DX UNKNOWN	No Precert Req	
G9068	ONC DX NSCLC/SCLC LIMITE	No Precert Req	
G9069	ONC DX SCLC/NSCLC EXT AT	No Precert Req	
G9070	ONC DX SCLC/NSCLC EXT UN	No Precert Req	
G9071	ONC DX BRST STG1-2B NO P	No Precert Req	
G9072	ONC DX BRST STG1-2 NOPRO	No Precert Req	
G9073	ONC DX BRST STG3-HR NO P	No Precert Req	
G9074	ONC DX BRST STG3-NOPROGR	No Precert Req	
G9075	ONC DX BRST METASTIC/ RE	No Precert Req	
G9076	ONC DX BRST UNKNOWN NOS	No Precert Req	
G9077	ONC DX PROSTATE T1NO PRO	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9078	ONC DX PROSTATE T2NO PRO	No Precert Req	
G9079	ONC DX PROSTATE T3B-T4NO	No Precert Req	
G9080	ONC DX PROSTATE W/RISE P	No Precert Req	
G9081	ONC DX PROSTATE METS NO	No Precert Req	
G9082	ONC DX PROSTATE CASTRATE	No Precert Req	
G9083	ONC DX PROSTATE UNKNOWN	No Precert Req	
G9084	ONC DX COLON T1-3,N1-2,N	No Precert Req	
G9085	ONC DX COLON T4, N0 W/O	No Precert Req	
G9086	ONC DX COLON T1-4 NO DX	No Precert Req	
G9087	ONC DX COLON METAS EVID	No Precert Req	
G9088	ONC DX COLON METAS NO EV	No Precert Req	
G9089	ONC DX COLON EXTENT UNKN	No Precert Req	
G9090	ONC DX RECTAL T1-2 NO PR	No Precert Req	
G9091	ONC DX RECTAL T3 N0 NO P	No Precert Req	
G9092	ONC DX RECTAL T1-3,N1-2N	No Precert Req	
G9093	ONC DX RECTAL T4,N,M0 NO	No Precert Req	
G9094	ONC DX RECTAL M1 W/METS	No Precert Req	
G9095	ONC DX RECTAL EXTENT UNK	No Precert Req	
G9096	ONC DX ESOPHAG T1-T3 NOP	No Precert Req	
G9097	ONC DX ESOPHAGEAL T4 NO	No Precert Req	
G9098	ONC DX ESOPHAGEAL METS R	No Precert Req	
G9099	ONC DX ESOPHAGEAL UNKNOW	No Precert Req	
G9100	ONC DX GASTRIC NO RECURR	No Precert Req	
G9101	ONC DX GASTRIC P R1-R2NO	No Precert Req	
G9102	ONC DX GASTRIC UNRESECTA	No Precert Req	
G9103	ONC DX GASTRIC RECURRENT	No Precert Req	
G9104	ONC DX GASTRIC UNKNOWN N	No Precert Req	
G9105	ONC DX PANCREATC P R0 RE	No Precert Req	
G9106	ONC DX PANCREATC P R1/R2	No Precert Req	
G9107	ONC DX PANCREATIC UNRESE	No Precert Req	
G9108	ONC DX PANCREATIC UNKNWN	No Precert Req	
G9109	ONC DX HEAD/NECK T1-T2NO	No Precert Req	
G9110	ONC DX HEAD/NECK T3-4 NO	No Precert Req	
G9111	ONC DX HEAD/NECK M1 METS	No Precert Req	
G9112	ONC DX HEAD/NECK EXT UNK	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9113	ONC DX OVARIAN STG1A-B N	No Precert Req	
G9114	ONC DX OVARIAN STG1A-B O	No Precert Req	
G9115	ONC DX OVARIAN STG3/4 NO	No Precert Req	
G9116	ONC DX OVARIAN RECURRENC	No Precert Req	
G9117	ONC DX OVARIAN UNKNOWN N	No Precert Req	
G9118	ONC DX NHL STG 1-2 NOT R	No Precert Req	
G9119	ONC DX NHL STG 3-4 NOT R	No Precert Req	
G9120	ONC DX NHL TRANS TO LG B	No Precert Req	
G9121	ONC DX NHL RELAPSE/REFRA	No Precert Req	
G9122	ONC DX NHL STG UNKNOWN	No Precert Req	
G9123	ONC DX CML CHRONIC PHASE	No Precert Req	
G9124	ONC DX CML ACCELER PHASE	No Precert Req	
G9125	ONC DX CML BLAST PHASE	No Precert Req	
G9126	ONC DX CML REMISSION	No Precert Req	
G9127	ONC DX CML DX STAT UNKN	No Precert Req	
G9128	ONC DX MULT MYELOMA STG1	No Precert Req	
G9129	ONC DX MULT MYELOMA STG2	No Precert Req	
G9130	ONC DX MULTI MYELOMA UNK	No Precert Req	
G9131	ONC DX BRST UNKNOWN NOS	No Precert Req	
G9132	ONC DX PROSTATE METS NO	No Precert Req	
G9133	ONC DX PROSTATE CLINICAL	No Precert Req	
G9134	ONC NHLSTG 1-2 NO RELAP	No Precert Req	
G9135	ONC DX NHL STG 3-4 NOT R	No Precert Req	
G9136	ONC DX NHL TRANS TO LG B	No Precert Req	
G9137	ONC DX NHL RELAPSE/REFRA	No Precert Req	
G9138	ONC DX NHL STAGE UNKNOWN	No Precert Req	
G9139	ONC DX CML STATUS UNKNOW	No Precert Req	
G9140	FRONTIER EXTENDED STAY D	No Precert Req	
G9156	EVALUATION FOR WHEELCHAI	No Precert Req	
G9188	BETA NOT GIVEN NO REASON	No Precert Req	
G9189	BETA PRES OR ALREADY TAKING	No Precert Req	
G9190	MEDICAL REASON FOR NO BETA	No Precert Req	
G9191	PT REASON FOR NO BETA	No Precert Req	
G9192	SYSTEM REASON FOR NO BETA	No Precert Req	
G9196	MED REASON FOR NO CEPH	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9197	ORDER FOR CEPH	No Precert Req	
G9198	NO ORDER FOR CEPH NO REASON	No Precert Req	
G9203	HEP C RNA DONE PRIOR TO MED	No Precert Req	Code deleted 12/31/2016
G9204	NO REASON FOR NO HEP C RNA	No Precert Req	Code deleted 12/31/2016
G9205	HEP C ANTIVIRAL STARTED	No Precert Req	Code deleted 12/31/2016
G9206	HEP C THERAPY STARTED	No Precert Req	Code deleted 12/31/2016
G9207	HEP C GENOTYPE PRIOR TO MED	No Precert Req	Code deleted 12/31/2016
G9208	NO REASON FOR NO HEP C GENO	No Precert Req	Code deleted 12/31/2016
G9209	HEP C RNA 4TO12 WK AFTER MED	No Precert Req	Code deleted 12/31/2016
G9210	NO HEPC RNA AFTER MED DOCRSN	No Precert Req	Code deleted 12/31/2016
G9211	NO HEPC RNA AFTER MED NO RSN	No Precert Req	Code deleted 12/31/2016
G9212	DOC OF DSM-IV INIT EVAL	No Precert Req	Code deleted 12/31/2016
G9213	NO DOC OF DSM-IV	No Precert Req	Code deleted 12/31/2016
G9217	NO PCP PROPH LOW CD4 NORSN	No Precert Req	Code deleted 12/31/2016
G9219	NO ODER PJP FOR MED REASON	No Precert Req	Code deleted 12/31/2016
G9222	PJP PROPH ORDERED LOW CD4	No Precert Req	Code deleted 12/31/2016
G9223	PJP PROPH ORDERED CD4 LOW	No Precert Req	
G9225	NORSN NO FOOT EXAM	No Precert Req	
G9226	3 COMP FOOT EXAM COMPLETED	No Precert Req	
G9227	DOCRSN NO CARE PLAN	No Precert Req	
G9228	GC CHL SYP DOCUMENTED	No Precert Req	
G9229	PTRSN NO GC CHL SYP TEST	No Precert Req	
G9230	NORSN FOR GC CHL SYP TEST	No Precert Req	
G9231	DOC ESRD DIA TRANS PREG	No Precert Req	
G9232	DOCRSN NO COMM COMORB	No Precert Req	
G9233	TKR COMPOSITE	No Precert Req	Code deleted 12/31/2016
G9234	TKR INTENT	No Precert Req	Code deleted 12/31/2016
G9235	GS MG COMPOSITE	No Precert Req	Code deleted 12/31/2016
G9236	OP RAD MG COMPOSITE	No Precert Req	Code deleted 12/31/2016
G9237	GS MG INTENT	No Precert Req	Code deleted 12/31/2016
G9238	OP RAD MG INTENT	No Precert Req	Code deleted 12/31/2016
G9239	DOCRSN FOR CATHETER	No Precert Req	
G9240	DOC PT W CATH MAINT DIA	No Precert Req	
G9241	DOC PT W OUT CATH MAINT DIA	No Precert Req	
G9242	DOC VIRAL LOAD >=200	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9243	DOC VIRAL LOAD <200	No Precert Req	
G9244	ANTIVIRAL NOT ORDERED	No Precert Req	Code deleted 12/31/2016
G9245	ANTIVIRAL ORDERED	No Precert Req	Code deleted 12/31/2016
G9246	NO MED VISIT IN 24MO	No Precert Req	
G9247	1 MED VISIT IN 24MO	No Precert Req	
G9250	DOC OF PAIN COMFORT 48HR	No Precert Req	
G9251	DOC NO PAIN COMFORT 48HR	No Precert Req	
G9254	DOC PT DISCHG >2D	No Precert Req	
G9255	DOC PT DISCHG <=2D	No Precert Req	
G9256	DOC DEATH AFTER CAS	No Precert Req	
G9257	DOC STROKE AFTER CAS	No Precert Req	
G9258	DOC STROKE AFTER CEA	No Precert Req	
G9259	DOC SURV NO STROKE AFTER CAS	No Precert Req	
G9260	DOC DEATH AFTER CEA	No Precert Req	
G9261	DOC SURV NO STROKE AFTER CEA	No Precert Req	
G9262	DOC DEATH IN HOSP AAA REPAIR	No Precert Req	
G9263	DOC SURV IN HOSP AAA REPAIR	No Precert Req	
G9264	DOCRSN FOR CATH MAINT DIA	No Precert Req	
G9265	DOC CATH >90D FOR MAINT DIA	No Precert Req	
G9266	NORSN PT CATH >=90D	No Precert Req	
G9267	DOC COMP OR MORT W IN 30D	No Precert Req	
G9268	DOC COMP OR MORT W IN 90D	No Precert Req	
G9269	DOC NO COMP OR MORT W IN 30D	No Precert Req	
G9270	DOC NO COMP OR MORT W IN 90D	No Precert Req	
G9273	SYS<140 AND DIA<90	No Precert Req	
G9274	BP OUT OF NRML LIMITS	No Precert Req	
G9275	DOC OF NON TOBACCO USER	No Precert Req	
G9276	DOC OF TOBACCO USER	No Precert Req	
G9277	DOC DAILY ASPIRIN OR CONTRA	No Precert Req	
G9278	DOC NO DAILY ASPIRIN	No Precert Req	
G9279	PNE SCRNDONE DOC VAC DONE	No Precert Req	
G9280	PNE NOT GIVEN NORSN	No Precert Req	
G9281	PNE SCRNDONE DOC NOT IND	No Precert Req	
G9282	DOC MEDRSN NO HISTO TYPE	No Precert Req	
G9283	HIST TYPE DOC ON REPORT	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9284	NO HIST TYPE DOC ON REPORT	No Precert Req	
G9285	SITE NOT SMALL CELL LUNG CA	No Precert Req	
G9286	DOC ANTIBIO ORDER W IN 7D	No Precert Req	
G9287	NO DOC ANTIBIO ORDER W IN 7D	No Precert Req	
G9288	DOC MEDRSN NO HIST TYPE RPT	No Precert Req	
G9289	DOC TYPE NSM LUNG CA	No Precert Req	
G9290	NO DOC TYPE NSM LUNG CA	No Precert Req	
G9291	NOT NSM LUNG CA	No Precert Req	
G9292	MEDRSN NO PT CATEGORY	No Precert Req	
G9293	NO PT CATEGORY ON REPORT	No Precert Req	
G9294	PT CAT AND THCK ON REPORT	No Precert Req	
G9295	NON CUTANEOUS LOC	No Precert Req	
G9296	DOC SHARE DEC PRIOR PROC	No Precert Req	
G9297	NO DOC SHARE DEC PRIOR PROC	No Precert Req	
G9298	EVAL RISK VTE CARD 30D PRIOR	No Precert Req	
G9299	NO EVAL RISKK VTE CARD PRIOR	No Precert Req	
G9300	DOC MEDRSN NO COMPL ANTIBIO	No Precert Req	
G9301	DOC COMPL INF ANTIBIO	No Precert Req	
G9302	NORSN INCOMP INF ANTIBIO	No Precert Req	
G9303	NORSN NO PROS INFO OP RPT	No Precert Req	
G9304	PROS INFO OP RPT	No Precert Req	
G9305	NO INTERV REQ FOR LEAK	No Precert Req	
G9306	INTERV REQ FOR LEAK	No Precert Req	
G9307	NO RET FOR SURG W IN 30D	No Precert Req	
G9308	UNPLND RET TO SURG W IN 30D	No Precert Req	
G9309	NO UNPLND HOSP READM IN 30D	No Precert Req	
G9310	UNPLND HOSP READM IN 30D	No Precert Req	
G9311	NO SURG SITE INFECTION	No Precert Req	
G9312	SURGICAL SITE INFECTION	No Precert Req	
G9313	DOCRSN NOT FIRST LINE AMOX	No Precert Req	
G9314	NORSN NOT FIRST LINE AMOX	No Precert Req	
G9315	DOC FIRST LINE AMOX	No Precert Req	
G9316	DOC COMM RISK CALC	No Precert Req	
G9317	NO DOC COMM RISK CALC	No Precert Req	
G9318	IMAGE STD NOMENCLATURE	No Precert Req	

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G9319	IMAGE NOT STD NOMENCLATURE	No Precert Req	
G9320	MEDRSN NO STD NOMENCLATURE	No Precert Req	Code deleted 12/31/2015
G9321	DOC COUNT OF CT IN 12MO	No Precert Req	
G9322	NO DOC COUNT OF CT IN 12MO	No Precert Req	
G9323	MDRSN NO DOC CNT OF CT	No Precert Req	Code deleted 12/31/2015
G9324	NOT ALL DATA NORSN	No Precert Req	Code deleted 12/31/2016
G9325	MEDRSN NO CT RPT TO REG	No Precert Req	Code deleted 12/31/2015
G9326	NORSN NO CT RPT TO REG	No Precert Req	
G9327	CT RPT TO REG	No Precert Req	
G9328	MEDRSN NO DICOM FORMAT DOC	No Precert Req	Code deleted 12/31/2015
G9329	NORSN NO DICOM FORMAT DOC	No Precert Req	
G9340	DICOM FORMAT DOC ON RPT	No Precert Req	
G9341	SRCH FOR CT W IN 12 MOS	No Precert Req	
G9342	NO SRCH FOR CT IN 12MO NORSN	No Precert Req	
G9343	MEDRSN NO DICOM SRCH	No Precert Req	Code deleted 12/31/2015
G9344	SYSRSN NO DICOM SRCH	No Precert Req	
G9345	FOLLOW UP PULM NOD	No Precert Req	
G9346	NO FOLLOW UP PULM NOD	No Precert Req	Code deleted 12/31/2015
G9347	NO FOLLOW UP PULM NOD NORSN	No Precert Req	
G9348	DOCRSN NO SINUS CT DX	No Precert Req	
G9349	DOC SINUS CT 28D	No Precert Req	
G9350	NO DOC SINUS CT 28D OR DX	No Precert Req	
G9351	DOC >1 SINUS CT W 90D DX	No Precert Req	
G9352	NOT >1 SINUS CT W 90D DX	No Precert Req	
G9353	MEDRSN >1 SINUS CT W 90D DX	No Precert Req	
G9354	NORSN >1 SINUS CT W 90D DX	No Precert Req	
G9355	NO EARLY IND/DELIVERY	No Precert Req	
G9356	EARLY IND/DELIVERY	No Precert Req	
G9357	PP EVAL/EDU PERF	No Precert Req	
G9358	PP EVAL/EDU NOT PERF	No Precert Req	
G9359	DOC OF NEG OR MAN POS TB SCN	No Precert Req	
G9360	NO DOC OF NEG OR MAN POS TB	No Precert Req	
G9362	Mac or pnb w/o genanes >60m	No Precert Req	Code deleted 12/31/2015
G9363	Mac or pnb w/o genanes <60m	No Precert Req	Code deleted 12/31/2015
G9364	Sinus caus bac inx	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9365	1high risk med ord	No Precert Req	
G9366	1high risk no ord	No Precert Req	
G9367	2high risk med ord	No Precert Req	
G9368	2high risk no ord	No Precert Req	
G9369	Fill 2 rx antipsych	No Precert Req	Code deleted 12/31/2015
G9370	Not fill 2 rx antipsych	No Precert Req	Code deleted 12/31/2015
G9376	Contd ret attach at 6mth f/u	No Precert Req	Code deleted 12/31/2015
G9377	No ret attach after 6mt	No Precert Req	Code deleted 12/31/2015
G9378	Contd ret attach f/u vis	No Precert Req	Code deleted 12/31/2015
G9379	No acheive flat ret 6mth	No Precert Req	Code deleted 12/31/2015
G9380	Off assis eol iss	No Precert Req	
G9381	Doc med reas no offer eol	No Precert Req	
G9382	No off assis eol	No Precert Req	
G9383	Recd scrn hcv infec	No Precert Req	
G9384	Doc med reas no offer eol	No Precert Req	
G9385	Doc pt reas not rec hcv srn	No Precert Req	
G9386	Scrn hcv infec not recd	No Precert Req	
G9389	Unpln rup post cap	No Precert Req	
G9390	No unpln rup post cap	No Precert Req	
G9391	Achv refrac +1d	No Precert Req	Code deleted 12/31/2015
G9392	Not achv refrac +1d	No Precert Req	Code deleted 12/31/2015
G9393	Ini phq9 >9 remiss <5	No Precert Req	
G9394	Dx bipolar, death, nhres, hosp	No Precert Req	
G9395	Ini phq9 >9 no remiss >=5	No Precert Req	
G9396	Ini phq9 >9 not assess	No Precert Req	
G9399	Doc disc tx choices	No Precert Req	
G9400	Doc reas no disc tx opt	No Precert Req	
G9401	No disc tx choices	No Precert Req	
G9402	Recd f/u w/in 30d disch	No Precert Req	
G9403	Doc reas no 30 day f/u	No Precert Req	
G9404	No 30 day f/u	No Precert Req	
G9405	Recd f/u w/in 7d disch	No Precert Req	
G9406	Doc reas no 7d f/u	No Precert Req	
G9407	No 7d f/u	No Precert Req	
G9408	Card tamp w/in 30d	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9409	No card tamp e/in 30d	No Precert Req	
G9410	Admit w/in 180d req remov	No Precert Req	
G9411	No admit w/in 180d req remov	No Precert Req	
G9412	Admit w/in 180d req surg rev	No Precert Req	
G9413	No admit req surg rev	No Precert Req	
G9414	1dose menig vac btwn 11 & 13	No Precert Req	
G9415	No 1dose meni vac btwn 11&13	No Precert Req	
G9416	Tdap or td or 1tet/diph	No Precert Req	
G9417	No tdap or td or 1tet/diph	No Precert Req	
G9418	Lungcx bx rpt docs class	No Precert Req	
G9419	Med reas no rpt histo type	No Precert Req	
G9420	Spec site no lung	No Precert Req	
G9421	Lung cx bx rpt no doc class	No Precert Req	
G9422	Rpt doc class histo type	No Precert Req	
G9423	Med reas rpt no histo type	No Precert Req	
G9424	Site no lung or lung cx	No Precert Req	
G9425	Spec rpt no doc class histo	No Precert Req	
G9426	Impr med time edarr pain med	No Precert Req	
G9427	No impro med time pain med	No Precert Req	
G9428	Rpt pt cat and pt1	No Precert Req	
G9429	Doc med reas no pt cat	No Precert Req	
G9430	Spec site no cutaneous	No Precert Req	
G9431	No pt cat and pt1	No Precert Req	
G9432	Asth controlled	No Precert Req	
G9433	Death, nhres, hospice	No Precert Req	Code deleted 12/31/2015
G9434	Asth not controlled	No Precert Req	
G9435	Asp presc disch	No Precert Req	Code deleted 12/31/2016
G9436	Asp not presc doc reas	No Precert Req	Code deleted 12/31/2016
G9437	Asp not presc disch	No Precert Req	Code deleted 12/31/2016
G9438	P2y inhib presc	No Precert Req	Code deleted 12/31/2016
G9439	P2y inhib not presc doc reas	No Precert Req	Code deleted 12/31/2016
G9440	P2y inhib not presc	No Precert Req	Code deleted 12/31/2016
G9441	Statin presc disch	No Precert Req	Code deleted 12/31/2016
G9442	Statin not presc doc reas	No Precert Req	Code deleted 12/31/2016
G9443	Statin not presc disch	No Precert Req	Code deleted 12/31/2016

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Code	Description	PHS+ Review Type	Comments
G9448	Born 1945-1965	No Precert Req	
G9449	Hx bld transf b/f 1992	No Precert Req	
G9450	Hx injec drug use	No Precert Req	
G9451	1x scrn hcv infect	No Precert Req	
G9452	Doc med reas no scrn hcv	No Precert Req	
G9453	Pt reas no hcv infect	No Precert Req	
G9454	No hcv infect srn	No Precert Req	
G9455	Abd imag w/us, ct or mri	No Precert Req	
G9456	Doc med pt reas no hcc scrn	No Precert Req	
G9457	No abd imag w/o reason	No Precert Req	
G9458	Tob user recd cess interv	No Precert Req	
G9459	Tob non-user	No Precert Req	
G9460	No tob assess or cess inter	No Precert Req	
G9463	Sinusitis intent	No Precert Req	Code deleted 12/31/2016
G9464	Sinusitis comp	No Precert Req	Code deleted 12/31/2016
G9465	Aoe intent	No Precert Req	Code deleted 12/31/2016
G9466	Aoe comp	No Precert Req	Code deleted 12/31/2016
G9467	Recd cortico >=10mg/day >60d	No Precert Req	Code deleted 12/31/2016
G9468	No recd cortico >=10mg/d >60d	No Precert Req	
G9469	Rec cortico >60d or 1rx 600mg	No Precert Req	
G9470	No rec cortico >60d 1rx 600mg	No Precert Req	
G9471	W/in 2yr dxa not order	No Precert Req	
G9472	No dxa no med hx no rv sx	No Precert Req	
G9473	Services performed by chaplain in the hospice setting, each 15 minutes	No Precert Req	
G9474	Services performed by dietary counselor in the hospice setting, each 15 minutes	No Precert Req	
G9475	Services performed by other counselor in the hospice setting, each 15 minutes	No Precert Req	
G9476	Services performed by volunteer in the hospice setting, each 15 minutes	No Precert Req	
G9477	Services performed by care coordinator in the hospice setting, each 15 minutes	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9478	Services performed by other qualified therapist in the hospice setting, each 15 minutes	No Precert Req	
G9479	Services performed by qualified pharmacist in the hospice setting, each 15 minutes	No Precert Req	
G9480	Admission to medicare care choice model program (mccm)	No Precert Req	
G9496	Documentation of reason for not detecting adenoma(s) or other neoplasm. (e.g., neoplasm detected is only diagnosed as traditional serrated adenoma, sessile serrated polyp, or sessile serrated adenoma)	No Precert Req	
G9497	Seen pre-operatively by anesthesiologist or proxy prior to the day of surgery	No Precert Req	
G9498	Antibiotic regimen prescribed	No Precert Req	
G9499	Patient did not start or is not receiving antiviral treatment for hepatitis c during the measurement period	No Precert Req	Code deleted 12/31/2016
G9500	Radiation exposure indices, exposure time or number of fluorographic images in final report for procedures using fluoroscopy, documented	No Precert Req	
G9501	Radiation exposure indices, exposure time or number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given	No Precert Req	
G9502	Documentation of medical reason for not performing foot exam (i.e., patients who have had either a bilateral amputation above or below the knee, or both a left and right amputation above or below the knee before or during the measurement period)	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9503	Patient taking tamsulosin hydrochloride	No Precert Req	
G9504	Documented reason for not assessing hepatitis b virus (hbv) status (e.g. patient not receiving a first course of anti-tnf therapy, patient declined) within one year prior to first course of anti-tnf therapy	No Precert Req	
G9505	Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason	No Precert Req	
G9506	Biologic immune response modifier prescribed	No Precert Req	
G9507	Documentation that the patient is on a statin medication or has documentation of a valid contraindication or exception to statin medications; contraindications/exceptions that can be defined by diagnosis codes include pregnancy during the measurement period, active liver disease, rhabdomyolysis, end stage renal disease on dialysis and heart failure; provider documented contraindications/exceptions include breastfeeding during the measurement period, woman of child-bearing age not actively taking birth control, allergy to statin, drug interaction (hiv protease inhibitors, nefazodone, cyclosporine, gemfibrozil, and danazol) and intolerance (with supporting documentation of trying a statin at least once within the last 5 years or diagnosis codes for myostitis or toxic myopathy related to drugs)	No Precert Req	
G9508	Documentation that the patient is not on a statin medication	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9509	Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5	No Precert Req	
G9510	Remission at twelve months not demonstrated by a twelve month (+/-30 days) phq-9 score of less than five; either phq-9 score was not assessed or is greater than or equal to 5	No Precert Req	
G9511	Index date phq-9 score greater than 9 documented during the twelve month denominator identification period	No Precert Req	
G9512	Individual had a pdc of 0.8 or greater	No Precert Req	
G9513	Individual did not have a pdc of 0.8 or greater	No Precert Req	
G9514	Patient required a return to the operating room within 90 days of surgery	No Precert Req	
G9515	Patient did not require a return to the operating room within 90 days of surgery	No Precert Req	
G9516	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery	No Precert Req	
G9517	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given	No Precert Req	
G9518	Documentation of active injection drug use	No Precert Req	
G9519	Patient achieves final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery	No Precert Req	
G9520	Patient does not achieve final refraction (spherical equivalent) +/- 1.0 diopters of their planned refraction within 90 days of surgery, reason not given	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9521	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	No Precert Req	
G9522	Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given	No Precert Req	
G9523	Patient discontinued from hemodialysis or peritoneal dialysis	No Precert Req	
G9524	Patient was referred to hospice care	No Precert Req	
G9525	Documentation of patient reason(s) for not referring to hospice care (e.g., patient declined, other patient reasons)	No Precert Req	
G9526	Patient was not referred to hospice care, reason not given	No Precert Req	
G9529	Patient with minor blunt head trauma had an appropriate indication(s) for a head ct	No Precert Req	
G9530	Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	No Precert Req	
G9531	Patient has a valid reason for a head ct for trauma being ordered, regardless of indications (i.e., ventricular shunt, brain tumor, multisystem trauma, pregnancy, or currently taking an antiplatelet medication including: asa/dipyridamole, clopidogrel, prasugrel, ticlopidine, ticagrelor or cilstazol)	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9532	Patient's head injury occurred greater than 24 hours before presentation to the emergency department, or has a gcs score less than 15, or had a head ct for trauma ordered by someone other than an emergency care provider, or was ordered for a reason other than trauma	No Precert Req	
G9533	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head ct	No Precert Req	
G9534	Advanced brain imaging (cta, ct, mra or mri) was not ordered	No Precert Req	
G9535	Patients with a normal neurological examination	No Precert Req	
G9536	Documentation of medical reason(s) for ordering an advanced brain imaging study (i.e., patient has an abnormal neurological examination; patient has the coexistence of seizures, or both; recent onset of severe headache; change in the type of headache; signs of increased intracranial pressure (e.g., papilledema, absent venous pulsations on funduscopic examination, altered mental status, focal neurologic deficits, signs of meningeal irritation); hiv-positive patients with a new type of headache; immunocompromised patient with unexplained headache symptoms; patient on coagulopathy/anti-coagulation or anti-platelet therapy; very young patients with unexplained headache symptoms)	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9537	Documentation of system reason(s) for ordering an advanced brain imaging study (i.e., needed as part of a clinical trial; other clinician ordered the study)	No Precert Req	
G9538	Advanced brain imaging (cta, ct, mra or mri) was ordered	No Precert Req	
G9539	Intent for potential removal at time of placement	No Precert Req	
G9540	Patient alive 3 months post procedure	No Precert Req	
G9541	Filter removed within 3 months of placement	No Precert Req	
G9542	Documented re-assessment for the appropriateness of filter removal within 3 months of placement	No Precert Req	
G9543	Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	No Precert Req	
G9544	Patients that do not have the filter removed, documented re-assessment for the appropriateness of filter removal, or documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	No Precert Req	
G9547	Incidental ct finding: liver lesion = 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion = 1.0 cm	No Precert Req	
G9548	Final reports for abdominal imaging studies with follow-up imaging recommended	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9549	Documentation of medical reason(s) that follow-up imaging is not indicated (e.g., patient has a known malignancy that can metastasize, other medical reason(s))	No Precert Req	
G9550	Final reports for abdominal imaging studies with follow-up imaging not recommended	No Precert Req	
G9551	Final reports for abdominal imaging studies without a liver lesion < 0.5 cm, cystic kidney lesion < 1.0 cm or adrenal lesion < 1.0 cm noted	No Precert Req	
G9552	Incidental thyroid nodule < 1.0 cm noted in report	No Precert Req	
G9553	Prior thyroid disease diagnosis	No Precert Req	
G9554	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging recommended	No Precert Req	
G9555	Documentation of medical reason(s) for not including documentation that follow up imaging is not needed (e.g., patient has multiple endocrine neoplasia, patient has cervical lymphadenopathy, other medical reason(s))	No Precert Req	
G9556	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging not recommended	No Precert Req	
G9557	Final reports for ct or mri studies of the chest or neck or ultrasound of the neck without a thyroid nodule < 1.0 cm noted	No Precert Req	
G9558	Patient treated with a beta-lactam antibiotic as definitive therapy	No Precert Req	
G9559	Documentation of medical reason(s) for not prescribing a beta-lactam antibiotic (e.g., allergy, intolerance to beta -lactam antibiotics)	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9560	Patient not treated with a beta-lactam antibiotic as definitive therapy, reason not given	No Precert Req	
G9561	Patients prescribed opiates for longer than six weeks	No Precert Req	
G9562	Patients who had a follow-up evaluation conducted at least every three months during opioid therapy	No Precert Req	
G9563	Patients who did not have a follow-up evaluation conducted at least every three months during opioid therapy	No Precert Req	
G9572	Index date phq-score greater than 9 documented during the twelve month denominator identification period	No Precert Req	Code deleted 12/31/2016
G9573	Remission at six months as demonstrated by a six month (+/-30 days) phq-9 score of less than five	No Precert Req	
G9574	Remission at six months not demonstrated by a six month (+/-30 days) phq-9 score of less than five. either phq-9 score was not assessed or is greater than or equal to five	No Precert Req	
G9577	Patients prescribed opiates for longer than six weeks	No Precert Req	
G9578	Documentation of signed opioid treatment agreement at least once during opioid therapy	No Precert Req	
G9579	No documentation of signed an opioid treatment agreement at least once during opioid therapy	No Precert Req	
G9580	Door to puncture time of less than 2 hours	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9581	Door to puncture time of greater than 2 hours for reasons documented by clinician (e.g., patients who are transferred from one institution to another with a known diagnosis of cva for endovascular stroke treatment; hospitalized patients with newly diagnosed cva considered for endovascular stroke treatment)	No Precert Req	Code deleted 12/31/2016
G9582	Door to puncture time of greater than 2 hours, no reason given	No Precert Req	
G9583	Patients prescribed opiates for longer than six weeks	No Precert Req	
G9584	Patient evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, soaap-r) or patient interviewed at least once during opioid therapy	No Precert Req	
G9585	Patient not evaluated for risk of misuse of opiates by using a brief validated instrument (e.g., opioid risk tool, soaap-r) or patient not interviewed at least once during opioid therapy	No Precert Req	
G9593	Pediatric patient with minor blunt head trauma classified as low risk according to the pecarn prediction rules	No Precert Req	
G9594	Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	No Precert Req	
G9595	Patient has a valid reason for a head ct for trauma being ordered, regardless of indications (ie, ventricular shunt, brain tumor, coagulopathy, including thrombocytopenia)	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9596	Pediatric patient's head injury occurred greater than 24 hours before presentation to the emergency department, or has a gcs score less than 15, or had a head ct for trauma ordered by someone other than an emergency care provider, or was ordered for a reason other than trauma	No Precert Req	
G9597	Pediatric patient with minor blunt head trauma not classified as low risk according to the pecarn prediction rules	No Precert Req	
G9598	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	No Precert Req	
G9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	No Precert Req	
G9600	Symptomatic aas that required urgent/emergent (non-elective) repair	No Precert Req	
G9601	Patient discharge to home no later than post-operative day #7	No Precert Req	
G9602	Patient not discharged to home by post-operative day #7	No Precert Req	
G9603	Patient survey score improved from baseline following treatment	No Precert Req	
G9604	Patient survey results not available	No Precert Req	
G9605	Patient survey score did not improve from baseline following treatment	No Precert Req	
G9606	Intraoperative cystoscopy performed to evaluate for lower tract injury	No Precert Req	
G9607	Patient is not eligible (e.g., patient death during procedure, absent urethra or an otherwise inaccessible bladder)	No Precert Req	
G9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9609	Documentation of an order for anti-platelet agents or p2y12 antagonists	No Precert Req	
G9610	Documentation of medical reason(s) for not ordering anti-platelet agents or p2y12 antagonists (e.g., patients with known intolerance to anti-platelet agents such as aspirin or aspirin-like agents, or p2y12 antagonists, or those on or other intravenous anti-coagulants; patients with active bleeding or undergoing urgent or emergent operations or endarterectomy combined with cardiac surgery, other medical reason(s))	No Precert Req	
G9611	Order for anti-platelet agents or p2y12 antagonists was not documented, reason not otherwise specified	No Precert Req	
G9612	Photodocumentation of one or more cecal landmarks to establish a complete examination	No Precert Req	
G9613	Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)	No Precert Req	
G9614	No photodocumentation of cecal landmarks to establish a complete examination	No Precert Req	
G9615	Preoperative assessment documented	No Precert Req	
G9616	Documentation of reason(s) for not documenting a preoperative assessment (e.g., patient with a gynecologic or other pelvic malignancy noted at the time of surgery)	No Precert Req	
G9617	Preoperative assessment not documented, reason not given	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9618	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind	No Precert Req	
G9619	Documentation of reason(s) for not screening for uterine malignancy (e.g., prior hysterectomy)	No Precert Req	Code deleted 12/31/2016
G9620	Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given	No Precert Req	
G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling	No Precert Req	
G9622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	No Precert Req	
G9623	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)	No Precert Req	
G9624	Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive brief counseling, reason not given	No Precert Req	
G9625	Patient sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9626	Patient is not eligible (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder neoplasia or otherwise to treat a bladder specific problem, patient death from other causes, etc.)	No Precert Req	
G9627	Patient did not sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery	No Precert Req	
G9628	Patient sustained major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	No Precert Req	
G9629	Patient is not eligible (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder neoplasia or otherwise to treat a bladder specific problem, patient death from other causes, etc.)	No Precert Req	
G9630	Patient did not sustain major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	No Precert Req	
G9631	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery	No Precert Req	
G9632	Patient is not eligible (e.g., gynecologic or other pelvic malignancy documented, concurrent surgery involving bladder neoplasia or otherwise to treat a bladder specific problem, patient death from other causes, etc.)	No Precert Req	
G9633	Patient did not sustain ureter injury at the time of surgery or subsequently up to 1 month post-surgery	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9634	Health-related quality of life assessed with tool during at least two visits and quality of life score remained the same or improved	No Precert Req	
G9635	Health-related quality of life not assessed with tool for documented reason(s) (e.g., patient has a cognitive or neuropsychiatric impairment that impairs his/her ability to complete the hrqol survey, patient has the inability to read and/or write in order to complete the hrqol questionnaire)	No Precert Req	
G9636	Health-related quality of life not assessed with tool during at least two visits or quality of life score declined	No Precert Req	
G9637	Final reports with documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the ma and/or kv according to patient size, use of iterative reconstruction technique)	No Precert Req	
G9638	Final reports without documentation of one or more dose reduction techniques (e.g., automated exposure control, adjustment of the ma and/or kv according to patient size, use of iterative reconstruction technique)	No Precert Req	
G9639	Major amputation or open surgical bypass not required within 48 hours of the index endovascular lower extremity revascularization procedure	No Precert Req	
G9640	Documentation of planned hybrid or staged procedure	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9641	Major amputation or open surgical bypass required within 48 hours of the index endovascular lower extremity revascularization procedure	No Precert Req	
G9642	Current cigarette smokers	No Precert Req	
G9643	Elective surgery	No Precert Req	
G9644	Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure	No Precert Req	
G9645	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	No Precert Req	
G9646	Patients with 90 day mrs score of 0 to 2	No Precert Req	
G9647	Patients in whom mrs score could not be obtained at 90 day follow-up	No Precert Req	
G9648	Patients with 90 day mrs score greater than 2	No Precert Req	
G9649	Psoriasis assessment tool documented meeting any one of the specified benchmarks (e.g., (pga; 6-point scale), body surface area (bsa), psoriasis area and severity index (pasi) and/or dermatology life quality index) (dlqi)	No Precert Req	
G9650	Documentation that the patient declined therapy change or has documented contraindications (e.g., experienced adverse effects or lack of efficacy with all other therapy options) in order to achieve better disease control as measured by pga, bsa, pasi, or dlqi	No Precert Req	Code deleted 12/31/2016

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Code	Description	PHS+ Review Type	Comments
G9651	Psoriasis assessment tool documented not meeting any one of the specified benchmarks (e.g., (pga; 6-point scale), body surface area (bsa), psoriasis area and severity index (pasi) and/or dermatology life quality index) (dlqi) or psoriasis assessment tool not documented	No Precert Req	
G9652	Patient has been treated with a systemic or biologic medication for psoriasis for at least six months	No Precert Req	Code deleted 12/31/2016
G9653	Patient has not been treated with a systemic or biologic medication for psoriasis for at least six months	No Precert Req	Code deleted 12/31/2016
G9654	Monitored anesthesia care (mac)	No Precert Req	
G9655	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	No Precert Req	
G9656	Patient transferred directly from anesthetizing location to pacu	No Precert Req	
G9657	Transfer of care during an anesthetic or to the intensive care unit	No Precert Req	Code deleted 12/31/2016
G9658	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9659	Patients greater than 85 years of age who did not have a history of colorectal cancer or valid medical reason for the colonoscopy, including: iron deficiency anemia, lower gastrointestinal bleeding, crohn's disease (i.e., regional enteritis), familial adenomatous polyposis, lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits	No Precert Req	
G9660	Documentation of medical reason(s) for a colonoscopy performed on a patient greater than 85 years of age (eg., last colonoscopy incomplete, last colonoscopy had inadequate prep, iron deficiency anemia, lower gastrointestinal bleeding, crohn's disease (i.e., regional enteritis), familial history of adenomatous polyposis, lynch syndrome (i.e., hereditary non-polyposis colorectal cancer), inflammatory bowel disease, ulcerative colitis, abnormal finding of gastrointestinal tract, or changes in bowel habits)	No Precert Req	
G9661	Patients greater than 85 years of age who received a routine colonoscopy for a reason other than the following: an assessment of signs/symptoms of gi tract illness, and/or the patient is considered high risk, and/or to follow-up on previously diagnoses advance lesions	No Precert Req	
G9662	Previously diagnosed or have an active diagnosis of clinical ascvd	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9663	Any fasting or direct ldl-c laboratory test result = 190 mg/dl	No Precert Req	
G9664	Patients who are currently statin therapy users or received an order (prescription) for statin therapy	No Precert Req	
G9665	Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy	No Precert Req	
G9666	The highest fasting or direct ldl-c laboratory test result of 70?189 mg/dl in the measurement period or two years prior to the beginning of the measurement period	No Precert Req	
G9667	Documentation of medical reason (s) for not currently being a statin therapy user or receive an order (prescription) for statin therapy (e.g., patient with adverse effect, allergy or intolerance to statin medication therapy, patients who have an active diagnosis of pregnancy or who are breastfeeding, patients who are receiving palliative care, patients with active liver disease or hepatic disease or insufficiency, patients with end stage renal disease (esrd), and patients with diabetes who have a fasting or direct ldl-c laboratory test result < 70 mg/dl and are not taking statin therapy)	No Precert Req	Code deleted 12/31/2016

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Code	Description	PHS+ Review Type	Comments
G9668	Documentation of medical reason (s) for not currently being a statin therapy user or receive an order (prescription) for statin therapy (e.g., patient with adverse effect, allergy or intolerance to statin medication therapy, patients who have an active diagnosis of pregnancy or who are breastfeeding, patients who are receiving palliative care, patients with active liver disease or hepatic disease or insufficiency, patients with end stage renal disease (esrd), and patients with diabetes who have a fasting or direct ldl-c laboratory test result < 70 mg/dl and are not taking statin therapy)	No Precert Req	
G9669	I intend to report the multiple chronic conditions measures group	No Precert Req	Code deleted 12/31/2016
G9670	All quality actions for the applicable measures in the multiple chronic conditions measures group have been performed for this patient	No Precert Req	Code deleted 12/31/2016
G9671	I intend to report the diabetic retinopathy measures group	No Precert Req	Code deleted 12/31/2016
G9672	All quality actions for the applicable measures in the diabetic retinopathy measures group have been performed for this patient	No Precert Req	Code deleted 12/31/2016
G9673	I intend to report the cardiovascular prevention measures group	No Precert Req	Code deleted 12/31/2016
G9674	Patients with clinical ascvd diagnosis	No Precert Req	
G9675	Patients who have ever had a fasting or direct laboratory result of ldl-c = 190 mg/dl	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9676	Patients aged 40 to 75 years at the beginning of the measurement period with type 1 or type 2 diabetes and with an ldl-c result of 70?189 mg/dl recorded as the highest fasting or direct laboratory test result in the measurement year or during the two years prior to the beginning of the measurement period	No Precert Req	
G9677	All quality actions for the applicable measures in the cardiovascular prevention measures group have been performed for this patient	No Precert Req	Code deleted 12/31/2016
G9679	Acute care pneumonia	No Precert Req	
G9680	Acute care congestive heart failure (CHF)	No Precert Req	
G9681	Acute care chronic obstructive pulmonary disease (COPD) /asthma	No Precert Req	
G9682	Acute care skin infection	No Precert Req	
G9683	Acute care fluid or electrolyte disorder or dehydration	No Precert Req	
G9684	Acute care urinary tract infection (UTI)	No Precert Req	
G9685	Acute Nursing Facility Care	No Precert Req	
G9686	Nursing Facility Conference	No Precert Req	
G9687	Hospice anytime msmt per	No Precert Req	
G9688	Pt w/hosp anytime msmt per	No Precert Req	
G9689	Inpt elect carotid intervent	No Precert Req	
G9690	Pt rec hospice dur msmt per	No Precert Req	
G9691	Pt hosp dur msmt period	No Precert Req	
G9692	Hosp recd by pt dur msmt per	No Precert Req	
G9693	Pt use hosp during msmt per	No Precert Req	
G9694	Hosp srv used pt in msmt per	No Precert Req	
G9695	Long act inhal bronchdil pre	No Precert Req	
G9696	Med rsn no presc bronchdil	No Precert Req	
G9697	Pt rsn no presc bronchdil	No Precert Req	
G9698	Sys rsn no presc bronchdil	No Precert Req	
G9699	Long inhal bronchdil no pres	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9700	Pt is w/hosp during msmt per	No Precert Req	
G9701	Child anbx 30 prior dx estab	No Precert Req	
G9702	Pt use hosp during msmt per	No Precert Req	
G9703	Child anbx 30 prior dx phary	No Precert Req	
G9704	Ajcc br ca stg i: t1 mic/t1a	No Precert Req	
G9705	Ajcc br ca stg ib	No Precert Req	
G9706	Low recur prost ca	No Precert Req	
G9707	Pt had hosp dur msmt per	No Precert Req	
G9708	Bilat mast/hx bi /unilat mas	No Precert Req	
G9709	Hosp srv used pt in msmt per	No Precert Req	
G9710	Pt prov hosp srv msmt per	No Precert Req	
G9711	Pt hx tot col or colon ca	No Precert Req	
G9712	Doc med rsn presc anbx	No Precert Req	
G9713	Pt use hosp during msmt per	No Precert Req	
G9714	Pt is w/hosp during msmt per	No Precert Req	
G9715	Pt w/hosp anytime msmt per	No Precert Req	
G9716	Bmi not norm, no follow, doc	No Precert Req	
G9717	Doc dx depr/dx bipolar, no scr	No Precert Req	
G9718	Hospice anytime msmt per	No Precert Req	
G9719	Pt not ambul/immob/wc	No Precert Req	
G9720	Hospice anytime msmt per	No Precert Req	
G9721	Pt not ambul/immob/wc	No Precert Req	
G9722	Doc hx renal fail or cr+ >4	No Precert Req	
G9723	Hosp recd by pt dur msmt per	No Precert Req	
G9724	Pt w/doc use anticoag mst yr	No Precert Req	
G9725	Pt w/hosp anytime msmt per	No Precert Req	
G9726	Refused to participate	No Precert Req	
G9727	No knee intake prom, no prox	No Precert Req	
G9728	Refused to participate	No Precert Req	
G9729	No hip intake prom, no proxy	No Precert Req	
G9730	Refused to participate	No Precert Req	
G9731	No foot prom, no proxy	No Precert Req	
G9732	Refused to participate	No Precert Req	
G9733	No back intake prom, no prox	No Precert Req	
G9734	Refused to participate	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9735	Pt no foto knee and no proxy	No Precert Req	
G9736	Refused to participate	No Precert Req	
G9737	Pt no foto elbow, no proxy	No Precert Req	
G9738	Refused to participate	No Precert Req	
G9739	Pt no foto orth, no proxy	No Precert Req	
G9740	Hosp srv to pt dur msmt per	No Precert Req	
G9741	Pt w/hosp anytime msmt per	No Precert Req	
G9742	Psych sympt assessed	No Precert Req	
G9743	Psych symp not assessed, rns	No Precert Req	
G9744	Pt not elig, dx htn	No Precert Req	
G9745	Doc rsn no scr high bp	No Precert Req	
G9746	Mit sten, valve or trans af	No Precert Req	
G9747	Pall dialysis with catheter	No Precert Req	
G9748	App transpl lvg kidney donor	No Precert Req	
G9749	Pall dialysis with catheter	No Precert Req	
G9750	App transpl lvg kidney donor	No Precert Req	
G9751	Pt died w/in 24 mos rpt time	No Precert Req	
G9752	Urgent surgery	No Precert Req	
G9753	Doc no dicom, ct other fac	No Precert Req	
G9754	Incid pulm nodule	No Precert Req	
G9755	Doc med rsn for imaging	No Precert Req	
G9756	Surg proc w/silicone oil	No Precert Req	
G9757	Surg proc w/silicone oil	No Precert Req	
G9758	Hospice or term phase	No Precert Req	
G9759	Hx preop post cap rup	No Precert Req	
G9760	Pt w/hosp anytime msmt per	No Precert Req	
G9761	Pt w/hosp anytime msmt per	No Precert Req	
G9762	Pt had hpv b/t 9-13 yr	No Precert Req	
G9763	Pt no hpv b/t 9-13 yr	No Precert Req	
G9764	Pt tx oral syst/bio med psor	No Precert Req	
G9765	Pt decl chan/conind or <6m	No Precert Req	
G9766	Cva stroke dx tx transf fac	No Precert Req	
G9767	Hosp new dx cva consid evst	No Precert Req	
G9768	Pt w/hosp anytime msmt per	No Precert Req	
G9769	Bn den 2yr/got ost med/ther	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9770	Perip nerve block	No Precert Req	
G9771	Anes end, 1 temp >35.5(95.9)	No Precert Req	
G9772	Doc temp >35.5(95.9), anest	No Precert Req	
G9773	No temp >35.5(95.9), anes	No Precert Req	
G9774	Pt had hyst	No Precert Req	
G9775	Recd 2 anti-emet pre/intraop	No Precert Req	
G9776	Doc med rsn no proph antiem	No Precert Req	
G9777	Pt no antiemet pre/intraop	No Precert Req	
G9778	Pts dx w/pregn	No Precert Req	
G9779	Pts breastfeeding	No Precert Req	
G9780	Pts dx w/rhabdomyolysis	No Precert Req	
G9781	Doc rsn no statin	No Precert Req	
G9782	Hx dx fam/pure hypercholes	No Precert Req	
G9783	Doc dx dm, fast <70, no stat	No Precert Req	
G9784	Path/derm 2nd opin bx	No Precert Req	
G9785	Path rpt snt path/derm in 7d	No Precert Req	
G9786	No path rpt sent in 7d	No Precert Req	
G9787	Pt alive 1st day msmt yr	No Precert Req	
G9788	Most rct bp <= 140/90	No Precert Req	
G9789	Record bp ip, er, urg/self	No Precert Req	
G9790	Most rct bp >= 140/90	No Precert Req	
G9791	Most rct tob stat free	No Precert Req	
G9792	Most rct tob stat not free	No Precert Req	
G9793	Pt on daily asa/antiplat	No Precert Req	
G9794	Doc med rsn no asa/antiplat	No Precert Req	
G9795	Pt no daily asa/antiplat	No Precert Req	
G9796	Pt not currently on statin	No Precert Req	
G9797	Pt currently on statin	No Precert Req	
G9798	D/c ami btw 7/1-6/30 mst per	No Precert Req	
G9799	Med disp evt indic hx asth	No Precert Req	
G9800	Pt id intol/alleg beta-block	No Precert Req	
G9801	Nonacut transf from inpt	No Precert Req	
G9802	Pt w/hosp anytime msmt per	No Precert Req	
G9803	Post d/c 180d tx beta-bl ami	No Precert Req	
G9804	No post d/c 180d tx bb ami	No Precert Req	

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G9805	Pt w/hosp anytime msmt per	No Precert Req	
G9806	Pt recd cerv cyto/hpv	No Precert Req	
G9807	Pt no recd cerv cyto/hpv	No Precert Req	
G9808	Pt no asthm cont med mst per	No Precert Req	
G9809	Pt w/hosp anytime msmt per	No Precert Req	
G9810	Pdc 75% w/asth cont med	No Precert Req	
G9811	No pdc 75% w/asth cont med	No Precert Req	
G9812	Pt died during inpt/30d aft	No Precert Req	
G9813	Pt not died w/in 30d of proc	No Precert Req	
G9814	Death occ dur hospitaliz	No Precert Req	
G9815	No death occ dur hospitaliz	No Precert Req	
G9816	Death occ 30d post proc	No Precert Req	
G9817	No death occ 30d post proc	No Precert Req	
G9818	Doc sex activity	No Precert Req	
G9819	Pt w/hosp anytime msmt per	No Precert Req	
G9820	Doc chlam scr test w/follow	No Precert Req	
G9821	No doc chlam scr ts w/follow	No Precert Req	
G9822	Endo abl proc yr prev ind dt	No Precert Req	
G9823	Endo smpl/hyst bx res doc	No Precert Req	
G9824	Endo smpl/hyst bx res no doc	No Precert Req	
G9825	Her-2 neg,undoc/unkn	No Precert Req	
G9826	Transf pract aft init chemo	No Precert Req	
G9827	Her-2 targ ther no init tx	No Precert Req	
G9828	Her-2 targ ther dur init tx	No Precert Req	
G9829	Breast adj chemo admin	No Precert Req	
G9830	Her-2 pos	No Precert Req	
G9831	Ajcc stg brt ca dx ii or iii	No Precert Req	
G9832	Brt ca dx i, no t1/t1a/t1b	No Precert Req	
G9833	Transf pract aft init chemo	No Precert Req	
G9834	Pt met dis at dx	No Precert Req	
G9835	Trastuz given w/in 12 mos dx	No Precert Req	
G9836	Rsn no trast given doc	No Precert Req	
G9837	Trastuz not in 12 mos dx	No Precert Req	
G9838	Pt met dis at dx	No Precert Req	
G9839	Anti-egfr mon anti ther	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
G9840	Kras tst bfr beg anti moab	No Precert Req	
G9841	No kras tst bfr beg ant moab	No Precert Req	
G9842	Pt met dis at dx	No Precert Req	
G9843	Kras gene mut	No Precert Req	
G9844	Pt no recd anti-egfr ther	No Precert Req	
G9845	Pt recd anti-egfr ther	No Precert Req	
G9846	Pt died from cancer	No Precert Req	
G9847	Pt recd chemo last 14d life	No Precert Req	
G9848	Pt no chemo last 14d life	No Precert Req	
G9849	Pt died from cancer	No Precert Req	
G9850	1/more ed last 30d life	No Precert Req	
G9851	1/no ed visit last 30d life	No Precert Req	
G9852	Pt died from cancer	No Precert Req	
G9853	Icu stay last 30d life	No Precert Req	
G9854	No icu stay last 30d life	No Precert Req	
G9855	Pt died from cancer	No Precert Req	
G9856	Pt no hospice	No Precert Req	
G9857	Pt admit hospice	No Precert Req	
G9858	Pt enroll hospice	No Precert Req	
G9859	Pt died from cancer	No Precert Req	
G9860	Pt less 3d hospice	No Precert Req	
G9861	Pt more than 3d hospice	No Precert Req	
G9862	Doc rsn no 10 yr follow	No Precert Req	
H0041	FOSTER CARE CHILD / DIEM	No Precert Req	
H0042	FOSTER CARE, CHILD, / MO	No Precert Req	
H0043	SUPPORTED HOUSING / DIEM	No Precert Req	
H0044	SUPPORTED HOUSING / MO	No Precert Req	
H0045	RESPIRE NOT HOME / DIEM	No Precert Req	
H1000	PRENATAL CARE ATRISK ASS	No Precert Req	
H1001	ANTEPARTUM MANAGEMENT	No Precert Req	
H1002	CARECOORDINATION PRENATA	No Precert Req	
H1003	PRENATAL AT RISK EDUCATI	No Precert Req	
H1004	FOLLOW UP HOME VISIT/PRE	No Precert Req	
H1005	PRENATALCARE ENHANCED SR	No Precert Req	
H1010	NONMED FAMILY PLAN EDUC	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
H1011	FAMILY ASSESSMENT	No Precert Req	
H2000	COMP MULTIDISPLINRY EVAL	No Precert Req	
H2001	REHAB PROGRAM, PER 1/2 D	No Precert Req	
H2010	COMP MEDICATION SRVC-15'	No Precert Req	
H2014	SKILLS TRAINING & DEVEL	No Precert Req	
H2015	COMP COMMUNITY SUPPRT-15'	No Precert Req	
H2023	SUPPORTED EMPLOYMNT-15'	No Precert Req	
H2024	SUPPORTED EMPLOYMNT-DIEM	No Precert Req	
H2025	MAINTAIN EMPLOYMENT-15'	No Precert Req	
H2026	MAINTAIN EMPLOYMENT-DIEM	No Precert Req	
H2032	ACTIVITY THERAPY-15'	No Precert Req	
J0120	TETRACYCLIN INJECTION	No Precert Req	
J0130	ABCIXIMAB 10 MG INJECT	No Precert Req	
J0131	ACETAMINOPHEN INJECTION	No Precert Req	
J0132	ACETYLCYSTEINE INJECTION	No Precert Req	
J0133	ACYCLOVIR INJECTION	No Precert Req	
J0153	Adenosine inj 1mg	No Precert Req	
J0171	ADRENALIN EPINEPHRINE IN	No Precert Req	
J0190	BIPERIDEN LACT 5 MG INJ	No Precert Req	
J0200	INJECTION ALATROFLOXACIN	No Precert Req	
J0207	AMIFOSTINE 500 MG INJ	No Precert Req	
J0210	METHYLDOPATE HCL INJECT	No Precert Req	
J0270	ALPROSTADIL 1.25 MCG INJ	No Precert Req	
J0275	ALPROSTADIL URETH SUPOS	No Precert Req	
J0278	AMIKACIN SULFATE INJECTI	No Precert Req	
J0280	AMINOPHYLLIN 250 MG INJ	No Precert Req	
J0282	AMIODARONE HYDROCHL INJ	No Precert Req	
J0285	AMPHOTERICIN B 50 MG INJ	No Precert Req	
J0287	AMPHOTER B LIP CMLPX INJ	No Precert Req	
J0288	AMPHO B CHOLEST SULF INJ	No Precert Req	
J0289	AMPHOTERICIN B LIPOS INJ	No Precert Req	
J0290	AMPICILLIN 500 MG INJ	No Precert Req	
J0295	AMPICIL SODIUM PER 1.5GM	No Precert Req	
J0300	AMOBARBITAL 125 MG INJ	No Precert Req	
J0330	SUCCINYCHOLINE CHLOR INJ	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
J0348	ANADULAFUNGIN INJECTION	No Precert Req	
J0350	INJECT ANISTREPLASE 30 U	No Precert Req	
J0360	HYDRALAZINE HCL INJECT	No Precert Req	
J0365	APROTONIN, 10,000 KIU	No Precert Req	
J0380	INJ METARAMINOL BITARTRA	No Precert Req	
J0390	CHLOROQUINE INJECTION	No Precert Req	
J0395	ARBUTAMINE HCL 1 MG INJ	No Precert Req	
J0400	ARIPIRAZOLE INJECTION	No Precert Req	
J0401	INJ ARIPIRAZOLE EXT REL 1MG	No Precert Req	
J0456	INJECTION AZITHROMYCIN	No Precert Req	
J0461	ATROPINE SULFATE INJECTI	No Precert Req	
J0475	BACLOFEN 10 MG INJECTION	No Precert Req	
J0476	BACLOFEN 50 MCG INJ	No Precert Req	
J0480	BASILIXIMAB	No Precert Req	
J0500	DICYCLOMINE INJECTION	No Precert Req	
J0515	INJ BENZTROPINE MESYLATE	No Precert Req	
J0520	BETHANECHOL CHLRD INJECT	No Precert Req	
J0558	PENG BENZATHINE/PROCAINE	No Precert Req	
J0561	PENICILLIN G BENZATHINE	No Precert Req	
J0570	BUPRENORPHINE IMPLANT 74.2MG	No Precert Req	
J0571	Buprenorphine oral 1mg	No Precert Req	
J0572	Buprenorphin/nalox up to 3mg	No Precert Req	
J0573	Buprenorph/nalox 3.1 to 6mg	No Precert Req	
J0574	Buprenorph/nalox 6.1 to 10mg	No Precert Req	
J0575	Buprenorph/nalox over 10mg	No Precert Req	
J0583	BIVALIRUDIN 1 MG INJ	No Precert Req	
J0592	BUPRENORPHINE HYDROCHLOR	No Precert Req	
J0594	BUSULFAN INJECTION	No Precert Req	
J0595	BUTORPHANOL TARTRATE INJ	No Precert Req	
J0610	CALCIUM GLUCONATE INJECT	No Precert Req	
J0620	CALC GLYCER & LACT/10 ML	No Precert Req	
J0630	CALCITONIN SALMON INJECT	No Precert Req	
J0636	INJ CALCITROIL 0.1 MCG	No Precert Req	
J0637	CASPOFUNGIN ACETATE	No Precert Req	
J0640	LEUCOVORIN CALC INJECT	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
J0641	LEVOLEUCOVORIN INJECTION	No Precert Req	
J0670	INJ MEPIVACAIN HCL/10 ML	No Precert Req	
J0690	CEFAZOLIN SODIUM INJECT	No Precert Req	
J0692	CEFEPIME HCL FOR INJECT	No Precert Req	
J0694	CEFOXITIN SODIUM INJECT	No Precert Req	
J0695	Injection, ceftolozane 50 mg and tazobactam 25 mg	No Precert Req	
J0696	CEFTRIAZONE SOD INJECT	No Precert Req	
J0697	STRL CEFUROXIME INJECT	No Precert Req	
J0698	CEFOTAXIME SODIUM INJECT	No Precert Req	
J0702	BETAMETH ACET&SOD PHOSP	No Precert Req	
J0706	CAFFEINE CITRATE INJECTI	No Precert Req	
J0710	CEPHAPIRIN SODIUM INJECT	No Precert Req	
J0712	CEFTAROLINE FOSAMIL INJ	No Precert Req	
J0713	INJ CEFTAZIDIM PER 500MG	No Precert Req	
J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g	No Precert Req	
J0715	CEFTIZOXIME SODIUM/500MG	No Precert Req	
J0720	CHLORAMPHENICOL SOD INJ	No Precert Req	
J0735	CLONIDINE HYDROCHL 1 MG	No Precert Req	
J0740	CIDOFOVIR 375 MG	No Precert Req	
J0743	CILASTATIN SODIUM INJECT	No Precert Req	
J0744	CIPROFLOXACIN IV	No Precert Req	
J0745	INJ CODEINE PHOSPH/30 MG	No Precert Req	
J0760	COLCHICINE INJECTION	No Precert Req	Code deleted 12/31/2016
J0770	COLISTIMETHATE SOD INJ	No Precert Req	
J0780	PROCHLORPERAZINE INJECT	No Precert Req	
J0795	CORTICORELIN OVINE TRIFL	No Precert Req	
J0833	COSYNTROPIN INJECTION NO	No Precert Req	
J0834	COSYNTROPIN CORTROSYN IN	No Precert Req	
J0850	CYTOMEGALOVRS IM IV/VIAL	No Precert Req	
J0875	Injection, dalbavancin, 5mg	No Precert Req	
J0878	DAPTOMYCIN INJECTION	No Precert Req	
J0883	ARGATROBAN NONESRD USE 1MG	No Precert Req	
J0884	ARGATROBAN ESRD USE 1MG	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
J0894	DECITABINE INJECTION	No Precert Req	
J0895	DEFEROXAMINE MESYLTE INJ	No Precert Req	
J0945	BROMPHENIRNE MALEATE INJ	No Precert Req	
J1000	DEPO-ESTRAD CYPIONAT INJ	No Precert Req	
J1020	METHYLPREDNISO 20 MG INJ	No Precert Req	
J1030	METHYLPREDNISO 40 MG INJ	No Precert Req	
J1040	METHYLPREDNISO 80 MG INJ	No Precert Req	
J1071	Inj testosterone cypionate	No Precert Req	
J1094	INJ DEXAMETHASONE ACETAT	No Precert Req	
J1100	DEXAMETHOSONE SOD PHOS	No Precert Req	
J1110	INJ DEHYDROERGOTAMINE ME	No Precert Req	
J1120	ACETAZOLAMID SODIUM INJ	No Precert Req	
J1130	INJ DICLOFENAC SODIUM 0.5MG	No Precert Req	
J1160	DIGOXIN INJECTION	No Precert Req	
J1162	DIGOXIN IMMUNE FAB (OVIN	No Precert Req	
J1165	PHENYTOIN SODIUM INJECT	No Precert Req	
J1170	HYDROMORPHONE INJECTION	No Precert Req	
J1180	DYPHYLLINE INJECTION	No Precert Req	
J1190	DEXRAZOXA HCL 250 MG INJ	No Precert Req	
J1200	DIPHENHYDRAMINE HCL INJ	No Precert Req	
J1205	CHLOROTHIAZIDE SOD INJ	No Precert Req	
J1212	DIMETHYL SULFOX 50% 50ML	No Precert Req	
J1230	METHADONE INJECTION	No Precert Req	
J1240	DIMENHYDRINATE INJECTION	No Precert Req	
J1245	DIPYRIDAMOLE INJECTION	No Precert Req	
J1250	INJ DOBUTAMINE HCL/250MG	No Precert Req	
J1260	DOLASETRON MESYL 10 MG	No Precert Req	
J1265	DOPAMINE INJECTION	No Precert Req	
J1267	DORIPENEM INJECTION]	No Precert Req	
J1270	INJECTION, DOXERCALCIFER	No Precert Req	
J1320	AMITRIPTYLINE INJECTION	No Precert Req	
J1324	ENFUVIRTIDE INJECTION	No Precert Req	
J1327	INJECTION, EPTIFIBATIDE	No Precert Req	
J1330	ERGONOVINE MALEATE INJ	No Precert Req	
J1335	ERTAPENEM 500 MG INJECT	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
J1364	ERYTHRO LACTO /500 MG	No Precert Req	
J1380	ESTRAD VALERATE 10MG INJ	No Precert Req	
J1410	INJ ESTROGEN CONJ 25 MG	No Precert Req	
J1430	ETHANOLAMINE OLEATE 100	No Precert Req	
J1435	INJECT ESTRONE PER 1 MG	No Precert Req	
J1436	ETIDRONATE DISODIUM INJ	No Precert Req	
J1450	INJECTION, FLUCONAZOLE	No Precert Req	
J1451	FOMEPIZOLE, 15 MG	No Precert Req	
J1452	INTRAOCUL FOMIVIRSEN SOD	No Precert Req	
J1453	FOSAPREPITANT INJECTION]	No Precert Req	
J1455	FOSCARNET SODIUM INJECT	No Precert Req	
J1457	GALLIUM NITRATE INJECTIO	No Precert Req	
J1460	GAMMA GLOBULIN 1 CC INJ	No Precert Req	
J1560	GAMMA GLOBULIN >10CC INJ	No Precert Req	
J1565	RSV IMMUNE GLOBULIN 50MG	No Precert Req	
J1570	GANCICLOVIR SODIUM INJ	No Precert Req	
J1571	HEPAGAM B IM INJECTION	No Precert Req	
J1573	HEPAGAM B INTRAVENOUS, I	No Precert Req	
J1580	GARAMYCIN GENT INJECT	No Precert Req	
J1590	GATIFLOXACIN INJECTION	No Precert Req	Code deleted 12/31/2016
J1600	GOLD SOD THIOMALEATE INJ	No Precert Req	
J1610	GLUCAGON HYDROCHLOR/1 MG	No Precert Req	
J1626	GRANISETRON HYDROCHLOR	No Precert Req	
J1630	HALOPERIDOL INJECTION	No Precert Req	
J1631	HALOPERIDOL DECANOAT INJ	No Precert Req	
J1640	HEMIN, 1 MG	No Precert Req	
J1642	INJ HEPARIN SODIUM /10 U	No Precert Req	
J1644	INJ HEPARIN SODIUM/1000U	No Precert Req	
J1645	DALTPARI SOD 2500 IU INJ	No Precert Req	
J1650	INJ ENOXAPARIN SOD 10MG	No Precert Req	
J1652	FONDAPARINUX SODIUM	No Precert Req	
J1655	TINZAPARIN SODIUM INJECT	No Precert Req	
J1670	TETANUS IMM GLOBULIN INJ	No Precert Req	
J1680	HUMAN FIBRINOGEN CONC IN	No Precert Req	
J1700	HYDROCORTISONE ACET INJ	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
J1710	HYDROCORTISON SOD PH INJ	No Precert Req	
J1720	HYDROCORT SODIUM SUCC I	No Precert Req	
J1730	DIAZOXIDE INJECTION	No Precert Req	
J1740	IBANDRONATE SODIUM INJEC	No Precert Req	
J1742	IBUTILIDE FUMARATE 1 MG	No Precert Req	
J1750	INJECTION, IRON DEXTRAN	No Precert Req	
J1756	IRON SUCROSE INJECTION	No Precert Req	
J1785	Imiglucerase, per unit	No Precert Req	
J1790	DROPERIDOL INJECTION	No Precert Req	
J1800	PROPRANOLOL INJECTION	No Precert Req	
J1810	DROPERIDOL/FENTANYL INJ	No Precert Req	
J1815	INSULIN INJECTION	No Precert Req	
J1817	INSULIN FOR INSULIN PUMP	No Precert Req	
J1825	Interferon beta-1a 33mc	No Precert Req	
J1833	Injection, isavuconazonium, 1 mg	No Precert Req	
J1835	ITRACONAZOLE INJECTION	No Precert Req	
J1840	KANAMYC SULF 500 MG INJ	No Precert Req	
J1850	KANAMYC SULF 75 MG INJ	No Precert Req	
J1885	KETOROLAC TROMETHAM INJ	No Precert Req	
J1890	CEPHALOTHIN SODIUM INJ	No Precert Req	
J1940	FUROSEMIDE INJECTION	No Precert Req	
J1942	ARIPIPRAZOLE LAUROXIL 1MG	No Precert Req	
J1945	LEPIRIDIN	No Precert Req	
J1950	LEUPROLIDE ACET /3.75 MG	No Precert Req	
J1953	LEVETIRACETAM INJECTION]	No Precert Req	
J1955	INJ LEVOCARNITINE PR 1GM	No Precert Req	
J1956	LEVOFLOXACIN 250 MG INJ	No Precert Req	
J1960	LEVORPHANOL TARTRATE INJ	No Precert Req	
J1980	HYOSCYAMINE SULFATE INJ	No Precert Req	
J1990	CHLORDIAZEPOXIDE INJECT	No Precert Req	
J2001	LIDOCAINE HCL 10 MG IV	No Precert Req	
J2010	LINCOMYCIN INJECTION	No Precert Req	
J2020	LINEZOLID INJECTION	No Precert Req	
J2060	LORAZEPAM INJECTION	No Precert Req	
J2150	MANNITOL INJECTION	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
J2175	MEPERIDN HYDROCHL/100 MG	No Precert Req	
J2180	MEPERIDNE/PROMETHAZ INJ	No Precert Req	
J2185	MEROPENEM 100 MG INJECT	No Precert Req	
J2210	METHYLERGONOV MALEAT INJ	No Precert Req	
J2248	MICAFUNGIN SODIUM INJECT	No Precert Req	
J2250	INJ MIDAZOLAM HYDROCHLOR	No Precert Req	
J2260	INJ MILRINONE LACT 5 MG	No Precert Req	
J2265	MINOCYCLINE HYDROCHLORID	No Precert Req	
J2270	MORPHINE SULFATE INJECT	No Precert Req	
J2274	In morphine preservativ free	No Precert Req	
J2278	ZICONOTIDE INJECTION	No Precert Req	
J2280	MOXIFLOXACIN 100 MG INJ	No Precert Req	
J2300	INJ NALBUPHINE HYDROCHLO	No Precert Req	
J2310	INJ NALOXONE HYDROCHLOR	No Precert Req	
J2315	NALTREXONE, DEPOT FORM	No Precert Req	
J2320	NANDROL DECANOATE 50 MG	No Precert Req	
J2325	NESIRITIDE INJECTION	No Precert Req	
J2355	OPRELVEKIN 5 MG INJECT	No Precert Req	
J2358	OLANZAPINE LONG-ACTING I	No Precert Req	
J2360	ORPHENADRINE INJECTION	No Precert Req	
J2370	PHENYLEPHRINE HCL INJECT	No Precert Req	
J2400	CHLOROPROCAINE HCL INJEC	No Precert Req	
J2405	ONDANSETRON HCL INJECT	No Precert Req	
J2407	Injection, oritavancin, 10 mg	No Precert Req	
J2410	OXYMORPHONE HCL INJECT	No Precert Req	
J2425	PALIFERMIN INJECTION	No Precert Req	
J2426	PALIPERIDONE PALMITATE I	No Precert Req	
J2430	PAMIDRONATE DISOD /30 MG	No Precert Req	
J2440	PAPAVERIN HCL INJECTION	No Precert Req	
J2460	OXYTETRACYCLINE INJECT	No Precert Req	
J2469	PALONOSETRON HCL	No Precert Req	
J2501	INJECTION, PARICALCITOL	No Precert Req	
J2510	PENICIL G PROCAINE INJ	No Precert Req	
J2513	PENTASTARCH 10% SOLUTION	No Precert Req	
J2515	PENTOBARBITAL SODIUM INJ	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
J2540	PENICILLIN G POTASS INJ	No Precert Req	
J2543	INJECT PIPERACILLIN/TAZO	No Precert Req	
J2545	PENTAM ISETHIONTE/300MG	No Precert Req	
J2550	PROMETHAZINE HCL INJECT	No Precert Req	
J2560	PHENOBARBITAL SODIUM INJ	No Precert Req	
J2590	OXYTOCIN INJECTION	No Precert Req	
J2597	INJ DESMOPRESSIN ACETATE	No Precert Req	
J2650	PREDNISOLONE ACETATE INJ	No Precert Req	
J2670	TOTAZOLINE HCL INJECTION	No Precert Req	
J2675	INJ PROGESTERONE / 50 MG	No Precert Req	
J2680	FLUPHENAZINE DECANOATE	No Precert Req	
J2690	PROCAINAMIDE HCL INJECT	No Precert Req	
J2700	OXACILLIN SODIUM INJECT	No Precert Req	
J2704	Inj, propofol, 10 mg	No Precert Req	
J2710	NEOSTIGMNE METHYLSLF INJ	No Precert Req	
J2720	INJ PROTAMINE SULF/10 MG	No Precert Req	
J2725	INJ PROTIRELIN / 250 MCG	No Precert Req	
J2730	PRALIDOXIME CHLORIDE INJ	No Precert Req	
J2760	PHENTOLLAINE MESYLATE INJ	No Precert Req	
J2765	METOCLOPRAMIDE HCL INJEC	No Precert Req	
J2770	QUINUPRISTIN/DALFOPRISTI	No Precert Req	
J2780	INJECTION, RANITIDINE	No Precert Req	
J2783	RASBURICASE 0.5 MG INJEC	No Precert Req	
J2785	REGADENOSON INJECTION]	No Precert Req	
J2788	RHO D IMMUNE GLOB 50 MCG	No Precert Req	
J2790	RHO D IMMUNE GLOBUL INJ	No Precert Req	
J2791	PHOPHYLAC INJECTION	No Precert Req	
J2792	RHO D IMM GLOB SOLV INJ	No Precert Req	
J2794	RISPERIDONE, LONG ACTING	No Precert Req	
J2795	ROPIVACAINE HYDROCHL INJ	No Precert Req	
J2800	METHOCARBAMOL INJECTION	No Precert Req	
J2805	SINCALIDE INJECTION	No Precert Req	
J2810	INJ THEOPHYLLINE / 40 MG	No Precert Req	
J2820	SARGRAMOSTIM INJECTION	No Precert Req	
J2850	INJ SECRETIN SYNTHETIC H	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
J2910	AUROTHIOGLUCOSE INJECT	No Precert Req	
J2916	NA FERRIC GLUCON COMPL	No Precert Req	
J2920	MTHYLPREDNISLNE INJ/40MG	No Precert Req	
J2930	MTHYLPRDNSOLNE INJ/125MG	No Precert Req	
J2950	PROMAZINE HCL INJECITON	No Precert Req	
J2993	RETEPLASE INJECT 18.1 MG	No Precert Req	
J2995	INJ STREPTOKNS /250000IU	No Precert Req	
J2997	ALTEPLASE RECOMBINANT	No Precert Req	
J3000	STREPTOMYCIN INJECTION	No Precert Req	
J3010	FENTANYL CITRATE INJECT	No Precert Req	
J3030	SUMATRIPTAN SUCCINTE/6MG	No Precert Req	
J3070	PENTAZOCINE INJECTION	No Precert Req	
J3090	Injection, tedizolid phosphate, 1 mg	No Precert Req	
J3095	TELAVANCIN INJECTION	No Precert Req	
J3101	TENECTEPLASE INJECTION]	No Precert Req	
J3105	TERBUTALINE SULFATE INJ	No Precert Req	
J3121	Inj testostero enanthate 1mg	No Precert Req	
J3230	CHLORPROMAZINE HCL INJEC	No Precert Req	
J3240	THYROTROPIN INJECTION	No Precert Req	
J3243	TIGECYCLINE INJECTION	No Precert Req	
J3246	TIROFIBAN HCL	No Precert Req	
J3250	TRIMETHOBENZAMID HCL INJ	No Precert Req	
J3260	TOBRAMYCIN SULFATE INJEC	No Precert Req	
J3265	INJ TORSEMIDE 10 MG/ML	No Precert Req	
J3280	THIETHYLPER MALEATE INJ	No Precert Req	
J3300	TRIAMCINOLONE A INJ PRS-	No Precert Req	
J3301	TRIAMCINOLONE ACETND INJ	No Precert Req	
J3302	TRIAMCINOLONE DIACAT INJ	No Precert Req	
J3303	TRIAMCINOLONE HEXACE INJ	No Precert Req	
J3305	INJ TRIMETREXATE GLUCORO	No Precert Req	
J3310	PERPHENAZINE INJECITON	No Precert Req	
J3315	TRIPTORELIN PAMOATE	No Precert Req	
J3320	SPECTINOMYCN DI-HCL INJ	No Precert Req	
J3350	UREA INJECTION	No Precert Req	
J3360	DIAZEPAM INJECTION	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
J3364	UROKINASE 5000 IU INJECT	No Precert Req	
J3365	UROKINASE 250,000 IU INJ	No Precert Req	
J3370	VANCOMYCN HCL INJ 500MG	No Precert Req	
J3396	VERTEPORFIN INJECTION	No Precert Req	
J3400	TRIFLUPROMAZINE HCL INJ	No Precert Req	
J3410	HYDROXYZINE HCL INJ/25MG	No Precert Req	
J3411	THIAMINE HCL 100 MG INJ	No Precert Req	
J3415	PYRIDOXINE HCL 100 MG	No Precert Req	
J3420	VITAMIN B12 INJ /1000MCG	No Precert Req	
J3430	VIT K PHYTONADIONE INJ	No Precert Req	
J3465	VORICONAZOLE,10 MG INJ	No Precert Req	
J3470	HYALURONIDASE INJ /150U	No Precert Req	
J3471	OVINE, UP TO 999 USP UNI	No Precert Req	
J3472	OVINE, 1000 USP UNITS	No Precert Req	
J3473	HYALURONIDASE RECOMBINAN	No Precert Req	
J3475	INJ MAGNESIUM SULFATE	No Precert Req	
J3480	INJ POTASSIUM CHLORIDE	No Precert Req	
J3485	ZIDOVUDINE INJECTION	No Precert Req	
J3486	ZIPRASIDONE MESYLATE INJ	No Precert Req	
J3489	ZOLEDRONIC ACID 1MG	No Precert Req	
J3530	NASAL VACCINE INHALATION	No Precert Req	
J3535	METERED DOSE INHALE DRUG	No Precert Req	
J3570	LAETRILE AMYGD VIT B17	No Precert Req	
J7030	NRML SALINE INF 1000 CC	No Precert Req	
J7040	NRML SALINE SOLUT INF 1U	No Precert Req	
J7042	5% DEXTROSE/NRMAL SALINE	No Precert Req	
J7050	NRML SALINE SOLUT 250 CC	No Precert Req	
J7060	5% DEXTROSE/WATER 1 U	No Precert Req	
J7070	D5W INFUSION 1000 CC	No Precert Req	
J7100	DEXTRAN 40 INFUS 500 ML	No Precert Req	
J7110	DEXTRAN 75 INFUS 500 ML	No Precert Req	
J7120	RINGER LACTAT INF/1000CC	No Precert Req	
J7121	5% dextrose in lactated ringers infusion, up to 1000 cc	No Precert Req	
J7131	HYPERTONIC SALINE SOL	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
J7297	Levonorgestrel-releasing intrauterine contraceptive system, 52mg, 3 year duration	No Precert Req	
J7298	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg, 5 year duration	No Precert Req	
J7300	INTRAUT COPPER CONTRACEP	No Precert Req	
J7301	SKYLA 13.5MG	No Precert Req	
J7302	LEVONORGESTREL IU CONTRA	No Precert Req	Code deleted 12/31/2015
J7303	CONTRACEPT VAGINAL RING	No Precert Req	
J7304	CONTRACEPTIVE HORMONE PA	No Precert Req	
J7306	LEVONORGESTREL IMPLANT S	No Precert Req	
J7307	ETONOGESTREL IMPLANT SYS	No Precert Req	
J7308	AMINOLEVULINIC ACID HCL	No Precert Req	
J7309	METHYL AMINOLEVULINATE,	No Precert Req	
J7310	GANCICLOVIR 4.5MG LG-ACT	No Precert Req	
J7311	FLUOCINOLONE ACETONIDE I	No Precert Req	
J7312	DEXAMETHASONE INTRA IMPL	No Precert Req	
J7313	Injection, fluocinolone acetonide, intravitreal implant, 0.01 mg	No Precert Req	
J7336	Capsaicin 8% patch	No Precert Req	
J7342	CIPROFLOXACIN OTIC SUSP 6 MG	No Precert Req	
J7500	AZATHIOPRINE ORAL 50MG	No Precert Req	
J7501	AZATHIOPRINE PARENTERAL	No Precert Req	
J7502	ORAL CYCLOSPORINE 100 MG	No Precert Req	
J7503	Tacrolimus, extended release, (envarsus xr), oral, 0.25 mg	No Precert Req	
J7505	PARENT MUROMONAB-CD3	No Precert Req	
J7506	PREDNISONE 100 TAB	No Precert Req	Code deleted 12/31/2015
J7507	TACROLIMUS ORAL PER 1 MG	No Precert Req	
J7508	TACROLIMUS EX REL ORAL 0.1MG	No Precert Req	
J7509	METHYLPREDNISOLONE ORAL	No Precert Req	
J7510	PREDNISOLONE ORAL PR 5MG	No Precert Req	
J7512	Prednisone, immediate release or delayed release, oral, 1 mg	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
J7513	DACLIZUMAB PARENTL 25 MG	No Precert Req	
J7515	CYCLOSPORINE ORAL 25 MG	No Precert Req	
J7516	CYCLOSPORINE PARENTERAL	No Precert Req	
J7517	MYCOPHENOLATE MOFETIL	No Precert Req	
J7518	MYCOPHENOLIC ACID	No Precert Req	
J7520	ORAL SIROLIMUS 1 MG	No Precert Req	
J7525	PARENT TACROLIMUS 5 MG	No Precert Req	
J7599	IMMUNOSUPPRESS DRUG NOC	No Precert Req	
J7604	ACETYLCYSTEINE COMP UNIT	No Precert Req	
J7605	ARFORMOTEROL NON-COMP UN	No Precert Req	
J7606	FORMOTEROL FUMARATE, INH	No Precert Req	
J7607	LEVALBUTEROL COMP CON	No Precert Req	
J7608	ACETYLCYSTEINE INHALATIO	No Precert Req	
J7609	ALBUTEROL COMP UNIT	No Precert Req	
J7610	ALBUTEROL COMP CON	No Precert Req	
J7611	ALBUTEROL CONCENTRATED F	No Precert Req	
J7612	LEVALBUTEROL CONCENTRATE	No Precert Req	
J7613	ALBUTEROL NON-COMP UNIT	No Precert Req	
J7614	LEVALBUTEROL UNIT DOSE	No Precert Req	
J7615	LEVALBUTEROL COMP UNIT	No Precert Req	
J7620	ALBUTEROL NON-COMPOUNDED	No Precert Req	
J7622	BECLOMETHASONE INHALATN	No Precert Req	
J7624	BETAMETHASONE INHALATION	No Precert Req	
J7626	BUDESONIDE, NON-COMPOUND	No Precert Req	
J7627	BUDESONIDE, COMPOUNDED	No Precert Req	
J7628	BITOLTEROL CONCENTRATED	No Precert Req	
J7629	BITOLTEROL UNIT DOSE	No Precert Req	
J7631	CROMOLYN SODIUM UNIT DOS	No Precert Req	
J7632	CROMOLYN SODIUM COMP UNI	No Precert Req	
J7633	BUDESONIDE CONCENTRATE	No Precert Req	
J7634	BUDESONIDE COMP CON	No Precert Req	
J7635	ATROPINE, INHALATION	No Precert Req	
J7636	ATROPINE, UNIT DOSE FORM	No Precert Req	
J7637	DEXAMETHASONE INHALATION	No Precert Req	
J7638	DEXAMETHASONE UNIT DOSE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
J7639	DORNASE ALPHA INHALATION	No Precert Req	
J7640	FORMOTEROL INJECTION	No Precert Req	
J7641	FLUNISOLIDE, INHALATION	No Precert Req	
J7642	GLYCOPYRROLATE INHALATIO	No Precert Req	
J7643	GLYCOPYRROLATE UNIT DOSE	No Precert Req	
J7644	IPRATROPIUM UNIT DOSE	No Precert Req	
J7645	IPRATROPIUM BROMIDE COMP	No Precert Req	
J7647	ISOETHARINE COMP CON	No Precert Req	
J7648	ISOETHARINE CONCENTRATED	No Precert Req	
J7649	ISOETHARINE UNIT DOSE	No Precert Req	
J7650	ISOETHARINE COMP UNIT	No Precert Req	
J7657	ISOPROTERENOL COMP CON	No Precert Req	
J7658	ISOPROTERENOL CONCENTRAT	No Precert Req	
J7659	ISOPROTERENOL UNIT DOSE	No Precert Req	
J7660	ISOPROTERENOL COMP UNIT	No Precert Req	
J7667	METAPROTERENOL COMP CON	No Precert Req	
J7668	METAPROTERENOL CONCENTRA	No Precert Req	
J7669	METAPROTERENOL UNIT DOSE	No Precert Req	
J7670	METAPROTERENOL COMP UNIT	No Precert Req	
J7674	METHACHOLINE CHLORIDE, N	No Precert Req	
J7676	PENTAMIDINE COMP UNIT DO	No Precert Req	
J7680	TERBUTALINE SULFATE	No Precert Req	
J7681	TERBUTALINE UNIT DOSE	No Precert Req	
J7682	TOBRAMYCIN, UNIT DOSE	No Precert Req	
J7683	TRIAMCINOLONE INHALATION	No Precert Req	
J7684	TRIAMCINOLONE UNIT DOSE	No Precert Req	
J7685	TOBRAMYCIN COMP UNIT	No Precert Req	
J7699	NOC INHAL SOLUT FOR DME	No Precert Req	
J8498	ANTIEMETIC RECTAL/SUPP N	No Precert Req	
J8499	ORAL PRESCRIP NON CHEMO	No Precert Req	
J8501	ORAL APREPITANT	No Precert Req	
J8510	BUSULFAN; ORAL, 2 MG	No Precert Req	
J8515	CABERGOLINE, ORAL 0.25MG	No Precert Req	
J8520	CAPECITABINE ORAL 150 MG	No Precert Req	
J8521	CAPECITABINE ORAL 500 MG	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
J8530	CYCLOPHOSPHAMIDE ORAL	No Precert Req	
J8540	ORAL DEXAMETHASONE	No Precert Req	
J8560	ETOPOSIDE ORAL 50 MG	No Precert Req	
J8562	ORAL FLUDARABINE PHOSPHA	No Precert Req	
J8565	GEFITINIB ORAL	No Precert Req	
J8597	ANTIEMETIC DRUG ORAL NOS	No Precert Req	
J8600	MELPHALAN ORAL 2 MG	No Precert Req	
J8610	METHOTREXATE ORAL 2.5 MG	No Precert Req	
J8650	NABILONE ORAL	No Precert Req	
J8655	Netupitant 300 mg and palonosetron 0.5 mg	No Precert Req	
J8670	Rolapitant, oral, 1mg	No Precert Req	
J8700	ORAL TEMOZOLMIDE	No Precert Req	
J8705	TOPOTECAN ORAL]	No Precert Req	
J8999	ORAL PRESCRIP DRUG CHEMO	No Precert Req	
K0001	STANDARD WHEELCHAIR	No Precert Req	
K0002	STANDARD HEMI WHEELCHAIR	No Precert Req	
K0003	LIGHTWEIGHT WHEELCHAIR	No Precert Req	
K0004	HIGH STRNGTH LTWT WHLCHR	No Precert Req	
K0006	HEAVY DUTY WHEELCHAIR	No Precert Req	
K0007	EXTRA HEAVY DUTY WHLCHR	No Precert Req	
K0015	DTCH NON-ADJ HGHT ARMRST	No Precert Req	
K0017	DETACH ADJST ARMRST BASE	No Precert Req	
K0018	DETACH ADJST ARMRST UPPR	No Precert Req	
K0019	ARM PAD EACH	No Precert Req	
K0020	FIXED ADJUST ARMREST PR	No Precert Req	
K0037	HGH MOUNT FLIP-UP FTREST	No Precert Req	
K0038	LEG STRAP EACH	No Precert Req	
K0039	LEG STRAP H STYLE EACH	No Precert Req	
K0040	ADJUSTABLE ANGLE FTPLATE	No Precert Req	
K0041	LARGE SIZE FTPLATE EACH	No Precert Req	
K0042	STANDARD SZ FTPLATE EACH	No Precert Req	
K0043	FTREST LOWER EXT TUBE	No Precert Req	
K0044	FTRST UPPR HANGR BRACKET	No Precert Req	
K0045	FTREST COMPLETE ASSEMBLY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
K0046	ELEVAT LEGRST LOW EXTENS	No Precert Req	
K0047	ELEV LGRST UP HNGR BRACK	No Precert Req	
K0050	RATCHET ASSEMBLY	No Precert Req	
K0051	CAM REL ASSM FTRST/LGRST	No Precert Req	
K0052	SWINGAWAY DETACH FTREST	No Precert Req	
K0053	ELEVAT FTREST ARTICULATE	No Precert Req	
K0056	SEAT HT <17 OR =>21 WC	No Precert Req	
K0065	SPOKE PROTECTORS	No Precert Req	
K0069	REAR WHL COMPL SLID TIRE	No Precert Req	
K0070	REAR WHL CMPL PNEUM TIRE	No Precert Req	
K0071	FR CASTR CMPL PNEUM TIRE	No Precert Req	
K0072	FR CSTR CMPL SEM-PN TIR	No Precert Req	
K0073	CASTER PIN LOCK EACH	No Precert Req	
K0077	FRONT CASTER ASSEM COMPL	No Precert Req	
K0099	FRNT CSTER POWR WHLCHAIR	No Precert Req	
K0105	IV HANGER, EACH	No Precert Req	
K0195	ELEV WHLCHAIR LEG RESTS	No Precert Req	
K0455	INFUS PUMP PARENTERAL	No Precert Req	
K0462	TEMP REPLACEMENT PT EQUI	No Precert Req	
K0552	SUPPLY INF PUMP SYR CART	No Precert Req	
K0553	Ther cgm supply allowance	No Precert Req	
K0554	Ther cgm receiver/monitor	No Precert Req	
K0601	INF PUMP BATT SILV 1.5 V	No Precert Req	
K0602	INF PUMP BATT SILVER 3 V	No Precert Req	
K0603	INF PUMP BATT ALK 1.5 V	No Precert Req	
K0604	INF PUMP BATT LITH 3.6 V	No Precert Req	
K0605	INF PUMP BATT LITH 4.5 V	No Precert Req	
K0607	REPLAC BATTERY-EXT DEFIB	No Precert Req	
K0608	REPLAC GARMENT-EXT DEFIB	No Precert Req	
K0609	REPL ELECTRODE-EXT DEFIB	No Precert Req	
K0669	SEAT/BACK CUS NO SADMERC	No Precert Req	
K0672	REMOVE SOFT INTERFACE, R	No Precert Req	
K0730	CTRL DOSE INH DRG DEL SY	No Precert Req	
K0733	12-24HR SEALED LEAD ACID	No Precert Req	
K0738	PORTABLE GAS OXYGEN SYST	No Precert Req	

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K0739	REPAIR/SVC DME NON-OXYGE	No Precert Req	
K0740	REPAIR/SVC OXYGEN EQUIPM	No Precert Req	
K0889	POW MOBIL DEV NO SADMERC	No Precert Req	
L0112	CRANIAL CERVICAL ORTHOSI	No Precert Req	
L0113	CRANIAL CERVICAL TORTICO	No Precert Req	
L0120	CERV FLEX NON-ADJ COLLAR	No Precert Req	
L0130	FLEX THERMOPLST COLL MLD	No Precert Req	
L0140	CERV SEMI-RIG ADJ COLLAR	No Precert Req	
L0150	CERV SEM-RIG ADJ MLD CHN	No Precert Req	
L0160	CERV SEM-RIG WIRE FRAME	No Precert Req	
L0170	CERVICAL COLLAR MOLDED	No Precert Req	
L0172	CERV COL THERMPLAS 2-PC	No Precert Req	
L0174	CERV COL FOAM 2-PC W EXT	No Precert Req	
L0180	CER POST COL SUPP ADJ	No Precert Req	
L0190	CERV COL SUPP ADJ C-BAR	No Precert Req	
L0200	CERV COL SUP ADJ BAR&EXT	No Precert Req	
L0220	THORAC RIB BELT CUST FAB	No Precert Req	
L0450	TLSO FLEX PREFAB THORAC	No Precert Req	
L0452	TLSO FLEX CUST FAB THORA	No Precert Req	
L0454	TLSO FLEX PREFAB SACR-T9	No Precert Req	
L0455	TLSO FLEX TRNK SJ-T9 PRE OTS	No Precert Req	
L0456	TLSO FLEX PREFAB	No Precert Req	
L0457	TLSO FLEX TRNK SJ-SS PRE OTS	No Precert Req	
L0458	TLSO 2MOD SYMP-XIPH PRFB	No Precert Req	
L0460	TLSO 2MOD SYMP-STRN PRFB	No Precert Req	
L0462	TLSO 3MOD SACR-SCAP PRFB	No Precert Req	
L0464	TLSO 4MOD SACR-SCAP PRFB	No Precert Req	
L0466	TLSO RIGID FRAME PRE SOF	No Precert Req	
L0467	TLSO R FRAM SOFT PRE OTS	No Precert Req	
L0468	TLSO RGD FRME PRFAB PELV	No Precert Req	
L0469	TLSO RIG FRAM PELVIC PRE OTS	No Precert Req	
L0470	TLSO RGD FRME PRFB SUBCL	No Precert Req	
L0472	TLSO RGD FRM PRFB HYPREX	No Precert Req	
L0480	TLSO RIGID PLASTIC CUSTM	No Precert Req	
L0482	TLSO RGD LINED CUST FAB	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L0484	TLSO RIGID PLASTIC CUST	No Precert Req	
L0486	TLSO RIGID PLASTIC CUST FAB 2	No Precert Req	
L0488	TLSO RIGID PLASTIC PREFAB 1 PC	No Precert Req	
L0490	TLSO RIGID PLASTIC PREFAB 1	No Precert Req	
L0491	TLSO 2 PIECE RIGID SHELL	No Precert Req	
L0492	TLSO 3 PIECE RIGID SHELL	No Precert Req	
L0621	SIO FLEX PELVISACRAL PRE	No Precert Req	
L0622	SIO FLEX PELVISACRAL CUS	No Precert Req	
L0623	SIO PANEL PREFAB	No Precert Req	
L0624	SIO PANEL CUSTOM	No Precert Req	
L0625	LO FLEXIBL L1-BELOW L5 P	No Precert Req	
L0626	LO SAG STAYS/PANELS PRE-	No Precert Req	
L0627	LO SAGITT RIGID PANEL PR	No Precert Req	
L0628	LO FLEX W/O RIGID STAYS	No Precert Req	
L0629	LSO FLEX W/RIGID STAYS C	No Precert Req	
L0630	LSO POST RIGID PANEL PRE	No Precert Req	
L0631	LSO SAG-CORO RIGID FRAME	No Precert Req	
L0632	LSO SAG RIGID FRAME CUST	No Precert Req	
L0633	LSO FLEXION CONTROL PREF	No Precert Req	
L0634	LSO FLEXION CONTROL CUST	No Precert Req	
L0635	LSO SAGIT RIGID PANEL PR	No Precert Req	
L0636	LSO SAGITTAL RIGID PANEL	No Precert Req	
L0637	LSO SAG-CORONAL PANEL PR	No Precert Req	
L0638	LSO SAG-CORONAL PANEL CU	No Precert Req	
L0639	LSO S/C SHELL/PANEL PREF	No Precert Req	
L0640	LSO S/C SHELL/PANEL CUST	No Precert Req	
L0641	LO RIG POS PNL L1-L5 PRE OTS	No Precert Req	
L0642	LO SAG RI AN/POS PNL PRE OTS	No Precert Req	
L0643	LSO SAG CTR RIGI POS PRE OTS	No Precert Req	
L0648	LSO SAG R AN/POS PNL PRE OTS	No Precert Req	
L0649	LSO SC R POS/LAT PNL PRE OTS	No Precert Req	
L0650	LSO SC R ANT/POS PNL PRE OTS	No Precert Req	
L0651	LSO SC R POS PNL PRE OTS	No Precert Req	
L0700	CTL SO A-P-L CTRL MOLDED	No Precert Req	
L0710	CTL SO A-P-L CTRL INTRFAC	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L0810	HALO CERV INTO JCKT VEST	No Precert Req	
L0820	HALO CERV INTO BODY JCKT	No Precert Req	
L0830	HALO CERV INTO MILWAUKEE	No Precert Req	
L0859	MRI COMPATIBLE SYSTEM	No Precert Req	
L0861	HALO REPL LINER/INTRFACE	No Precert Req	
L0970	TLSO CORSET FRONT	No Precert Req	
L0972	LSO CORSET FRONT	No Precert Req	
L0974	TLSO FULL CORSET	No Precert Req	
L0976	LSO FULL CORSET	No Precert Req	
L0978	AXILLARY CRUTCH EXTEN	No Precert Req	
L0980	PERONEAL STRAPS PAIR	No Precert Req	
L0982	STOCKING SUPP GRIPS-4	No Precert Req	
L0984	PROTECTIVE BODY SOCK-EA	No Precert Req	
L0999	ADD SPINAL ORTHOSIS NOS	No Precert Req	
L1000	CTLSO MILW INIT & MODEL	No Precert Req	
L1001	CTSLO INFANT IMMOBILIZER	No Precert Req	
L1005	TENSION BASED SCOLIOSIS	No Precert Req	
L1010	CTLSO AXILLA SLING	No Precert Req	
L1020	KYPHOSIS PAD	No Precert Req	
L1025	KYPHOSIS PAD FLOATING	No Precert Req	
L1030	LUMBAR BOLSTER PAD	No Precert Req	
L1040	LUMBAR OR LUMBAR RIB PAD	No Precert Req	
L1050	STERNAL PAD	No Precert Req	
L1060	THORACIC PAD	No Precert Req	
L1070	TRAPEZIUS SLING	No Precert Req	
L1080	OUTRIGGER	No Precert Req	
L1085	OUTRIGGER BIL VERT EXT	No Precert Req	
L1090	LUMBAR SLING	No Precert Req	
L1100	RING FLANGE PLAST/LEATH	No Precert Req	
L1110	RNG FLANG PLAS/LEATH MLD	No Precert Req	
L1120	COVERS FOR UPRIGHT EACH	No Precert Req	
L1200	TLSO-ORTHOISIS ONLY	No Precert Req	
L1210	LATERAL THORACIC EXTEN	No Precert Req	
L1220	ANTERIOR THORACIC EXTEN	No Precert Req	
L1230	MILWAUKEE SUPERSTRUCTUR	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L1240	LUMBAR DEROTATION PAD	No Precert Req	
L1250	ANTERIOR ASIS PAD	No Precert Req	
L1260	ANT THORACIC DEROTATION	No Precert Req	
L1270	ABDOMINAL PAD	No Precert Req	
L1280	RIB GUSSET ELASTIC-EACH	No Precert Req	
L1290	LATERAL TROCHANTER PAD	No Precert Req	
L1300	BODY JACKET MOLD TO PT	No Precert Req	
L1310	POST-OP BODY JCKT	No Precert Req	
L1499	SPINAL ORTHOSIS NOS	No Precert Req	
L1600	ABD HIP FLEX FREJK W CVR	No Precert Req	
L1610	ABD HIP FLEX FREJKA COVR	No Precert Req	
L1620	ABD HIP FLEX PAVLIK HARN	No Precert Req	
L1630	ABD CONTROL HIP SEM-FLEX	No Precert Req	
L1640	PELV BND/SPRED BAR/CUFFS	No Precert Req	
L1650	HO ABDUCT, STATIC ADJUST	No Precert Req	
L1652	HO BI THIGHCUFF W SPRDR	No Precert Req	
L1660	HO, ABDUCT, STATIC PLAST	No Precert Req	
L1680	ABD HIP PELV CTRL ADJ CU	No Precert Req	
L1685	POSTOP HIP ABDUCT FABRIC	No Precert Req	
L1686	HO, POSTOP HIP ABDUCTION	No Precert Req	
L1690	COMB LSHFO ADDUCT& ROTN	No Precert Req	
L1700	LEG PERTHES ORTH TORONTO	No Precert Req	
L1710	LEGG PERTHES ORTH NEWING	No Precert Req	
L1720	LEGG PERTHES ORTH TRILAT	No Precert Req	
L1730	LEGG PERTHES ORTH SCOTTI	No Precert Req	
L1755	LEGG PERTHES PATTEN BOTT	No Precert Req	
L1810	KO ELASTIC WITH JOINTS	No Precert Req	
L1812	KO ELASTIC W/JOINTS PRE OTS	No Precert Req	
L1820	KO ELAS W/ CONDYLE PADS	No Precert Req	
L1830	KO IMMOB CANVAS LONGITUD	No Precert Req	
L1831	KO LOCKING JOINT(S)	No Precert Req	
L1832	KO ADJ POS RIGD SUPPORT	No Precert Req	
L1833	KO ADJ JNT POS R SUP PRE OTS	No Precert Req	
L1834	KO W/O JNT RIGID MOLDED	No Precert Req	
L1836	RIGID KO W/O JOINTS	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L1843	KO SINGLE UPRIGHT CUSTOM	No Precert Req	
L1845	KO W/ ADJ FLEX/EXT ROTAT	No Precert Req	
L1847	KO DBL UPR ADJ JT INFLAT	No Precert Req	
L1848	KO DBL UPRIGHT W/AIR PRE OTS	No Precert Req	
L1850	KO SWEDISH TYPE PREFAB	No Precert Req	
L1851	KO SINGLE UPRIGHT PREFAB OTS	No Precert Req	
L1852	KO DOUBLE UPRIGHT PREFAB OTS	No Precert Req	
L1860	KO SUPRACOND SOCKET MOLD	No Precert Req	
L1900	AFO SPRNG WIR DRSFLX BND	No Precert Req	
L1902	AFO ANKLE GAUNTLET PFAB	No Precert Req	
L1904	AFO MOLDED ANKLE GAUNT	No Precert Req	
L1906	AFO MULTILIG ANK SUPPT	No Precert Req	
L1907	AFO SUPRAMALLEOLAR CUSTM	No Precert Req	
L1910	AFO SGL BAR CLASP ATTACH	No Precert Req	
L1920	AFO SGL UPRIGHT ADJ STOP	No Precert Req	
L1930	AFO PLASTIC PREFAB	No Precert Req	
L1932	AFO RIG ANT TIB PREFAB T	No Precert Req	
L1940	AFO PLASTIC CUSTOM FAB	No Precert Req	
L1945	AFO PLAST RIGID ANT TIB	No Precert Req	
L1950	AFO SPIRAL PLASTIC CFAB	No Precert Req	
L1951	AFO SPIRAL PREFABRICATED	No Precert Req	
L1960	AFO POST SOLID ANK PLAST	No Precert Req	
L1970	AFO PLASTIC W/ ANKLE JNT	No Precert Req	
L1971	AFO W/ ANKLE JNT PREFAB	No Precert Req	
L1980	AFO SGL SOL STIRRUP CALF	No Precert Req	
L1990	AFO DBL SOL STIRR CALF	No Precert Req	
L2000	KAFO SGL FREE K-A SOL ST	No Precert Req	
L2010	KAFO SGL SOL STIRR NO KN	No Precert Req	
L2020	KAFO DBL FREE K-A SOL ST	No Precert Req	
L2030	KAFO DBL SOL STIR NO KNE	No Precert Req	
L2034	KAFO PLA SIN UP W/WO K/A	No Precert Req	
L2035	KAFO PLASTIC PEDIATRIC S	No Precert Req	
L2036	KAFO PLAS DOUB FREE KNEE	No Precert Req	
L2037	KAFO PLAS SING FREE KNEE	No Precert Req	
L2038	KAFO W/O JOINT MULTI-AXI	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L2040	HKAFO TORS BIL ROT STRAP	No Precert Req	
L2050	HKAFO BIL TORS CABL H-JT	No Precert Req	
L2060	HKAFO BIL TORS BALL BEAR	No Precert Req	
L2070	HKAFO TORS UNI ROT STRAP	No Precert Req	
L2080	HKAFO UNIL TORSION CABLE	No Precert Req	
L2090	HKAFO UNI TORS BALL BEAR	No Precert Req	
L2106	AFO TIB FX CAST PLAS MLD	No Precert Req	
L2108	AFO TIB FX CAST MOLDED	No Precert Req	
L2112	AFO TIBIAL FX, SOFT	No Precert Req	
L2114	AFO TIBIAL FX, SEM-RIGD	No Precert Req	
L2116	AFO TIBIAL FX, RIGID	No Precert Req	
L2126	KAFO FEM FX CAST THERPLA	No Precert Req	
L2128	KAFO FEM FX CAST MOLDED	No Precert Req	
L2132	KAFO FEM FX CAST, SOFT	No Precert Req	
L2134	KAFO FEM FX CAST, SEM-RIG	No Precert Req	
L2136	KAFO FEM FX CAST, RIGID	No Precert Req	
L2180	PLAS SHOE INSERT ANK JNT	No Precert Req	
L2182	DROP LOCK KNEE	No Precert Req	
L2184	LIMITED MOTION KNEE JNT	No Precert Req	
L2186	ADJ MOTION KNEE JNT LERM	No Precert Req	
L2188	QUADRILATERAL BRIM	No Precert Req	
L2190	WAIST BELT	No Precert Req	
L2192	HIP JNT PELV BND FLANGE	No Precert Req	
L2200	LIMITED ANK MOTION-EACH	No Precert Req	
L2210	DORSIFLEXION ASSIST-EACH	No Precert Req	
L2220	DORSI/PLANT FLEX ASS/RES	No Precert Req	
L2230	SPLIT FLAT CALIP STIR/PL	No Precert Req	
L2232	ROCKER BOTTOM, CONTACT A	No Precert Req	
L2240	RND CALIP \$ PLATE ATTACH	No Precert Req	
L2250	FOOT PLATE MLD STIR ATT	No Precert Req	
L2260	REINFORCED SOLID STIRRUP	No Precert Req	
L2265	LONG TONGUE STIRRUP	No Precert Req	
L2270	VAR/VALG STRAP PAD/LINE	No Precert Req	
L2275	VAR/VALG PLAS MOD PAD/LI	No Precert Req	
L2280	MOLDED INNER BOOT	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L2300	ABDUCT BAR JOINTED ADJ	No Precert Req	
L2310	ABDUCTION BAR-STRAIGHT	No Precert Req	
L2320	NON-MOLDED LACER	No Precert Req	
L2330	LACER MOLD TO PT MODEL	No Precert Req	
L2335	ANTERIOR SWING BAND	No Precert Req	
L2340	PRE-TIB SHELL MOLDED	No Precert Req	
L2350	PROSTH TYPE SOCKET MOLD	No Precert Req	
L2360	EXTENDED STEEL SHANK	No Precert Req	
L2370	PATTEN BOTTOM	No Precert Req	
L2375	TORS ANK JT HLF SOL STIR	No Precert Req	
L2380	TORS STRAIGHT KNEE JNT	No Precert Req	
L2385	STRGHT KNEE JNT HVY DUTY	No Precert Req	
L2387	ADD LE POLY KNEE CUSTOM	No Precert Req	
L2390	OFFSET KNEE JOINT-EACH	No Precert Req	
L2395	OFFSET KNE JT HEAVY DUTY	No Precert Req	
L2397	SUSPENSION SLEEVE	No Precert Req	
L2405	KNEE JOINT DROP LOCK EA	No Precert Req	
L2415	KNEE JOINT CAM LOCK EACH	No Precert Req	
L2425	KNEE DISC/DIAL LOCK-FLEX	No Precert Req	
L2430	RATCHET LOCK, KNEE JOINT	No Precert Req	
L2492	KNEE LIFT LOOP DROP LOCK	No Precert Req	
L2500	THI/GLUT/ISCHIA WGT BEAR	No Precert Req	
L2510	TH/WGT BEAR QUAD BRM MLD	No Precert Req	
L2520	TH/WGT BEAR QUAD BRM FIT	No Precert Req	
L2525	TH/WGT BEAR NW M-L BRM M	No Precert Req	
L2526	TH/WGT BEAR NW M-L BRM F	No Precert Req	
L2530	TH/WGT BEAR LACER NON-MO	No Precert Req	
L2540	TH/WGT BEAR LACER MOLDED	No Precert Req	
L2550	TH/WGT BEAR HIGH ROLL CU	No Precert Req	
L2570	HIP CLEVIS TYPE 2 POS JT	No Precert Req	
L2580	PELV CTRL PELVIC SLING	No Precert Req	
L2600	HIP CLEVIS/THRST BEAR FR	No Precert Req	
L2610	HIP CLEVIS/THRST BEAR LO	No Precert Req	
L2620	PELVIC CTRL HIP HVY DUTY	No Precert Req	
L2622	HIP JNT ADJUST FLEXION	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L2624	HIP ADJ FLEX EXT ABDUCT	No Precert Req	
L2627	PLAS MOLD RECIP HIP CABL	No Precert Req	
L2628	METAL FRAM RECIP HIP CAB	No Precert Req	
L2630	UNI PELV CTRL BAND\$BELT	No Precert Req	
L2640	PELV CTRL BAND & BELT BI	No Precert Req	
L2650	PELV & THOR CTRL GLUTEAL	No Precert Req	
L2660	THORAC CTRL THORAC BAND	No Precert Req	
L2670	THORAC CTRL PARASPINAL	No Precert Req	
L2680	THORAC CTRL LAT SUPPORT	No Precert Req	
L2750	PLATING CHROME/NICKL-PER	No Precert Req	
L2755	CARBON GRAPHITE LAMINATI	No Precert Req	
L2760	EXTENS-PER EXTEN PER BAR	No Precert Req	
L2768	SIDE BAR DISCONNECT DEVC	No Precert Req	
L2780	NON-CORROS FINISH-PER BA	No Precert Req	
L2785	DROP LOCK RETAINER EACH	No Precert Req	
L2795	KNEE CTRL FULL KNEECAP	No Precert Req	
L2800	KNEE CAP MEDIAL OR LATER	No Precert Req	
L2810	KNEE CONTROL CONDY PAD	No Precert Req	
L2820	SFT INTERFACE BELOW KNEE	No Precert Req	
L2830	SFT INTERFACE ABOVE KNEE	No Precert Req	
L2840	TIB LGTH SOCK FX/EQUAL	No Precert Req	
L2850	FEM LGTH SOCK FX/EQUAL	No Precert Req	
L2861	TORSION MECHANISM KNEE/A	No Precert Req	
L2999	LOW EXTREM ORTHOSES NOS	No Precert Req	
L3000	FT INSERT UCB BERKELEY	No Precert Req	
L3000	FT INSERT UCB BERKELEY	No Precert Req	
L3001	FT INSERT REM MLD SPENCO	No Precert Req	
L3001	FT INSERT REM MLD SPENCO	No Precert Req	
L3002	FT INSERT PLASTAZOT/EQUA	No Precert Req	
L3002	FT INSERT PLASTAZOT/EQUA	No Precert Req	
L3003	FOOT INSERT SILICONE GEL	No Precert Req	
L3003	FOOT INSERT SILICONE GEL	No Precert Req	
L3010	FOOT LONGITUDINAL ARCH	No Precert Req	
L3010	FOOT LONGITUDINAL ARCH	No Precert Req	
L3020	FOOT LONGITUD/METATARSAL	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L3020	FOOT LONGITUD/METATARSAL	No Precert Req	
L3030	FT INSERT REMOV FORMED	No Precert Req	
L3030	FT INSERT REMOV FORMED	No Precert Req	
L3031	FT INSERT REMOV COMPOSIT	No Precert Req	
L3031	FT INSERT REMOV COMPOSIT	No Precert Req	
L3040	FT ARCH SUPP PREMLD LONG	No Precert Req	
L3050	FT ARCH SUPP PREMLD META	No Precert Req	
L3060	FT ARCH SUPP LONG/METAT	No Precert Req	
L3070	ARCH SUP ATT TO SHOE LON	No Precert Req	
L3080	ARCH SUP ATT TO SHOE MET	No Precert Req	
L3090	ARCH SUP ATT TO SHOE L/M	No Precert Req	
L3100	HAL-VALG NGHT DYNAM SPLN	No Precert Req	
L3140	ABDUCT ROTAT BAR W/ SHOE	No Precert Req	
L3150	ABDUCT ROTAT BAR NO SHOE	No Precert Req	
L3160	SHOE-STYLED POSITION DEV	No Precert Req	
L3170	FOOT PLASTIC HEEL STABIL	No Precert Req	
L3201	OXFRD-SUPINAT/PRONAT INF	No Precert Req	
L3202	OXFRD-SUPINAT/PRONAT CHI	No Precert Req	
L3203	OXFRD-SUPINAT/PRONAT JR	No Precert Req	
L3204	HGHTOP-SUPIN/PRONAT INF	No Precert Req	
L3206	HGHTOP-SUPIN/PRONAT CHI	No Precert Req	
L3207	HGHTOP-SUPIN/PRONAT JR	No Precert Req	
L3208	SURGICAL BOOT EACH INFAN	No Precert Req	
L3209	SURGICAL BOOT EACH CHILD	No Precert Req	
L3211	SURGICAL BOOT-EA JUNIOR	No Precert Req	
L3212	BENESCH BOOT PAIR INFANT	No Precert Req	
L3213	BENESCH BOOT PAIR CHILD	No Precert Req	
L3214	BENESCH BOOT PAIR JUNIOR	No Precert Req	
L3215	ORTHOPEDIC FTWEAR LADIES	No Precert Req	
L3216	ORTHOPED LADIES SHOES DP	No Precert Req	
L3217	LADIES SHOES HIGHTOP DEP	No Precert Req	
L3219	ORTHOPEDIC MENS SHOES OX	No Precert Req	
L3221	ORTHOPEDIC MENS SHOES DP	No Precert Req	
L3222	MENS SHOES HIGHTOP DEPTH	No Precert Req	
L3224	WOMANS OXFORD BRACE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L3225	MANS OXFORD BRACE	No Precert Req	
L3230	CUSTOM SHOES DEPTH INLAY	No Precert Req	
L3250	CUST MOLD SHOE REM PROST	No Precert Req	
L3251	SILICONE SHOE MOLDED	No Precert Req	
L3252	PLASTAZOTE SHOE MOLD FAB	No Precert Req	
L3253	PLASTAZOTE SHOE MOLD FIT	No Precert Req	
L3254	ORTH FT NON-STND SIZE/WI	No Precert Req	
L3255	ORTH FT NON-STND SIZE/LE	No Precert Req	
L3257	ORTH FT ADD CHG SPLIT SZ	No Precert Req	
L3260	AMBULATORY SURG BOOT-EA	No Precert Req	
L3265	PLASTAZOTE SANDAL-EACH	No Precert Req	
L3300	LIFT TAPER TO METATARS	No Precert Req	
L3310	LIFT ELEV HEEL&SOLE NEO	No Precert Req	
L3320	LIFT ELEV HEEL&SOLE COR	No Precert Req	
L3330	LIFT ELEV METAL EXTENS	No Precert Req	
L3332	LIFT ELEV TAPER TO HLF-	No Precert Req	
L3334	LIFT ELEV HEEL-PER INCH	No Precert Req	
L3340	HEEL WEDGE SACH	No Precert Req	
L3350	HEEL WEDGE	No Precert Req	
L3360	SOLE WEDGE OUTSIDE SOLE	No Precert Req	
L3370	SOLE WEDGE BETWEEN SOLE	No Precert Req	
L3380	CLUBFOOT WEDGE	No Precert Req	
L3390	OUTFLARE WEDGE	No Precert Req	
L3400	METATARS BAR WEDGE ROCK	No Precert Req	
L3410	METATARS BAR WEDGE BTW	No Precert Req	
L3420	FULL SOLE&HEEL WEDGE BTW	No Precert Req	
L3430	HEEL COUNT PLAST REINFOR	No Precert Req	
L3440	HEEL COUNT LEATH REINFOR	No Precert Req	
L3450	HEEL SACH CUSHION TYPE	No Precert Req	
L3455	HEEL NEW LEATHER STAND	No Precert Req	
L3460	HEEL NEW RUBBER STAND	No Precert Req	
L3465	HEEL THOMAS WITH WEDGE	No Precert Req	
L3470	HEEL THOMAS EXTEN TO BAL	No Precert Req	
L3480	HEEL PAD & DEPR FOR SPUR	No Precert Req	
L3485	HEEL PAD REMOV FOR SPUR	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L3500	SHOE ADD INSOLE LEATHER	No Precert Req	
L3510	SHOE ADD INSOLE RUBBER	No Precert Req	
L3520	INSOLE FELT CVER W/ LEA	No Precert Req	
L3530	SHOE ADD SOLE HALF	No Precert Req	
L3540	SHOE ADD SOLE FULL	No Precert Req	
L3550	SHOE ADD TOE TAP STAND	No Precert Req	
L3560	ADD TOE TAP HORSESHOE	No Precert Req	
L3570	SPECIAL EXTENS TO INSTEP	No Precert Req	
L3580	CONV INSTEP TO VELC CLSR	No Precert Req	
L3590	CONV FIRM TO SOFT COUNTR	No Precert Req	
L3595	SHOE ADD MARCH BAR	No Precert Req	
L3600	TRANS EXIST CALIP PLATE	No Precert Req	
L3610	TRANS NEW CALIPER PLATE	No Precert Req	
L3620	TRANS EXIST SOL STIRRUP	No Precert Req	
L3630	TRANS NEW SOLID STIRRUP	No Precert Req	
L3640	TRANS DENN BROWNE SPLINT	No Precert Req	
L3649	SHOE MOD ADD/TRANS NOS	No Precert Req	
L3650	SO FIG-8 ABDUCT RESTRAIN	No Precert Req	
L3660	SO ABD RESTRAIN CANV&WEB	No Precert Req	
L3670	SO ACROM/CLAV CANV & WEB	No Precert Req	
L3671	SO CAP DESIGN W/O JNTS C	No Precert Req	
L3674	SO AIRPLANE W/WO JOINT C	No Precert Req	
L3675	SO VEST ABD RESTR CANVAS	No Precert Req	
L3677	SO HARD PLASTIC STABILIZ	No Precert Req	
L3678	SO HARD PLAS STABILI PRE OTS	No Precert Req	
L3702	EO W/O JOINTS CF	No Precert Req	
L3710	EO ELASTIC W/ METAL JNTS	No Precert Req	
L3720	EO CUFFS FREE MOTION	No Precert Req	
L3730	EO CUFF EXT/FLEX ASST	No Precert Req	
L3740	EO CUFFS ADJ LOCK ACTIVE	No Precert Req	
L3760	EO ADJ LOCKING JOINT	No Precert Req	
L3762	RIGID EO W/O JOINTS	No Precert Req	
L3763	EWHO RIGID W/O JNTS CF	No Precert Req	
L3764	EWHO W/JOINT(S) CF	No Precert Req	
L3765	EWHFO RIGID W/O JNTS CF	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L3766	EWHFO W/JOINT(S) CF	No Precert Req	
L3806	WHFO W/JOINT(S) CUSTOM F	No Precert Req	
L3807	WHFO, W/O JOINT, PREFAB	No Precert Req	
L3808	WHFO, RIGID W/O JOINTS	No Precert Req	
L3809	WHFO W/O JOINTS PRE OTS	No Precert Req	
L3891	TORSION MECHANISM WRIST/	No Precert Req	
L3900	DYN FLEX HING FGR DRIVE	No Precert Req	
L3901	DYN FLEX HING CABL DRIVE	No Precert Req	
L3904	EXTERN POWERED ELECTRIC	No Precert Req	
L3905	WHO W/NONTORSION JNT(S)	No Precert Req	
L3906	WHO W/O JOINTS CF	No Precert Req	
L3908	WRIST COCK-UP NON-MOLDED	No Precert Req	
L3912	FLEX GLVE ELAS FNGR CTRL	No Precert Req	
L3913	HFO W/O JOINTS CF	No Precert Req	
L3915	WHO W NONTOR JNT(S) PREF	No Precert Req	
L3916	WHO NONTORSION JNTS PRE OTS	No Precert Req	
L3917	PREFAB METACARPL FX ORTH	No Precert Req	
L3918	METACARP FX ORTHOSIS PRE OTS	No Precert Req	
L3919	HO W/O JOINTS CF	No Precert Req	
L3921	HFO W/JOINT(S) CF	No Precert Req	
L3923	HFO W/O JOINTS PF	No Precert Req	
L3924	HFO WITHOUT JOINTS PRE OTS	No Precert Req	
L3925	FO PIP/DIP WITH JOINT/SP	No Precert Req	
L3927	FO PIP/DIP W/O JOINT/SPR	No Precert Req	
L3929	HFO NONTORSION JOINT, PR	No Precert Req	
L3930	HFO NONTORSION JNTS PRE OTS	No Precert Req	
L3931	WHFO NONTORSION JOINT PR	No Precert Req	
L3933	FO W/O JOINTS CF	No Precert Req	
L3935	FO NONTORSION JOINT CF	No Precert Req	
L3956	ADD JOINT TO ORTHOSIS,UE	No Precert Req	
L3960	SEWHO AIRPLANE ABDUCT	No Precert Req	
L3961	SEWHO CAP DESIGN W/O JNT	No Precert Req	
L3962	SEWHO ERBS PALSEY ABDUCT	No Precert Req	
L3967	SEWHO AIRPLANE W/O JNTS	No Precert Req	
L3971	SEWHO CAP DESIGN W/JNT(S)	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L3973	SEWHO AIRPLANE W/JNT(S)	No Precert Req	
L3975	SEWHFO CAP DESIGN W/O JN	No Precert Req	
L3976	SEWHFO AIRPLANE W/O JNTS	No Precert Req	
L3977	SEWHFO CAP DESGN W/JNT(S)	No Precert Req	
L3978	SEWHFO AIRPLANE W/JNT(S)	No Precert Req	
L3980	HUMERAL FX ORTHOSIS	No Precert Req	
L3981	Ue fx orth shoul cap forearm	No Precert Req	
L3982	RAD/ULNAR FX ORTHOSIS	No Precert Req	
L3984	WRIST FX ORTHOSIS	No Precert Req	
L3995	SOCK/FRACTURE/EQUAL-EACH	No Precert Req	
L3999	UPPER LIMB ORTHOSIS NOS	No Precert Req	
L4000	REPL GIRDLE MILWAUKEE OR	No Precert Req	
L4002	REPLACE STRAP, ANY ORTHO	No Precert Req	
L4010	REPL TRILAT SOCKET BRIM	No Precert Req	
L4020	REPL QUADLAT SOCKET BRIM	No Precert Req	
L4030	REPL SCKET BRIM CUST FIT	No Precert Req	
L4040	REPLACE MOLDED THIGH LAC	No Precert Req	
L4045	REPLACE NON-MOLDED THIGH	No Precert Req	
L4050	REPLACE MOLDED CALF LACE	No Precert Req	
L4055	REPLACE NON-MOLDED CALF	No Precert Req	
L4060	REPLACE HIGH ROLL CUFF	No Precert Req	
L4070	REPL PROX & DIST UPRIGHT	No Precert Req	
L4080	REPL MET BAND PROX THIGH	No Precert Req	
L4090	REPL MET BAND CALF/DIS T	No Precert Req	
L4100	REPL LEATH CUFF PROX THI	No Precert Req	
L4110	REPL LEATH CUFF CALF/DIS	No Precert Req	
L4130	REPLACE PRETIBIAL SHELL	No Precert Req	
L4205	ORTHOTIC DEV REPAIR/15'	No Precert Req	
L4210	ORTH DEV REPR/REPL MINOR	No Precert Req	
L4350	ANK CTRL STIRRUP-RIGID	No Precert Req	
L4360	PNEUMATIC WALKING BOOT	No Precert Req	
L4361	PNEUMAVAC WALK BOOT PRE OTS	No Precert Req	
L4370	PNEUMATIC FUL LEG SPLINT	No Precert Req	
L4386	NONPNEUMAT WALKNG BOOT	No Precert Req	
L4387	NON-PNEUM WALK BOOT PRE OTS	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L4392	RPLC SOFT MAT STATIC AFO	No Precert Req	
L4394	RPLC MAT, FT DROP SPLINT	No Precert Req	
L4396	STATIC AFO	No Precert Req	
L4396	STATIC AFO	No Precert Req	
L4397	STATIC OR DYNAMI AFO PRE OTS	No Precert Req	
L4397	STATIC OR DYNAMI AFO PRE OTS	No Precert Req	
L4398	FT DROP SPLNT, RECUMBENT	No Precert Req	
L4631	AFO, WALK BOOT TYPE, CUS	No Precert Req	
L5000	SHO INSERT ARCH TOE FILL	No Precert Req	
L5010	MOLD SCKT ANK HGT TOE FI	No Precert Req	
L5020	MOLD SCKT TIB TUBER HGT	No Precert Req	
L5050	ANK SYMES MOLD SCKT SACH	No Precert Req	
L5060	SYMES MTL FR LEATH SCKT	No Precert Req	
L5100	BK MLD SCKT SHIN SACH FT	No Precert Req	
L5105	BK PLAS SCKT JTS&THGH LA	No Precert Req	
L5150	MOLD SCKT EXT KNEE SHIN	No Precert Req	
L5160	MOLD SCKT BENT KNEE SHIN	No Precert Req	
L5200	SING AXIS FRIC KNEE SHIN	No Precert Req	
L5210	AK NO KNE/ANK JNTS BLOCK	No Precert Req	
L5220	AK NO KNE JT ARTIC ANK/F	No Precert Req	
L5230	AK CNST FRIC KNE/SHN/SAC	No Precert Req	
L5250	HIP MLD SGL AXI CNST FRI	No Precert Req	
L5270	MLD SCKT LOCK HIP 1 AXIS	No Precert Req	
L5280	HEMIPELV MLD SCKT 1 AXIS	No Precert Req	
L5301	BK MOLD SOCKET SACH FT E	No Precert Req	
L5312	KNEE DISART, SACH FT, EN	No Precert Req	
L5321	AK OPEN END SACH	No Precert Req	
L5331	HIP DISART CANADIAN SACH	No Precert Req	
L5341	HEMIPELVECTOMY CANADIAN	No Precert Req	
L5400	BK PSTOP DSG 1 CAST CHG	No Precert Req	
L5410	BK PSTOP DSG EA ADD CAST	No Precert Req	
L5420	AK/D PSTOP DSG 1 CAST CH	No Precert Req	
L5430	AK/D PSTOP DSG EA ADD CS	No Precert Req	
L5450	BK PSTOP NON-WGT BEAR DS	No Precert Req	
L5460	AK PSTOP NON-WGT BEAR DS	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L5500	INIT BK PTB PLAST DIRECT	No Precert Req	
L5505	INIT AK ISCHAL PLSTR DIR	No Precert Req	
L5510	PREP BK PTB PLAST MOLDED	No Precert Req	
L5520	PERP BK PTB THERMPLS DIR	No Precert Req	
L5530	PREP BK PTB THERMPLS MLD	No Precert Req	
L5535	PREP BK PTB OPN END SCKT	No Precert Req	
L5540	PREP BK PTB LAMINAT SCKT	No Precert Req	
L5560	PREP AK ISCH PLAST MOLD	No Precert Req	
L5570	PREP AK ISCH DIRECT FORM	No Precert Req	
L5580	PREP AK ISCH THERMO MOLD	No Precert Req	
L5585	PREP AK ISCHIAL OPEN END	No Precert Req	
L5590	PREP AK ISCHIAL LAMINATE	No Precert Req	
L5595	HIP DSAR SACH THERMPLAST	No Precert Req	
L5600	HIP DSAR SACH LAMIN MLD	No Precert Req	
L5610	AK HYDRACADENCE SYSTEM	No Precert Req	
L5611	AK 4-BAR LNK FRIC SWING	No Precert Req	
L5613	AK 4-BAR LNK HYDRAUL SWG	No Precert Req	
L5614	AK 4-BAR LNK PNEUM SWING	No Precert Req	
L5616	AK UNIV MULTPLEX FRIC SW	No Precert Req	
L5617	AK/BK SELF-ALIGN UNIT EA	No Precert Req	
L5618	TEST SOCKET SYMES	No Precert Req	
L5620	TEST SOCKET BELOW KNEE	No Precert Req	
L5622	TEST SOCKET KNEE DISARTI	No Precert Req	
L5624	AK TEST SOCKET	No Precert Req	
L5626	TEST SOCKET HIP DISARTIC	No Precert Req	
L5628	TEST SOCKET HEMIPELVECTO	No Precert Req	
L5629	BK ACRYLIC SOCKET	No Precert Req	
L5630	SYME EXPANDBL WALL SCKT	No Precert Req	
L5631	AK/DISARTIC ACRYLIC SCKT	No Precert Req	
L5632	SYMES PTB BRIM SOCKET	No Precert Req	
L5634	SYMES POST OPENING SCKT	No Precert Req	
L5636	SYMES MED OPENING SCKT	No Precert Req	
L5637	BELOW KNEE TOTAL CONTACT	No Precert Req	
L5638	BK LEATHER SOCKET	No Precert Req	
L5639	BELOW KNEE WOOD SOCKET	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L5640	KNEE DISART LEATHER SCKT	No Precert Req	
L5642	AK LEATHER SOCKET	No Precert Req	
L5643	HIP FLEX INNER SCKT EXT	No Precert Req	
L5644	ABOVE KNEE WOOD SOCKET	No Precert Req	
L5645	BK FLEX INNR SCKT EXT FR	No Precert Req	
L5646	BELEW KNEE CUSHION SOCKT	No Precert Req	
L5647	BK SUCTION SOCKET	No Precert Req	
L5648	ABOV KNEE CUSHION SOCKT	No Precert Req	
L5649	ISCH CNTAIN/NRW M-L SCKT	No Precert Req	
L5650	TOT CNTACT AK/DIS SOCKET	No Precert Req	
L5651	AK FLEX INNR SCKT EXT FR	No Precert Req	
L5652	AK/DIS SUCTION SUSP SCKT	No Precert Req	
L5653	KNE DIS EXPAND WALL SCKT	No Precert Req	
L5654	SOCKET INSERT SYMES	No Precert Req	
L5655	BK SOCKET INSERT	No Precert Req	
L5656	KNEE DISAR SCKT INSERT	No Precert Req	
L5658	AK SOCKET INSERT	No Precert Req	
L5661	MULT-DUROMETR SYMES SCKT	No Precert Req	
L5665	BK MULT-DUROM SCKT INSRT	No Precert Req	
L5666	BK CUFF SUSPENSION	No Precert Req	
L5668	BK MOLDED DISTAL CUSHION	No Precert Req	
L5670	BK MLDED SUPRACONDY SUSP	No Precert Req	
L5671	LOWR EXTR SUSPEN LOCKNG	No Precert Req	
L5672	BK REMOV MED BRIM SUSPEN	No Precert Req	
L5673	SOCKET INSRT W LOCK MECH	No Precert Req	
L5676	BK KNEE JNTS 1 AXIS-PAIR	No Precert Req	
L5677	BK KNEE JNTS POLYCEN-PR	No Precert Req	
L5678	BK JOINT COVERS-PAIR	No Precert Req	
L5679	SOCKET INSRT W/O LOCKNG	No Precert Req	
L5680	BK THGH LACER NON-MOLDED	No Precert Req	
L5681	INTL SOCKET CONG/ATYP	No Precert Req	
L5682	BK THGH LACER GLUT/ISCH	No Precert Req	
L5683	INTL CUSTM SOCKET INSERT	No Precert Req	
L5684	BK FORK STRAP	No Precert Req	
L5685	BELOW KNEE SUS/SEAL SLEE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L5686	BK BACK CHECK	No Precert Req	
L5688	BK WAIST BELT WEBBING	No Precert Req	
L5690	BK WAIST BELT PAD/LINED	No Precert Req	
L5692	AK PELV CTRL BELT LIGHT	No Precert Req	
L5694	AK PELV CTRL BELT PAD/L	No Precert Req	
L5695	AK SLEEVE SUSP NEOPR/EQ	No Precert Req	
L5696	AK/KNEE DISAR PELV JNT	No Precert Req	
L5697	AK/KNEE DISAR PELV BAND	No Precert Req	
L5698	AK/KNEE DIS SILESIA BA	No Precert Req	
L5699	SHOULDER HARNESS	No Precert Req	
L5700	REPLACE SCKT BK MOLDED	No Precert Req	
L5701	REPL SCKT AK/DIS MOLDED	No Precert Req	
L5702	REPL SCKT HIP MOLDED	No Precert Req	
L5703	SYMES ANKLE W/O (SACH) F	No Precert Req	
L5704	CUSTOM SHAPE COVER BK	No Precert Req	
L5705	CUSTOM SHAPE COVER AK	No Precert Req	
L5706	CUSTOM SHAPE CVR KNEE DI	No Precert Req	
L5707	CUSTOM SHAPE CVR HIP DIS	No Precert Req	
L5710	KNE-SHN EXO 1 AX MNL LCK	No Precert Req	
L5711	KNE-SHN EXO MNL LCK ULTR	No Precert Req	
L5712	KNE-SHN EXO FRIC SWG STA	No Precert Req	
L5714	KNE-SHN EXO VAR FRCT SWG	No Precert Req	
L5716	KNE-SHN EXO MECH STANCE	No Precert Req	
L5718	KNE-SHN EXO FRCT SWG STA	No Precert Req	
L5722	KNE-SHN PNEUM SWG FRCT	No Precert Req	
L5724	KNE-SHN EXO FLUID SWING	No Precert Req	
L5726	KNE-SHN EXT JNTS FLD SWG	No Precert Req	
L5728	KNE-SHN FLD SWG & STANCE	No Precert Req	
L5780	KNE-SHN PNEUM/HYD PNEUM	No Precert Req	
L5785	BK EXO ULTRALGHT MATERL	No Precert Req	
L5790	AK EXO ULTRALGHT MATERL	No Precert Req	
L5795	HIP EXO ULTRALGHT MATERL	No Precert Req	
L5810	KNE-SHN ENDO MNL LOCK	No Precert Req	
L5811	KNE-SHN ENDO MNL LCK ULT	No Precert Req	
L5812	KNE-SHN ENDO FRCT SWNG &	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L5814	KNE-SHN ENDO HYDRIL SWNG&	No Precert Req	
L5816	KNE-SHN ENDO MECH STANCE	No Precert Req	
L5818	KNE-SHN ENDO FRCT SWNG &	No Precert Req	
L5822	KNE-SHN ENDO PNEUM SWNG	No Precert Req	
L5824	KNE-SHN FLD SWNG PHSE	No Precert Req	
L5826	KNE-SHN FLD HYDRAUL SWG	No Precert Req	
L5830	KNE-SHN ENDO PNEUM/SWG P	No Precert Req	
L5840	KNEE-SHN MULTAX PNEU SWG	No Precert Req	
L5850	AK/HIP KNEE EXTENS ASSIS	No Precert Req	
L5855	MECH HIP EXTENSION ASSIS	No Precert Req	
L5910	BK ENDO ALIGNABLE SYSTEM	No Precert Req	
L5920	AK/HIP ENDO ALIGN SYSTEM	No Precert Req	
L5925	ABOVE KN/HP DS MANUAL	No Precert Req	
L5940	BK ENDO ULTRALGHT MATERL	No Precert Req	
L5950	AK ENDO ULTRALGHT MATERL	No Precert Req	
L5960	HIP ENDO ULTRLGHT MATERL	No Precert Req	
L5961	ENDO POLY HIP, PNEU/HYD/	No Precert Req	
L5962	BK ENDO FLEX CVR SYSTEM	No Precert Req	
L5964	AK ENDO FLEX CVR SYSTEM	No Precert Req	
L5966	HIP ENDO FLEX COVER SYST	No Precert Req	
L5968	LE PROS ANKL MULTIAX ABS	No Precert Req	
L5970	LE PROS FT EXT KEEL SACH	No Precert Req	
L5971	SACH FOOT, REPLACEMENT	No Precert Req	
L5972	LE PROS FLEX KEEL FOOT	No Precert Req	
L5974	LE PROS FT SGL AX ANK/FT	No Precert Req	
L5975	LE PROS SGL AX & KEEL	No Precert Req	
L5976	LE PROS ENRGY STORING FT	No Precert Req	
L5978	LE PROS FT MULTAX ANK/FT	No Precert Req	
L5979	LE PROSTH MULTAX ANK/FT	No Precert Req	
L5980	LE PROS FLEX FOOT SYSTEM	No Precert Req	
L5982	EXO LE PROS AXIAL ROTAT	No Precert Req	
L5984	ENDO LE PROS AXIAL ROTA	No Precert Req	
L5985	LWR EXT DYNAM PROSTH PYL	No Precert Req	
L5986	LE PROS MULTIAXL ROTAT	No Precert Req	
L5987	LE PROS, SHNK FT W PYLON	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L5988	LE PROS SHCK & RED PYLON	No Precert Req	
L5990	USER ADJUST HEEL HEIGHT	No Precert Req	
L6000	PAR HND ROBIN-AIDS THUMB	No Precert Req	
L6010	PAR HND ROBIN-AIDS LITTL	No Precert Req	
L6020	PAR HND ROBIN-AIDS NO FI	No Precert Req	
L6050	WRST MLD SCKT FLX HNG TR	No Precert Req	
L6055	WRST MLD SCKT EXP INTRFC	No Precert Req	
L6100	ELB MLD SCKT FLEX HNGE	No Precert Req	
L6110	ELB MLD SCKT SUSPENSION	No Precert Req	
L6120	ELB MLD DBL SPLT SCKT ST	No Precert Req	
L6130	ELB STMP ACTIV LCK HINGE	No Precert Req	
L6200	ELB MLD OUTSID LCK HINGE	No Precert Req	
L6205	ELB MLD SCKT EXPND INTRF	No Precert Req	
L6250	ELB INT LCK ELBOW FORARM	No Precert Req	
L6300	SHLDR MLD SCKT INT LOCK	No Precert Req	
L6310	SHLDR PASSV RESTOR COMPL	No Precert Req	
L6320	SHLDR PASSV RESTOR CAP	No Precert Req	
L6350	THORAC MLD SCKT INT LOCK	No Precert Req	
L6360	THORAC PASSV RESTOR COMP	No Precert Req	
L6370	THORAC PASSV RESTOR CAP	No Precert Req	
L6380	WRST/ELB PSTOP DSG CAST	No Precert Req	
L6382	ELB PSTOP DSG CAST CHG	No Precert Req	
L6384	SHLDR/T PSTOP DSG CAST	No Precert Req	
L6386	PSTOP ADD CAST CHG REALI	No Precert Req	
L6388	PSTOP APP RIGID DSG ONLY	No Precert Req	
L6400	BE PROSTH TISS SHAPING	No Precert Req	
L6450	ELB DIS PROSTH TISS SHP	No Precert Req	
L6500	AE PROSTH TISS SHAPING	No Precert Req	
L6550	SHLD DIS PROSTH TISS SHP	No Precert Req	
L6570	SCP-THOR PROSTH TISS SHP	No Precert Req	
L6580	WRST/ELB BOWDEN CBLE MLD	No Precert Req	
L6582	WRST/ELB BOWDEN CBLE DIR	No Precert Req	
L6584	ELB FAIR LEAD CBLE MLDED	No Precert Req	
L6586	ELB FAIR LEAD CBLE DIR	No Precert Req	
L6588	SHDR FAIR LEAD CBLE MLD	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L6590	SHDR FAIR LEAD CBL DIREC	No Precert Req	
L6600	POLYCENTRIC HINGE-PAIR	No Precert Req	
L6605	SINGLE PIVOT HINGE-PAIR	No Precert Req	
L6610	FLEXIBLE METAL HINGE-PR	No Precert Req	
L6615	DISCONNECT LOCKING WRIST	No Precert Req	
L6616	DISCON INSRT LCKING WRST	No Precert Req	
L6620	FLEX/EXTENSN WRIST UNIT	No Precert Req	
L6621	FLEX/EXT WRIST W/WO FRIC	No Precert Req	
L6623	SPRNG-ASS ROT WRST LATCH	No Precert Req	
L6624	FLEX/EXT/ROTATION WRIST	No Precert Req	
L6625	ROTATION WRST CABLE LOCK	No Precert Req	
L6628	QUICK DISCONN HOOK ADAPT	No Precert Req	
L6629	LAMINATN COLLAR CPLG PC	No Precert Req	
L6630	STAINLESS STEEL ANY WRST	No Precert Req	
L6632	LATEX SUSPENS SLEEVE EA	No Precert Req	
L6635	LIFT ASSIST FOR ELBOW	No Precert Req	
L6637	NUDGE CONTROL ELBW LOCK	No Precert Req	
L6640	SHLD ABDUCTION JOINT-PR	No Precert Req	
L6641	EXCURSION AMPLIF PULLEY	No Precert Req	
L6642	EXCURSION AMPLIF LEVER	No Precert Req	
L6645	SHLD FLEX-ABDUCT JNT-EA	No Precert Req	
L6650	SHLD UNIVERSAL JOINT-EA	No Precert Req	
L6655	STANDRD CTRL CABLE EXTRA	No Precert Req	
L6660	HEAVY DUTY CONTROL CABLE	No Precert Req	
L6665	TEFLON/EQUAL CBLE LINING	No Precert Req	
L6670	HOOK-HAND CBLE ADAPTER	No Precert Req	
L6672	HARNESS CHST/SHLD SADDLE	No Precert Req	
L6675	HARNESS FIG-8 SNGL CABEL	No Precert Req	
L6676	HARNESS FIG-8 DUAL CABEL	No Precert Req	
L6677	UE TRIPLE CONTROL HARNES	No Precert Req	
L6680	TEST SCKT WRST DISART/BE	No Precert Req	
L6682	TEST SCKT ELBW DISART/AE	No Precert Req	
L6684	TEST SCKT SHLD DISAR/THO	No Precert Req	
L6686	SUCTION SOCKET	No Precert Req	
L6687	FRAME SCKT BE/WRST DISAR	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L6688	FRAME SCKT AE/DISARTIC	No Precert Req	
L6689	FRAME SCKT SHLD DISART	No Precert Req	
L6690	FRAME SCKT INTRSCAP-THOR	No Precert Req	
L6691	REMOVABLE INSERT EACH	No Precert Req	
L6692	SILICONE GEL INSRT/EQUAL	No Precert Req	
L6693	EXT LOCK ELB/FORARM CNTR	No Precert Req	
L6694	ELBOW SOCKET INS USE W/L	No Precert Req	
L6695	ELBW SOCKT INS USE W/O L	No Precert Req	
L6696	CUS ELBO SKT IN FOR CON/	No Precert Req	
L6697	CUS ELBO SKT IN NOT CON/	No Precert Req	
L6698	BELOW/ABOVE ELBOW LOCK M	No Precert Req	
L6703	TERM DEV, PASSIVE HAND M	No Precert Req	
L6704	TERM DEV, SPORT/REC/WORK	No Precert Req	
L6706	TERM DEV MECH HOOK VOL O	No Precert Req	
L6707	TERM DEV MECH HOOK VOL C	No Precert Req	
L6708	TERM DEV MECH HAND VOL O	No Precert Req	
L6709	TERM DEV MECH HAND VOL C	No Precert Req	
L6711	PED TERM DEV, HOOK, VOL]	No Precert Req	
L6712	PED TERM DEV, HOOK, VOL]	No Precert Req	
L6713	PED TERM DEV, HAND, VOL]	No Precert Req	
L6714	PED TERM DEV, HAND, VOL]	No Precert Req	
L6721	HOOK/HAND, HVY DTY, VOL]	No Precert Req	
L6722	HOOK/HAND, HVY DTY, VOL]	No Precert Req	
L6805	MODIFIER WRST FLEX UNIT	No Precert Req	
L6810	PINCH TOOL OTTO BOCK/EQU	No Precert Req	
L6881	AUTOMATIC GRASP FEATURE	No Precert Req	
L6883	REPLC SOCKT BELOW E/W DI	No Precert Req	
L6884	REPLC SOCKT ABOVE ELBOW	No Precert Req	
L6885	REPLC SOCKT SHLDR DIS/IN	No Precert Req	
L6890	PREFAB GLOVE FOR TERM DE	No Precert Req	
L6895	CUSTOM GLOVE FOR TERM DE	No Precert Req	
L6900	HND RESTORAT THMB/1 FNGR	No Precert Req	
L6905	HND RESTORAT MULT FNGRS	No Precert Req	
L6910	HND RESTORAT NO FINGERS	No Precert Req	
L6915	HND RESTORAT REPLAC GLVE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L7360	6 V BATTERY OTTO/EQ-EA	No Precert Req	
L7362	BATTERY CHRGR 6 V OTTO/EQ	No Precert Req	
L7364	12 V BATTERY UTAH/EQ-EA	No Precert Req	
L7366	BATTERY CHRGR 12 V UT/EQ	No Precert Req	
L7367	REPLCMNT LITHIUM IONBATR	No Precert Req	
L7368	LITHIUM ION BATTERY CHRGR	No Precert Req	
L7400	ADD UE PROST BE/WD, ULTL	No Precert Req	
L7401	ADD UE PROST A/E ULTLITE	No Precert Req	
L7402	ADD UE PROST S/D ULTLITE	No Precert Req	
L7403	ADD UE PROST B/E ACRYLIC	No Precert Req	
L7404	ADD UE PROST A/E ACRYLIC	No Precert Req	
L7405	ADD UE PROST S/D ACRYLIC	No Precert Req	
L7510	PROSTH DVC REPR/REPLC	No Precert Req	
L7520	PROS DEV REPAR/15' LABOR	No Precert Req	
L7600	PROSTHETIC DONNING SLEEV	No Precert Req	
L7900	MALE VACUM ERECTION SYS	No Precert Req	
L8000	MASTECTOMY BRA	No Precert Req	
L8001	BREAST PROSTHESIS BRA &	No Precert Req	
L8002	BRST PRSTH BRA & BILAT F	No Precert Req	
L8010	MASTECTOMY SLEEVE	No Precert Req	
L8015	EXT GARMENT W/ MAST FORM	No Precert Req	
L8020	MASTECTOMY FORM	No Precert Req	
L8030	BRST PROSTH SILIC/EQ	No Precert Req	
L8031	BREAST PROSTHESIS W ADHE	No Precert Req	
L8032	REUSABLE NIPPLE PROSTHES	No Precert Req	
L8035	CUSTOM PROS MOLDED TO PT	No Precert Req	
L8039	BREAST PROSTHESIS NOS	No Precert Req	
L8300	TRUSS SNGL STANDARD PAD	No Precert Req	
L8310	TRUSS DBL STANDARD PAD	No Precert Req	
L8320	TRUSS ADD STD PAD WATER	No Precert Req	
L8330	TRUSS ADD STD PAD SCROTL	No Precert Req	
L8400	SHEATH BELOW KNEE-EA	No Precert Req	
L8410	SHEATH ABOVE KNEE-EA	No Precert Req	
L8415	SHEATH UPPER LIMB-EA	No Precert Req	
L8417	PROS SHEATH W GEL, AK/BK	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L8420	SOCK MULTPLY BLW KNEE	No Precert Req	
L8430	SOCK MULTPLY ABOV KNEE	No Precert Req	
L8435	SOCK MULTIPLE UP LIMB	No Precert Req	
L8440	SHRINKER BELOW KNEE	No Precert Req	
L8460	SHRINKER ABOVE KNEE	No Precert Req	
L8465	SHRINKER UPPER LIMB	No Precert Req	
L8470	SOCK SNGL PLY FIT BK	No Precert Req	
L8480	SOCK SNGL PLY FIT AK	No Precert Req	
L8485	SOCK SNGL PLY FIT UP LMB	No Precert Req	
L8500	ARTIFICIAL LARYNX	No Precert Req	
L8501	TRACHEOST SPEAKING VALVE	No Precert Req	
L8505	ARTIFICIAL LARYNX, ACCES	No Precert Req	
L8507	T-E VOICE PROS PT INSERT	No Precert Req	
L8509	T-E VOICE PROSTH-OTHR	No Precert Req	
L8511	REPLACE TE PROSTH INSERT	No Precert Req	
L8512	REPL GEL CAPS-TE PROSTH	No Precert Req	
L8513	CLEANING DEVICE TE PROS	No Precert Req	
L8514	REPL TRACH PUNCT DILATOR	No Precert Req	
L8515	GEL CAP APP DEVICE FOR T	No Precert Req	
L8600	IMPLANT BREAST SILICN/EQ	No Precert Req	
L8603	COLLAGN IMPL URIN 2.5 ML	No Precert Req	
L8604	DEXTRANOMER/HYALURONIC A	No Precert Req	
L8606	SYNTHET IMPL URIN 1 ML	No Precert Req	
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	No Precert Req	
L8609	ARTIFICIAL CORNEA	No Precert Req	
L8610	OCULAR IMPLANT	No Precert Req	
L8612	AQUEOUS SHUNT PROSTHESIS	No Precert Req	
L8613	OSSICULA IMPLANT	No Precert Req	
L8615	COCH IMPLANT HEADSET REP	No Precert Req	
L8616	COCH IMPLANT MICROPHONE	No Precert Req	
L8617	COCH IMPLANT TRANS COIL	No Precert Req	
L8618	COCH IMPLANT TRAN CABLE	No Precert Req	
L8621	REPL ZINC AIR BATTERY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
L8622	REPL ALKALINE BATTERY	No Precert Req	
L8623	LITH ION BATT CID, NON-EA	No Precert Req	
L8624	LITH ION BATT CID, EAR L	No Precert Req	
L8627	CID EXT SPEECH PROCESS R	No Precert Req	
L8628	CID EXT CONTROLLER REPL	No Precert Req	
L8629	CID TRANSMIT COIL AND CA	No Precert Req	
L8630	METACARPOPHALANG IMPLANT	No Precert Req	
L8631	MCP JOINT REPLACMT 2+ PC	No Precert Req	
L8658	INTERPHALNG JOINT SPACER	No Precert Req	
L8659	IP JOINT REPLACEMT 2+ PC	No Precert Req	
L8670	VSCLR GRFT, SYNTHTC IMP	No Precert Req	
L8684	RADIOF TRSMTR IMPLT SCRL	No Precert Req	
L8690	AUD OSSEO DEV, INT/EXT C	No Precert Req	
L8691	AUD OSSEO DEV EXT SND PR	No Precert Req	
L8692	NON-OSSEOINTEGRATED SND	No Precert Req	
L8693	AUD OSSEO DEV, ABUTMENT	No Precert Req	
L8696	Ext antenna phren nerve stim	No Precert Req	
L8699	PROSTHETIC IMPLANT NOS	No Precert Req	
	NOTE: Medical Necessity review required if charge is \$2500 or greater, regardless of the number of units billed. Prepay handles the medical necessity review.		
L9900	ORTHOTIC PROSTHETIC SUPP	No Precert Req	
M0064	VISIT FR DRUG MONITORING	No Precert Req	
M0075	CELLULAR THERAPY	No Precert Req	Experimental/Investigational/Unproven
M0076	PROLOTHERAPY	No Precert Req	
M0100	INTRAGASTRIC HYPOTHERM	No Precert Req	
M0300	IV CHELATIONTHERAP	No Precert Req	Experimental/Investigational/Unproven
M0301	FABRIC WRAP ANEURYSM	No Precert Req	
P2028	CEPHALIN FLOCCULATION TST	No Precert Req	
P2029	CONGO RED BLOOD TEST	No Precert Req	
P2031	HAIR ANALYSIS	No Precert Req	Experimental/Investigational/Unproven
P2033	BLOOD THYMOL TURBIDITY	No Precert Req	
P2038	BLOOD MUCOPROTEIN	No Precert Req	
P3000	SCREEN PAP TECH MD SUPV	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
P3001	SCREEN PAP SMEAR BY PHYS	No Precert Req	
P7001	CULTURE BACTERIAL URINE	No Precert Req	
P9010	WHOLE BLOOD FOR TRANSFUS	No Precert Req	
P9011	BLOOD SPLIT UNIT	No Precert Req	
P9012	CRYOPRECIPITATE-EA UNIT	No Precert Req	
P9016	RBC LEUKOCYTE REDUCED	No Precert Req	
P9017	FRESH FROZEN PLASMA-EA	No Precert Req	
P9019	PLATELETS, EACH UNIT	No Precert Req	
P9020	PLATELET RICH PLASMA-UN	No Precert Req	
P9021	RED BLOOD CELLS UNIT	No Precert Req	
P9022	WASHED RED BLOOD CELLS	No Precert Req	
P9023	PLASMA, POOLED MULTIPLE	No Precert Req	
P9031	PLATLTS LEUKOCY REDUCED	No Precert Req	
P9032	PLATELETS IRRADIATED-EA	No Precert Req	
P9033	PLATLTS LEUK RED IRRAD	No Precert Req	
P9034	PLATELETS PHERESIS-EACH	No Precert Req	
P9035	PLATLTS PHER LEUK RED	No Precert Req	
P9036	PLATELETS PHERESIS IRRAD	No Precert Req	
P9037	PLATLT PHER LEUK RED IRR	No Precert Req	
P9038	RBC IRRADIATED-EACH UNIT	No Precert Req	
P9039	RBC DEGLYCEROLIZED-EA	No Precert Req	
P9040	RBC LEUKO REDUC IRRAD	No Precert Req	
P9041	ALBUMIN(HUMAN) 5%[50 ML]	No Precert Req	
P9043	PLASM PROT FRAC 5% 50 ML	No Precert Req	
P9044	PLASMA CRYOPRECIP REDUC	No Precert Req	
P9045	ALBUMIN (HUMAN), 5%, 250	No Precert Req	
P9046	ALBUMIN (HUMAN), 25%, 20	No Precert Req	
P9047	ALBUMIN (HUMAN), 25%, 50	No Precert Req	
P9048	PLASMAPROTEIN FRACT,5%,2	No Precert Req	
P9050	GRANULOCYTES, PHERESIS U	No Precert Req	
P9051	RBC LEUKO RED CMV-NEG	No Precert Req	
P9052	PLATLT HLA-MATC LEUK RED	No Precert Req	
P9053	PLT LEUK RED CMV-NEG IRR	No Precert Req	
P9054	RBC L/R, FROZ/DEGLY/WASH	No Precert Req	
P9055	PLATLET LEUK RED CMV-NEG	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
P9056	WHL BLOOD LEUK RED IRRAD	No Precert Req	
P9057	RBC FRZ/DEG/WSH/L-R/IRR	No Precert Req	
P9058	RBC LEUK RED CMV-NEG IRR	No Precert Req	
P9059	PLASMA FRZ BETWEEN 8-24	No Precert Req	
P9060	FRZ PLASMA DONOR RETEST	No Precert Req	
P9070	Plasma, pooled multiple donor, pathogen reduced, frozen, each unit	No Precert Req	
P9071	Plasma (single donor), pathogen reduced, frozen, each unit	No Precert Req	
P9072	Platelets, pheresis, pathogen reduced, each unit	No Precert Req	
P9603	1-WY TRVL PRORATED MILES	No Precert Req	
P9604	1-WY TRVL PRORATED TRIP	No Precert Req	
P9612	CATH SPEC COLLECT SNGL	No Precert Req	
P9615	URINE SPEC COLLECT MULT	No Precert Req	
Q0035	CARDIOKHYMOGRAPHY	No Precert Req	
Q0081	INFUSION THRPY NOT CHEMO	No Precert Req	
Q0083	CHEMOTHER NOT INFUSION	No Precert Req	
Q0084	CHEMOTHERAPY BY INFUSION	No Precert Req	
Q0085	CHEMO INFUSION & OTHER	No Precert Req	
Q0091	OBTAIN/PREP SCREEN PAP	No Precert Req	
Q0092	SET UP PORT XRAY EQUIP	No Precert Req	
Q0111	WET MOUNTS INCLUD PREPS	No Precert Req	
Q0112	POTASSIUM HYDROXIDE PREP	No Precert Req	
Q0113	PINWORM EXAMINATIONS	No Precert Req	
Q0114	FERN TEST	No Precert Req	
Q0115	POST-COITAL MUCOUS EXAM	No Precert Req	
Q0138	FERUMOXYTOL, NON-ESRD	No Precert Req	
Q0139	FERUMOXYTOL, ESRD USE	No Precert Req	
Q0144	AZITHROMYCIN DIHY,ORL/GM	No Precert Req	
Q0161	CHLORPROMAZINE HCL 5MG ORAL	No Precert Req	
Q0162	ONDANSETRON ORAL	No Precert Req	
Q0163	DIPHENHYDRAMINE 50 MG	No Precert Req	
Q0164	PROCHLORPERAZINE 5 MG	No Precert Req	
Q0166	GRANISETRON HYDROCH 1 MG	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
Q0167	DRONABINOL 2.5 MG	No Precert Req	
Q0169	PROMETHAZINE 12.5 MG	No Precert Req	
Q0173	TRIMETHOBENZAMIDE 250 MG	No Precert Req	
Q0174	TRIMETHOBENZAMIDE 10 MG	No Precert Req	
Q0175	PERPHENAZINE 4 MG	No Precert Req	
Q0177	HYDROXYZINE 25 MG	No Precert Req	
Q0180	DOLASETRON MESYL 100 MG	No Precert Req	
Q0181	ORAL ANTI-EMETIC UNSPEC	No Precert Req	
Q0478	POWER ADAPTER, COMBO VAD	No Precert Req	
Q0479	POWER MODULE COMBO VAD,	No Precert Req	
Q0480	DRIVER PNEUMATIC VAD,REP	No Precert Req	
Q0481	MICROPRCSR CU ELEC VAD,R	No Precert Req	
Q0482	MICROPRCSR CU COMBO VAD,	No Precert Req	
Q0483	MONITOR ELEC VAD, REP	No Precert Req	
Q0484	MONITOR ELEC OR COMB VAD	No Precert Req	
Q0485	MONITOR CABLE ELEC VAD,R	No Precert Req	
Q0486	MON CABLE ELEC/PNEUM VAD	No Precert Req	
Q0487	LEADS ANY TYPE VAD,REP O	No Precert Req	
Q0488	PWR PACK BASE ELEC VAD,R	No Precert Req	
Q0489	PWR PCK BASE COMBO VAD,R	No Precert Req	
Q0490	EMR PWR SOURCE ELEC VAD,	No Precert Req	
Q0491	EMR PWR SOURCE COMBO VAD	No Precert Req	
Q0492	EMR PWR CBL ELEC VAD, RE	No Precert Req	
Q0493	EMR PWR CBL COMBO VAD, R	No Precert Req	
Q0494	EMR HD PMP ELEC/COMBO, R	No Precert Req	
Q0495	CHARGER ELEC/COMBO VAD,R	No Precert Req	
Q0496	BATTERY ELEC/COMBO VAD,R	No Precert Req	
Q0497	BAT CLPS ELEC/COMB VAD,R	No Precert Req	
Q0498	HOLSTER ELEC/COMBO VAD,R	No Precert Req	
Q0499	BELT/VEST ELEC/COMBO VAD	No Precert Req	
Q0500	FILTERS ELEC/COMBO VAD,R	No Precert Req	
Q0501	SHWR COV ELEC/COMBO VAD,	No Precert Req	
Q0502	MOBILITY CART PNEUM VAD,	No Precert Req	
Q0503	BATTERY PNEUM VAD REPLAC	No Precert Req	
Q0504	PWR ADPT PNEUM VAD,REP V	No Precert Req	

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Q0506	LITH-ION BATT ELEC/PNEUM	No Precert Req	
Q0510	DISPENS FEE IMMUNOSUPRES	No Precert Req	
Q0511	SUP FEE ANTIEM,ANTICA,IM	No Precert Req	
Q0512	PX SUP FEE ANTI-CAN SUB	No Precert Req	
Q0513	DISP FEE INHAL DRUGS/30	No Precert Req	
Q0514	DISP FEE INHAL DRUGS/90	No Precert Req	
Q0515	SERMORELIN ACETATE INJEC	No Precert Req	
Q2004	TX BLDR CALC, PER 500ML	No Precert Req	
Q2009	FOSPHENYTOIN, 50 MG	No Precert Req	
Q2017	TENIPOSIDE, 50 MG	No Precert Req	
Q2035	AFLURIA VACC, 3 YRS & >,	No Precert Req	
Q2036	FLULAVAL VACC, 3 YRS &,	No Precert Req	
Q2037	FLUVIRIN VACC, 3 YRS &,	No Precert Req	
Q2038	FLUZONE VACC, 3 YRS &,	No Precert Req	
Q2039	NOS FLU VACC, 3 YRS & >,	No Precert Req	
Q2052	Ivig demo, services/supplies	No Precert Req	
Q3014	TELEHEALTH FACILITY FEE	No Precert Req	
Q3015	SERVICE/ITEM NON-COVERED	No Precert Req	
Q3016	ITEM/SERVIC NOT NECESSARY	No Precert Req	
Q3031	COLLAGEN SKIN TEST	No Precert Req	
Q4001	ADULT BODY CAST-PLASTER	No Precert Req	
Q4002	ADULT BODY CAST-FIBERGL	No Precert Req	
Q4003	ADULT SHOULDR CAST-PLAST	No Precert Req	
Q4004	ADULT SHOULDR CAST-FIBGL	No Precert Req	
Q4005	ADULT LNG ARM CAST-PLAST	No Precert Req	
Q4006	ADULT LNG ARM CAST-FIBGL	No Precert Req	
Q4007	PED LONG ARM CAST-PLAST	No Precert Req	
Q4008	PED LONG ARM CAST-FIBGL	No Precert Req	
Q4009	ADUL SHORT ARM CAST-PLST	No Precert Req	
Q4010	ADUL SHRT ARM CAST-FIBGL	No Precert Req	
Q4011	PED SHRT ARM CAST-PLAST	No Precert Req	
Q4012	PED SHRT ARM CAST-FIBGL	No Precert Req	
Q4013	ADUL GAUNTLET CAST-PLAST	No Precert Req	
Q4014	ADUL GAUNTLET CAST-FIBG	No Precert Req	
Q4015	PED GAUNTLET CAST-PLAST	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
Q4016	PED GAUNTLET CAST-FIBGL	No Precert Req	
Q4017	ADUL LNG ARM SPLINT-PLST	No Precert Req	
Q4018	ADUL LNG ARM SPLINT-FIBG	No Precert Req	
Q4019	PED LNG ARM SPLINT-PLAST	No Precert Req	
Q4020	PED LNG ARM SPLINT-FIBGL	No Precert Req	
Q4021	ADUL SHRT ARM SPLNT-PLST	No Precert Req	
Q4022	ADUL SHRT ARM SPLNT-FIBG	No Precert Req	
Q4023	PED SHRT ARM SPLINT-PLST	No Precert Req	
Q4024	PED SHRT ARM SPLINT-FIBG	No Precert Req	
Q4025	ADULT HIP SPICA-PLASTER	No Precert Req	
Q4026	ADULT HIP SPICA-FIBERGLA	No Precert Req	
Q4027	PED HIP SPICA-PLASTER	No Precert Req	
Q4028	PED HIP SPICA-FIBERGLASS	No Precert Req	
Q4029	ADUL LONG LEG CAST -PLST	No Precert Req	
Q4030	ADUL LONG LEG CAST -FIBG	No Precert Req	
Q4031	PED LONG LEG CAST -PLAST	No Precert Req	
Q4032	PED LONG LEG CAST -FIBGL	No Precert Req	
Q4033	ADUL LONG LEG CYL -PLST	No Precert Req	
Q4034	ADUL LONG LEG CYL -FIBG	No Precert Req	
Q4035	PED LONG LEG CYL -PLST	No Precert Req	
Q4036	PED LONG LEG CYL -FIBG	No Precert Req	
Q4037	ADUL SHRT LEG CAST -PLST	No Precert Req	
Q4038	ADUL SHRT LEG CAST -FIBG	No Precert Req	
Q4039	PED SHORT LEG CAST -PLST	No Precert Req	
Q4040	PED SHORT LEG CAST -FIBG	No Precert Req	
Q4041	ADUL LNG LEG SPLNT -PLST	No Precert Req	
Q4042	ADUL LNG LEG SPLNT -FIBG	No Precert Req	
Q4043	PED LONG LEG SPLNT -PLST	No Precert Req	
Q4044	PED LONG LEG SPLNT -FIBG	No Precert Req	
Q4045	ADU SHRT LEG SPLNT -PLST	No Precert Req	
Q4046	ADU SHRT LEG SPLNT -FIBG	No Precert Req	
Q4047	PED SHRT LEG SPLNT -PLST	No Precert Req	
Q4048	PED SHRT LEG SPLNT -FIBG	No Precert Req	
Q4049	STATIC FINGER SPLINT	No Precert Req	
Q4050	UNLISTED CAST SUPPLY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
Q4051	MISCELLAN SPLINT SUPPLY	No Precert Req	
Q4101	APLIGRAF	No Precert Req	
Q4104	INTEGRA BMWD	No Precert Req	
Q4105	INTEGRA DRT	No Precert Req	
Q4108	INTEGRA MATRIX	No Precert Req	
Q4116	ALLODERM	No Precert Req	
Q5101	Inj filgrastim g-csf biosim	No Precert Req	
Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml	No Precert Req	
Q9951	LOCM >=400MG/ML IODINE	No Precert Req	
Q9953	INJ FE-BASED MR CONT 1ML	No Precert Req	
Q9954	ORAL MR CONTRAST, 100 ML	No Precert Req	
Q9955	INJ PERFLEXANE LIP 1ML	No Precert Req	
Q9956	INJ OCTAFLUOROPRO MIC ML	No Precert Req	
Q9957	INJ PERFLUTRN LIP MIC ML	No Precert Req	
Q9958	HOCM <= 149MG/ML IODINE,	No Precert Req	
Q9959	HOCM 150-199MG/ML IODINE	No Precert Req	
Q9960	HOCM 200-249MG/ML IODINE	No Precert Req	
Q9961	HOCM 250-299MG/ML IODINE	No Precert Req	
Q9962	HOCM 300-349MG/ML IODINE	No Precert Req	
Q9963	HOCM 350-399MG/ML IODINE	No Precert Req	
Q9964	HOCM >= 400MG/ML IODINE,	No Precert Req	
Q9965	LOCM 100-199MG/ML IODINE	No Precert Req	
Q9966	LOCM 200-299MG/ML IODINE	No Precert Req	
Q9967	LOCM 300-399MG/ML IODINE	No Precert Req	
Q9968	VISUALIZATION ADJUNCT	No Precert Req	
Q9981	Rolapitant, oral, 1 mg	No Precert Req	Code deleted 12/31/2016
Q9984	Kyleena	No Precert Req	
Q9985	Inj, hydroxyprogesterone, NOS	No Precert Req	
Q9987	Pathogen test for platelets	No Precert Req	
Q9988	Platelets, pathogen reduced	No Precert Req	
R0070	TRANSPORT PORTABLE XRAY	No Precert Req	
R0075	TRANSPORT PORT XRAY MULT	No Precert Req	
R0076	TRANSPORT PORTABLE EKG	No Precert Req	
S0012	BUTORPHANOL NASAL SPRAY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
S0014	TACRINE HYDROCHLORIDE	No Precert Req	
S0017	INJECTION, AMINOCAPROIC	No Precert Req	
S0020	INJECTION, BUPIVICAINE	No Precert Req	
S0021	INJECTION, CEFTOPERAZONE	No Precert Req	
S0023	INJECTION, CIMETIDINE	No Precert Req	
S0028	INJECTION, FAMOTIDINE	No Precert Req	
S0030	INJECTION, METRONIDAZOLE	No Precert Req	
S0032	INJECTION, NAFCILLIN SOD	No Precert Req	
S0034	INJECTION, OFLOXACIN	No Precert Req	
S0039	INJECTION, SULFAMETHOXAZ	No Precert Req	
S0040	INJECTION, TICARCILLIN	No Precert Req	
S0073	INJECTION, AZTREONAM	No Precert Req	
S0074	INJECTION, CEFOTETAN DIS	No Precert Req	
S0077	INJECTION, CLINDAMYCIN	No Precert Req	
S0078	INJECTION, FOSPHENYTOIN	No Precert Req	
S0080	INJECTION, PENTAMIDINE	No Precert Req	
S0081	INJECTION, PIPERACILLIN	No Precert Req	
S0088	IMATINIB 100 MG	No Precert Req	
S0091	GRANISETRON HYDROCHLORID	No Precert Req	
S0092	HYDROMORPHONE 250 MG	No Precert Req	
S0093	MORPHINE 500 MG	No Precert Req	
S0104	ZIDOVUDINE ORAL 100MG	No Precert Req	
S0106	BUPROPION HCL SR 60 TABS	No Precert Req	
S0108	MERCAPTOPURINE 50 MG	No Precert Req	
S0109	METHADONE ORAL 5 MG	No Precert Req	
S0117	TOPICAL TRETINON 5 GRAMS	No Precert Req	
S0119	ONDANSETRON 4 MG	No Precert Req	
S0136	CLOZAPINE 25 MG	No Precert Req	
S0137	DIDANOSINE 25 MG	No Precert Req	
S0138	FINASTERIDE 5 MG	No Precert Req	
S0139	MINOXIDIL, 10 MG	No Precert Req	
S0140	SAQUINAVIR 200 MG	No Precert Req	
S0141	ZALCITABINE 0.375 MG	No Precert Req	
S0142	COLISTIMETHATE INH SL MG	No Precert Req	
S0155	EPOPROSTENOL DILUTANT	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
S0156	EXEMESTANE, 25 MG	No Precert Req	
S0157	BECAPLERMIN GEL.01% 5GM	No Precert Req	
S0160	DEXTROAMPHETAMINE SULF	No Precert Req	
S0164	INJECTION PANTROPRAZOLE	No Precert Req	
S0166	OLANZAPINE 2.5MG INJ	No Precert Req	
S0169	CALCITROL	No Precert Req	
S0170	ANASTROZOLE 1 MG	No Precert Req	
S0171	BUMETANIDE 0.5 MG	No Precert Req	
S0172	CHLORAMBUCIL 2 MG	No Precert Req	
S0174	DOLASETRON 50 MG	No Precert Req	
S0175	FLUTAMIDE 125 MG	No Precert Req	
S0176	HYDROXYUREA 500 MG	No Precert Req	
S0177	LEVAMISOLE 50 MG	No Precert Req	
S0178	LOMUSTINE 10 MG	No Precert Req	
S0179	MEGESTROL 20 MG	No Precert Req	
S0182	PROCARBAZINE 5 MG	No Precert Req	
S0183	PROCHLORPERAZINE 5 MG	No Precert Req	
S0187	TAMOXIFEN 10 MG	No Precert Req	
S0189	TESTOSTERONE PELLETT 75 M	No Precert Req	
S0190	MIFEPRISTONE ORAL, 200MG	No Precert Req	
S0191	MISOPROSTOL ORAL, 200MCG	No Precert Req	
S0194	VITAMIN SUPPLMNT 100 CAP	No Precert Req	
S0195	PNEUM CONJUGATE VACCINE	No Precert Req	Code deleted 12/31/2015
S0197	PRENATAL VITAMINS 30 DAY	No Precert Req	
S0199	MED ABORT EXCEPT DRUGS	No Precert Req	
S0207	PARAMED INTRCPT, NONHOSP	No Precert Req	
S0208	PARAMD INTRCEP HSP NOVOL	No Precert Req	
S0209	WC VAN MILEAGE PER MI	No Precert Req	
S0215	NON-EMERG TRANSP PER MIL	No Precert Req	
S0220	MED. CONFERENCE BY MD	No Precert Req	
S0221	MED. CONFERENCE 60 MIN.	No Precert Req	
S0250	COMP GERIATR ASSMT TEAM	No Precert Req	
S0255	HOSPICE REFER VISIT NONM	No Precert Req	
S0257	END OF LIFE COUNSELING	No Precert Req	
S0260	H&P FOR SURGERY	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
S0265	GENETIC COUNSEL 15 MINS	No Precert Req	
S0270	HOME STD CASE RATE 30 DA	No Precert Req	
S0271	HOME HOSPICE CASE 30 DAY	No Precert Req	
S0272	HOME EPISODIC CASE 30 DA	No Precert Req	
S0273	MD HOME VISIT OUTSIDE CA	No Precert Req	
S0274	NURSE PRACTR VISIT OUTS	No Precert Req	
S0280	MEDICAL HOME, INITIAL PL	No Precert Req	
S0281	MEDICAL HOME, MAINTENANC	No Precert Req	
S0285	CNSLT BEFORE SCREEN COLONOSCOPY	No Precert Req	
S0302	COMPLETED EPSDT	No Precert Req	
S0310	HOSPITALIST VISIT	No Precert Req	
S0311	COMP MGMT CARE COORD ADV ILL	No Precert Req	
S0315	DIS MGMT PROG, INITIAL	No Precert Req	
S0316	DIS MGMT PROG, FOLLOWUP	No Precert Req	
S0317	DIS MGMT PROG PER DIEM	No Precert Req	
S0320	RN CALLS DIS MGMT PROG	No Precert Req	
S0340	LIFESTYLE MOD 1ST STAGE	No Precert Req	
S0341	LIFESTYLE MOD 2/3 STAGE	No Precert Req	
S0342	LIFESTYLE MOD 4TH STAGE	No Precert Req	
S0345	HOME ECG MONITRNG GLOBAL	No Precert Req	
S0346	HOME ECG MONITRNG TECH	No Precert Req	
S0347	HOME ECG MONITRNG PROF	No Precert Req	
S0390	ROUT FOOT CARE PER VISIT	No Precert Req	
S0395	IMPRESSION CASTING FT	No Precert Req	
S0400	GLOBAL ESWL KIDNEY	No Precert Req	
S0596	PHAKIC INTRAOCULAR LENS	No Precert Req	
S0596	PHAKIC INTRAOCULAR LENS	No Precert Req	
S0601	SCREENING PROCTOSCOPY	No Precert Req	
S0610	ANNUAL GYN EXAM, NEW PT	No Precert Req	
S0612	ANNUAL GYN EXAM, EST PT	No Precert Req	
S0613	ANN BREAST EXAM	No Precert Req	
S0618	AUDIOMETRY FOR HEARING A	No Precert Req	
S0620	ROUTINE OPHTH EXAM, NEW	No Precert Req	
S0621	ROUTINE OPHTH EXAM, EST	No Precert Req	
S0622	PHYS EXAM FOR COLLEGE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
S0630	REMOVAL SUTURES	No Precert Req	
S0812	PHOTOTHERAPY KERATECT	No Precert Req	
S1001	DELUX ITEM	No Precert Req	
S1002	CUSTOM ITEM	No Precert Req	
S1015	IV TUBING EXTENSION KIT	No Precert Req	
S1016	NON-PVC INTRAVENOUS ADMINISTRATION SET	No Precert Req	
S1030	GLUC MONITOR PURCHASE	No Precert Req	
S1031	GLUC MONITOR RENTAL	No Precert Req	
S1035	Art pancreas inv disp sensor	No Precert Req	
S1036	Art pancreas ext transmitter	No Precert Req	
S1037	Art pancreas ext receiver	No Precert Req	
S2015	NONEMERGENCY TRANSPORT MILEAGE	No Precert Req	
S2055	HARVESTING OF ORGANS	No Precert Req	
S2066	BREAST GAP FLAP RECONSTRUCTION	No Precert Req	
S2067	BREAST STACKED DIEP/GAP	No Precert Req	
S2070	CYSTOLASER TX URETEROLITHS	No Precert Req	
S2079	LAP ESOPHAGOMYOTOMY	No Precert Req	
S2083	GASTRIC BAND ADJUSTMENT	No Precert Req	
S2112	KNEE ARTHROSCOPY HARVESTING	No Precert Req	
S2115	PERIACETABULAR OSTECTOMY	No Precert Req	
S2120	LOW DENSITY LIPOPROTEIN	No Precert Req	
S2205	MINI CABG- 1 ARTERY	No Precert Req	
S2206	MINI CABG-2 ART GRAFTS	No Precert Req	
S2207	MINI CABG-1 VEIN GRAFT	No Precert Req	
S2208	MINI CABG-1 ARTERY/VEIN	No Precert Req	
S2209	MINI CABG-2 ARTERY/1VEIN	No Precert Req	
S2225	LASER ASSIST MYRINGOTOMY	No Precert Req	
S2230	IMPLANT MAG COMP OSSICLE	No Precert Req	
S2260	INDUCED ABORTION 17-24 W	No Precert Req	
S2265	ABORT-FETAL INDIC 25-28WK	No Precert Req	
S2266	ABORT-FETAL INDIC 29-31WK	No Precert Req	
S2267	ABORT-FETAL INDIC 32+ WKS	No Precert Req	
S2325	HIP CORE DECOMPRESSION	No Precert Req	
S2340	CHEMODENERVATION ABDUCTOR	No Precert Req	
S2341	CHEMODENERVATION ADDUCTOR	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
S2342	NASAL ENDOSCOPO DEBRID	No Precert Req	
S2350	DISKECTOMY, LUMBAR, SING	No Precert Req	
S2351	DISKECTOMY LUMBAR EA ADD	No Precert Req	
S2360	VERTEBROPLAST CERV 1ST	No Precert Req	Code deleted 12/31/2015
S2361	VERTEBROPLAST CERV ADDL	No Precert Req	Code deleted 12/31/2015
S2401	FETAL SURG URIN TRAC OBS	No Precert Req	
S2402	FETAL SURG CYSTIC MALFOR	No Precert Req	
S2403	FETAL SURG PULM SEQUEST	No Precert Req	
S2405	FETAL SURG SACR TERATOMA	No Precert Req	
S2409	FETAL SURG NOC	No Precert Req	
S2411	FETOSCOPI LASER THER TTTS	No Precert Req	
S2900	ROBOTIC SURGICAL SYSTEM	No Precert Req	
S3000	BILAT DILAT RETINAL EXAM	No Precert Req	
S3005	EVAL SELF-ASSESS DEPRESS	No Precert Req	
S3600	STAT LAB	No Precert Req	
S3601	EMERGENCY STAT LAB	No Precert Req	
S3620	NEWBORN METBLC SCREENING	No Precert Req	
S3630	EOSINOPHIL BLOOD COUNT	No Precert Req	
S3645	HIV-1 ANTIBODY TESTING	No Precert Req	
S3650	SALIVA TEST, HORMONE LEV	No Precert Req	
S3652	SALIVA TEST, PRETERM LAB	No Precert Req	Experimental/Investigational/Unproven
S3655	ANTISPERM ANTIBODY TEST	No Precert Req	EXCLUDED
S3708	GI FAT ABSORPTION	No Precert Req	
S3722	DOSE OPTIMIZATION AUC - 1	No Precert Req	
S3844	DNA ANALYSIS DEAFNESS	No Precert Req	
S3845	GENE TEST ALPHA-THALASS	No Precert Req	
S3846	GENE TEST BETA-THALASS	No Precert Req	
S3849	GENE TEST NEIMANN-PICK	No Precert Req	
S3850	GENE TEST SICKLE CELL	No Precert Req	
S3853	GENE TEST MYOMUSCLR DYST	No Precert Req	
S3900	SURFACE EMG	No Precert Req	Experimental/Investigational/Unproven
S3902	BALLISTOCARDIOGRAM	No Precert Req	
S3904	MASTERS TWO STEP	No Precert Req	
S4005	INTERIM LABOR FACILITY	No Precert Req	
S4011	IN VITRO FERTIL PACKAGE	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
S4013	COMP GIFT CASE RATE	No Precert Req	
S4014	COMPL ZIFT CASE RATE	No Precert Req	
S4015	COMPLETE IVF CASE RATE	No Precert Req	
S4016	FROZEN IVF CASE RATE	No Precert Req	
S4017	IVF CANC A STIM CSE RATE	No Precert Req	
S4018	F EMB TRNS CANC CASE RTE	No Precert Req	
S4020	IVF CANC A ASPIR CASE RT	No Precert Req	
S4021	IVF CANC P ASPIR CASE RT	No Precert Req	
S4022	AST OOCYTE FERT CASE RTE	No Precert Req	
S4023	INCOMPL DONOR EGG RATE	No Precert Req	EXCLUDED
S4025	DONOR SERV IVF CASE RATE	No Precert Req	EXCLUDED
S4026	PROCURE DONOR SPERM	No Precert Req	EXCLUDED
S4027	STORE PREV FROZ EMBRYOS	No Precert Req	
S4028	MICROSURG EPI SPERM ASP	No Precert Req	
S4030	SPERM PROCURE INIT VISIT	No Precert Req	EXCLUDED
S4031	SPERM PROCURE SUBS VISIT	No Precert Req	EXCLUDED
S4035	STIMULATED IUI CASE RATE	No Precert Req	
S4037	CRYO EMBRYO TRANSFR RATE	No Precert Req	
S4040	MONIT STORE CRYO EMBRYO	No Precert Req	
S4042	OVULATION MGMT PER CYCLE	No Precert Req	
S4981	INSERT LEVONORGESTREL IU	No Precert Req	
S4989	CONTRACEPT IUD	No Precert Req	
S4990	NICOTINE PATCH LEGEND	No Precert Req	
S4991	NICOTINE PATCH NONLEGEND	No Precert Req	
S4993	CONTRACEPTIVE PILLS	No Precert Req	
S4995	SMOKING CESSATION GUM	No Precert Req	
S5000	PRESCRIPT. DRUG GENERIC	No Precert Req	
S5001	PRESCRIPT. DRUG BRANDNAME	No Precert Req	
S5010	5% DEXTROSE/0.45% SALINE	No Precert Req	
S5011	5% DEXTROSE LACT RING	No Precert Req	Code deleted 12/31/2015
S5012	5% DEXTR WITH POTASSIUM	No Precert Req	
S5013	5% DEX/.45%SALINE 1000ML	No Precert Req	
S5014	D5W/.45% NS W KCL& MGSO4	No Precert Req	
S5035	HIT ROUTINE DEVICE MAINT	No Precert Req	
S5036	HIT DEVICE REPAIR	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
S5100	ADULT DAY CARE-PER 15'	No Precert Req	
S5101	ADULT DAY CARE-HALF DAY	No Precert Req	
S5102	ADULT DAY CARE-PER DIEM	No Precert Req	
S5105	CENTER-BASED DAY CARE	No Precert Req	
S5108	HOMECARE TRAINING-15'	No Precert Req	
S5109	HOMECARE TRAIN-SESSION	No Precert Req	
S5110	FAM HOME CARE TRAIN-15'	No Precert Req	
S5111	FAM HOME CARE TRAIN-SESS	No Precert Req	
S5115	OTH HOME CARE TRAIN-15'	No Precert Req	
S5116	OTH HOME CARE TRAIN-SESS	No Precert Req	
S5120	CHORE SERVICES-PER 15'	No Precert Req	
S5121	CHORE SERVICES-PER DIEM	No Precert Req	
S5125	ATTENDANT CARE-PER 15'	No Precert Req	
S5126	ATTENDANT CARE-PER DIEM	No Precert Req	
S5130	HOMEMAKER SERV NOS-15'	No Precert Req	
S5131	HOMEMAKER SERV NOS-DIEM	No Precert Req	
S5135	ADULT COMPANION-PER 15'	No Precert Req	
S5136	ADULT COMPANION-PER DIEM	No Precert Req	
S5140	ADULT FOSTER-PER DIEM	No Precert Req	
S5141	ADULT FOSTER-PER MONTH	No Precert Req	
S5145	CHILD FOSTER-PER DIEM	No Precert Req	
S5146	CHILD FOSTER-PER MONTH	No Precert Req	
S5150	UNSKILLED RESPITE-PER 15	No Precert Req	
S5151	UNSKILL RESPITE-PER DIEM	No Precert Req	
S5160	EMERG RESPONSE SYST	No Precert Req	
S5161	EMERG RESP SERV FEE	No Precert Req	
S5162	EMERG RESP PURCH ONLY	No Precert Req	
S5165	HOME MODIFICATIONS	No Precert Req	
S5170	HOME MEAL DELIVERY	No Precert Req	
S5175	PROF EXT LAUNDRY SERVICE	No Precert Req	
S5180	HOME RESP THERAPY-INIT	No Precert Req	
S5181	HOME RESP TX NOS-DIEM	No Precert Req	
S5185	NON-FACE MED REMINDER	No Precert Req	
S5190	NON-PHYS WELLNESS ASSESS	No Precert Req	
S5199	PERSONAL CARE ITEM NOS	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
S5497	HIT CATH CARE NOC	No Precert Req	
S5498	HIT SIMPLE CATH CARE	No Precert Req	
S5501	HIT COMPLEX CATH CARE	No Precert Req	
S5502	HIT INTERIM CATH CARE	No Precert Req	
S5517	HIT DECLEOTNG KIT	No Precert Req	
S5518	HIT CATH REPAIR KIT	No Precert Req	
S5520	HIT PICC INSERT KIT	No Precert Req	
S5521	HIT MIDLNE CATH INSR KIT	No Precert Req	
S5522	HIT PICC INSERT NO SUPP	No Precert Req	
S5523	HIP MIDLN CATH INST KIT	No Precert Req	
S5550	RAPID ONSET INSULIN 5 UN	No Precert Req	
S5551	MOST RAPID ONSET INSULIN	No Precert Req	
S5552	INTERMED ACTING INSULIN	No Precert Req	
S5553	LONG ACTING INSULIN 5 UN	No Precert Req	
S5560	INSULIN REUSE PEN 1.5 ML	No Precert Req	
S5561	INSULIN REUSE PEN 3 ML	No Precert Req	
S5565	INSULIN CARTRIDGE 150 UN	No Precert Req	
S5566	INSULIN CARTRIDGE 300 UN	No Precert Req	
S5570	INSULN DISPOS PEN 1.5 ML	No Precert Req	
S5571	INSULN DISPOS PEN 3 ML	No Precert Req	
S8055	US GUIDANCE FETAL REDUCT	No Precert Req	
S8096	PORTABLE PEAK FLOW METER	No Precert Req	
S8097	ASTHMA KIT	No Precert Req	
S8100	SPACER WITHOUT MASK	No Precert Req	
S8101	SPACER WITH MASK	No Precert Req	
S8110	PEAK EXPIR FLOW RATE	No Precert Req	
S8120	O2 CONTENTS GAS CUBIC FT	No Precert Req	
S8121	O2 CONTENTS LIQUID-POUND	No Precert Req	
S8130	INTERFERENTIAL STIM 2 CH	No Precert Req	Experimental/Investigational/Unproven
S8131	INTERFERENTIAL STIM 4 CH	No Precert Req	Experimental/Investigational/Unproven
S8185	FLUTTER DEVICE	No Precert Req	
S8186	SWIVEL ADAPTOR	No Precert Req	
S8189	TRACH SUPPLY NOC	No Precert Req	
S8210	MUCUS TRAP	No Precert Req	
S8265	HABERMAN FEEDER	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
S8270	ENURESIS ALARM	No Precert Req	
S8301	INFECTION CONTROL SUPPL	No Precert Req	
S8402	DIAPERS, EACH	No Precert Req	
S8415	SUPPLIES FOR HOME DELIVE	No Precert Req	
S8420	CUST GRADIENT SLEEV/GLOV	No Precert Req	
S8421	READY GRADIENT SLEEV/GLO	No Precert Req	
S8422	CUSTOM GRAD SLEEVE MED	No Precert Req	
S8423	CUSTOM GRAD SLEEVE HEAVY	No Precert Req	
S8424	READY GRADIENT SLEEVE	No Precert Req	
S8425	CUSTOM GRAD GLOVE MED	No Precert Req	
S8426	CUSTOM GRAD GLOVE HEAVY	No Precert Req	
S8427	READY GRADIENT GLOVE	No Precert Req	
S8428	READY GRADIENT GAUNTLET	No Precert Req	
S8429	GRADIENT PRESSURE WRAP	No Precert Req	
S8430	PADDING FOR COMPRSSN BDG	No Precert Req	
S8431	COMPRESSION BANDAGE	No Precert Req	
S8450	SPLINT DIGIT	No Precert Req	
S8451	SPLINT WRIST OR ANKLE	No Precert Req	
S8452	SPLINT ELBOW	No Precert Req	
S8460	POSTMASTECTOMY CAMISOLE	No Precert Req	
S8490	100 INSULIN SYRINGES	No Precert Req	
S8930	AURICULAR ELECTROSTIMULA	No Precert Req	Experimental/Investigational/Unproven
S8940	HIPPOTHERAPY PER SESSION	No Precert Req	
S8948	LOW-LEVEL LASER TX 15'	No Precert Req	Experimental/Investigational/Unproven
S8950	COMPLEX LYMPHEDEMA THERA	No Precert Req	
S8990	PT OR MANIP FOR MAINT	No Precert Req	
S8999	RESUSCITATION BAG	No Precert Req	
S9001	HOME UTERINE MONITOR	No Precert Req	
S9007	ULTRAFILTRATION MONITOR	No Precert Req	
S9015	AUTOMATED EEG MONITORING	No Precert Req	Code deleted 12/31/2015
S9024	PARANASAL SINUS ULTRASOU	No Precert Req	
S9025	OMNICARDIOGRAM	No Precert Req	
S9034	ESWL FOR GALLSTONES	No Precert Req	
S9056	COMA STIMULATION	No Precert Req	
S9061	MEDICAL SUPPLY AND EQUIP	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
S9083	URGENT CARE CENTER GLOBA	No Precert Req	
S9088	SERV URGENT CARE CENTER	No Precert Req	
S9090	VERT AXIAL DECOMPRESSION	No Precert Req	Experimental/Investigational/Unproven
S9097	HOME VISIT WOUND CARE	No Precert Req	
S9098	HOME PHOTOTHERAPY VISIT	No Precert Req	
S9117	BACK SCHOOL VISIT	No Precert Req	
S9129	OCCUP THERAPY IN THE HOM	No Precert Req	
S9131	PT IN THE HOME PER DIEM	No Precert Req	
S9140	DIABETIC MGMT PROG NONMD	No Precert Req	
S9141	DIABETIC MGMT PROG MD	No Precert Req	
S9145	INSULIN PUMP INITIATION	No Precert Req	
S9150	EVALUATION BY OCULARIST	No Precert Req	
S9152	SPEECH THERAPY RE-EVAL	No Precert Req	
S9208	HOME MGMT PRETERM LABOR	No Precert Req	
S9209	HOME MGMT PPRM	No Precert Req	
S9211	HOME MGMT GEST HYPERTENS	No Precert Req	
S9212	HM POSTPAR HYPER PER DIE	No Precert Req	
S9213	HM PREECLAMP PER DIEM	No Precert Req	
S9214	HM GEST DM PER DIEM	No Precert Req	
S9335	HT HEMODIALYSIS PER DIEM	No Precert Req	
S9373	HIT HYDRA TOTAL DIEM	No Precert Req	
S9374	HIT HYDRA 1 LITER DIEM	No Precert Req	
S9375	HIT HYDRA 2 LITER DIEM	No Precert Req	
S9376	HIT HYDRA 3 LITER DIEM	No Precert Req	
S9377	HIT HYDRA OVER 3L DIEM	No Precert Req	
S9381	HIT HIGH RISK/ESCORT	No Precert Req	
S9401	ANTICOAG CLINIC PER SESS	No Precert Req	
S9430	PHARM COMPND/DISPEN SERV	No Precert Req	
S9433	MEDICAL FOOD ORAL 100% N	No Precert Req	
S9434	MOD SOLID FOOD SUPPLMNT	No Precert Req	
S9435	MEDICAL FOOD INBORN ERR	No Precert Req	
S9435	MEDICAL FOOD INBORN ERR	No Precert Req	
S9436	LAMAZE CLASS	No Precert Req	
S9437	CHILDBIRTH REFRESH CLASS	No Precert Req	
S9438	CESAREAN BIRTH CLASS	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
S9439	VBAC CLASS	No Precert Req	
S9441	ASTHMA EDUCATION	No Precert Req	
S9442	BIRTHING CLASS	No Precert Req	
S9443	LACTATION CLASS	No Precert Req	
S9444	PARENTING CLASS	No Precert Req	
S9445	PT EDUCATION NOC INDIVID	No Precert Req	
S9446	PT EDUCATION NOC GROUP	No Precert Req	
S9447	INFANT SAFETY CLASS	No Precert Req	
S9449	WEIGHT MANAGEMENT CLASS	No Precert Req	
S9451	EXERCISE CLASS	No Precert Req	
S9452	NUTRITION CLASS	No Precert Req	
S9453	SMOKING CESSATION CLASS	No Precert Req	
S9454	STRESS MANAGEMENT CLASS	No Precert Req	
S9455	DIABETIC MGMT PRO GROUP	No Precert Req	
S9460	DIABETIC MGMT PRO NURSE	No Precert Req	
S9465	DIABETIC MGMT DIETITIAN	No Precert Req	
S9470	NUTRITIONAL COUNSELING	No Precert Req	
S9472	CARDIAC REHAB PROGRAM	No Precert Req	
S9473	PULMONARY REHAB PROGRAM	No Precert Req	
S9474	ENTEROSTOMAL THERAPY	No Precert Req	
S9476	VESTIBUL REHAB PER DIEM	No Precert Req	
S9482	FAMILY STABILIZATION 15	No Precert Req	
S9490	HIT CORTICOSTERIOD DIEM	No Precert Req	
S9494	HIT ANTIBIOTIC TOTL DIEM	No Precert Req	
S9497	HIT ANTIBIOTIC Q3H DIEM	No Precert Req	
S9500	HIT ANTIBIOTIC Q24H DIEM	No Precert Req	
S9501	HIT ANTIBIOTIC Q12H DIEM	No Precert Req	
S9502	HIT ANTIBIOTIC Q8H DIEM	No Precert Req	
S9503	HIT ANTIBIOTIC Q6H DIEM	No Precert Req	
S9504	HIT ANTIBIOTIC Q4H DIEM	No Precert Req	
S9529	VENIPUNCTURE HOME/SNF	No Precert Req	
S9537	HT HEM HORM INJ DIEM	No Precert Req	
S9538	HIT BLOOD PRODUCTS DIEM	No Precert Req	
S9542	HT INJ NOC PER DIEM	No Precert Req	
S9558	HT INJ GROWTH HORM DIEM	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
S9559	HIT INJ INTERFERON DIEM	No Precert Req	
S9560	HT INJ HORMONE DIEM	No Precert Req	
S9562	PALIVIZUMAB HOME INJ	No Precert Req	
S9590	IN HOME IRRIGATION THER	No Precert Req	
S9810	HT PHARM PER HOUR	No Precert Req	
S9900	CHRIST SCIEN PRACT VISIT	No Precert Req	
S9901	Christian sci nurse visit	No Precert Req	
S9970	HEALTH CLUB MEMBERSHIP	No Precert Req	
S9976	LODGING NOS PER DIEM	No Precert Req	
S9977	MEALS NOS PER DIEM	No Precert Req	
S9981	MED RECORD COPY ADMIN	No Precert Req	
S9982	MED RECORD COPY PER PAGE	No Precert Req	
S9986	NOT MED NEC SERVICE	No Precert Req	
S9988	SERV PART OF PHASE I TRI	No Precert Req	
S9989	SERVICES OUTSIDE US	No Precert Req	
S9990	SERV OF A PHASE II TRIAL	No Precert Req	
S9991	SER OF A PHASE III TRIAL	No Precert Req	
S9992	TRANSPORTATION COSTS	No Precert Req	
S9994	LODGING COSTS	No Precert Req	
S9996	MEALS FOR CLINICAL TRIAL	No Precert Req	
S9999	SALES TAX	No Precert Req	
T1001	NURSING ASSESSMENT/EVAL	No Precert Req	
T1002	RN SERVICES UP TO 15 MIN	No Precert Req	
T1003	LPN/LVN SERVICE TO 15M	No Precert Req	
T1004	NSG AIDE SERVICE TO 15M	No Precert Req	
T1005	RESPIRE CARE SERVICE 15M	No Precert Req	
T1006	FAMILY/COUPLE COUNSELING	No Precert Req	
T1007	TREATMENT PLAN DEVELPMNT	No Precert Req	
T1009	CHILD SITTING SERVICES	No Precert Req	
T1010	MEALS WHEN RECEIVE SRVC	No Precert Req	
T1012	ALCOHOL/SUBS ABUSE SKILL	No Precert Req	
T1013	SIGN LANG/ORAL INTERPR	No Precert Req	
T1014	TELEHEALTH TRANSM,P MINI	No Precert Req	
T1015	CLINIC SERVICE	No Precert Req	
T1016	CASE MANAGEMENT 15 MINS	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
T1017	TARGETED CASE MGMT 15MIN	No Precert Req	
T1018	SCHOOL-BASED IEP SRVCS	No Precert Req	
T1019	PERSONAL CARE SVC 15 MIN	No Precert Req	
T1020	PERSONL CARE SVC PERDIEM	No Precert Req	
T1021	HH AIDE OR CNA PER VISIT	No Precert Req	
T1022	CONTRACT HH SRVC PER DAY	No Precert Req	
T1023	PROGRAM INTAKE ASSESSMNT	No Precert Req	
T1024	TEAM EVALUATION & MGMT	No Precert Req	
T1025	PEDI COMPR CARE PKG/DAY	No Precert Req	
T1026	PEDI COMPR CARE PKG/HOUR	No Precert Req	
T1027	FAMLY TRAINING&COUNSELIN	No Precert Req	
T1028	HOME ENVIRONMT ASSESMENT	No Precert Req	
T1029	DWELLING LEAD INVEST	No Precert Req	
T1040	COMM BH CLINIC SVC PER DIEM	No Precert Req	
T1041	COMM BH CLINIC SVC PER MONTH	No Precert Req	
T1502	MEDICATION ADMIN VISIT	No Precert Req	
T1503	MED ADMIN OTHER THAN ORA	No Precert Req	
T1505	ELEC MED COMP DEV, NOC	No Precert Req	
T1999	MISC RETAIL SUPPLIES NOC	No Precert Req	
T2001	N-ET; PATIENT ATTEND/ESC	No Precert Req	
T2002	N-ET; PER DIEM	No Precert Req	
T2003	N-ET; ENCOUNTER/TRIP	No Precert Req	
T2004	N-ET; COMMERCL CARRIER	No Precert Req	
T2005	NON-EMERG STRETCHER VAN	No Precert Req	
T2007	NONEMER TRNSPRT WAITTIME	No Precert Req	
T2010	PASRR LEVEL I	No Precert Req	
T2011	PASRR LEVEL II	No Precert Req	
T2012	EDUC HABILIT WAIVER-DIEM	No Precert Req	
T2013	EDUC HABILIT WAIVER-HOUR	No Precert Req	
T2014	PREVOC HABIL WAIVER-DIEM	No Precert Req	
T2015	PREVOC HABIL WAIVER-HOUR	No Precert Req	
T2016	RESID HABIL WAIVER-DIEM	No Precert Req	
T2017	RESID HABIL WAIVER-15'	No Precert Req	
T2018	SUP EMPL HABIL WAIV-DIEM	No Precert Req	
T2019	SUP EMPL HABIL WAIV-15'	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
T2020	DAY HABILIT WAIVER-DIEM	No Precert Req	
T2021	DAY HABILITAT WAIVER-15'	No Precert Req	
T2022	CASE MANAGEMENT PER MO	No Precert Req	
T2023	TARGET CASE MANAGEMENT	No Precert Req	
T2024	SERV ASMNT/CARE PLN WAIV	No Precert Req	
T2025	WAIVER SERVICES NOS	No Precert Req	
T2026	SPEC CHILDCARE WAIV-DIEM	No Precert Req	
T2027	SPEC CHILDCARE WAIVR-15'	No Precert Req	
T2028	SPECL SUPPLY NOS WAIVER	No Precert Req	
T2029	SPEC MED EQUIP NOS WAIVR	No Precert Req	
T2030	ASSISTD LIVING WAIVER-MO	No Precert Req	
T2031	ASSIST LIVING WAIVR-DIEM	No Precert Req	
T2032	RES CARE NOS WAIVER-MO	No Precert Req	
T2033	RES CARE NOS WAIVER-DIEM	No Precert Req	
T2034	CRISIS INTERV WAIVR-DIEM	No Precert Req	
T2035	UTILITY SERVICES WAIVER	No Precert Req	
T2036	CAMP OVERNITE WAIVER-EA	No Precert Req	
T2037	CAMP DAY WAIVER-EA SESSN	No Precert Req	
T2038	COMM TRANSITION WAIVER	No Precert Req	
T2039	VEHICLE MODIFICAT WAIVER	No Precert Req	
T2040	FINANCIAL MANAGMT WAIVER	No Precert Req	
T2041	SUPPORT BROKERAGE WAIVER	No Precert Req	
T2042	HOSPICE ROUTIN HOME CARE	No Precert Req	
T2043	HOSPICE CONTIN HOME CARE	No Precert Req	
T2044	HOSPICE INPT RESPIT CARE	No Precert Req	
T2045	HOSPICE GENRL INPT CARE	No Precert Req	
T2046	HOSPICE LONG TERM R&B	No Precert Req	
T2048	BEHAV HLTH LTC RES R&B	No Precert Req	
T2049	N-ET; STRETCHER VAN, MIL	No Precert Req	
T2101	BRST MILK PROC/STORE/DIS	No Precert Req	
T4521	ADLT SZ BRIEF/DIAPER SM	No Precert Req	
T4522	ADLT SZ BRIEF/DIAPER MED	No Precert Req	
T4523	ADLT SZ BRIEF/DIAPER LG	No Precert Req	
T4524	ADLT SZ BRIEF/DIAPER XL	No Precert Req	
T4525	ADULT SIZE PULL-ON SM	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
T4526	ADULT SIZE PULL-ON MED	No Precert Req	
T4527	ADULT SIZE PULL-ON LG	No Precert Req	
T4528	ADULT SIZE PULL-ON XL	No Precert Req	
T4529	PED SIZE BRIEF/DIAP SM/M	No Precert Req	
T4530	PED SIZE BRIEF/DIAP LG	No Precert Req	
T4531	PED SIZE PULL-ON SM/MED	No Precert Req	
T4532	PED SIZE PULL-ON LG	No Precert Req	
T4533	YOUTH SIZE BRIEF/DIAPER	No Precert Req	
T4534	YOUTH SIZE PULL-ON	No Precert Req	
T4535	DISP LINER/SHIELD/PAD	No Precert Req	
T4536	REUSABLE PULL-ON ANY SIZ	No Precert Req	
T4537	REUSABLE UNDERPAD BED SI	No Precert Req	
T4538	DIAPER SERV REUSABLE DIA	No Precert Req	
T4539	REUSE DIAPER/BRIEF ANY S	No Precert Req	
T4540	REUSABL UNDERPAD CHR PAD	No Precert Req	
T4541	LARGE DISPOSABLE UNDERPA	No Precert Req	
T4542	SMALL DISPOSABLE UNDERPA	No Precert Req	
T4543	DISP BARIATRIC BRIEF/DIA	No Precert Req	
T4544	ADLT DISP UND/PULL ON ABV XL	No Precert Req	
T5001	SPECIAL POSITIONING SEAT	No Precert Req	
T5999	SUPPLY NOS	No Precert Req	
W0237	INJ PARICALCITOL, 1 MCG	No Precert Req	
W0501	ER PSYCH EVALUATION	No Precert Req	
W9220	OBSERVATION BED	No Precert Req	
W9281	EMERGENCY ROOM ASSESSMNT	No Precert Req	
X5503	RECOVERY RM, UP TO 6 HRS	No Precert Req	
X5504	RECOVERY RM, 6 - 12 HRS	No Precert Req	
X5505	RECOVERY RM, 12-24 HRS	No Precert Req	
X5506	OBS ROOM, UP TO 6 HRS	No Precert Req	
X5507	OBS ROOM, 6-12 HRS	No Precert Req	
X5508	OBS ROOM, 12-24 HRS	No Precert Req	
X8013	VIRAL LOAD TEST	No Precert Req	
X9636	COMPREHENSIVE OT EVALUAT	No Precert Req	
X9638	COMPR PEDIATRIC OT EVAL	No Precert Req	
X9641	IND SPEECH/LANGUAGE THER	No Precert Req	

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Code	Description	PHS+ Review Type	Comments
X9642	GRP SPEECH/LANGUAGE THER	No Precert Req	
X9653	COMP PERIATRIC S/L EVAL	No Precert Req	
X9671	GRP OT, UP TO 30 MIN	No Precert Req	
X9672	GROUP OT, 31-45 MIN	No Precert Req	
X9673	GROUP OT, 46-60 MIN	No Precert Req	
X9677	OT ADAPTIVE DEVICE	No Precert Req	
X9684	COMPREHENSIVE PT EVAL	No Precert Req	
X9686	COMP PEDI PT EVAL	No Precert Req	
X9689	GROUP PT, UP TO 30 MIN	No Precert Req	
X9690	GROUP PT, 31-45 MIN	No Precert Req	
X9691	GROUP PT, 46-60 MIN	No Precert Req	
X9900	UNLIST EMERG ORAL SURG	No Precert Req	

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Code	Description	Review Type	Comments
0042T	CT PERFUSION W/CONTRAST,	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
0159T	COMPUTER BREAST MRI ADD-	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
0331T	MYOCARDIAL SYMPATHETIC	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
	INNERVATION IMAGING		
0332T	MYOCARDIAL SYMPATHETIC	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
	INNERVATION IMAGING W/SPECT		
70336	MAGNETIC IMAGE, JAW JOIN	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70450	CT HEAD/BRAIN W/O DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70460	CT HEAD/BRAIN W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70470	CT HEAD/BRAIN W/O & W/DY	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70480	CT ORBIT/EAR/FOSSA W/O D	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70481	CT ORBIT/EAR/FOSSA W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70482	CT ORBIT/EAR/FOSSA W/O&W	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70486	CT MAXILLOFACIAL W/O DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70487	CT MAXILLOFACIAL W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70488	CT MAXILLOFACIAL W/O & W	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70490	CT SOFT TISSUE NECK W/O	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70491	CT SOFT TISSUE NECK W/DY	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70492	CT SFT TSUE NCK W/O & W/	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70496	CT ANGIOGRAPHY, HEAD	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70498	CT ANGIOGRAPHY, NECK	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70540	MRI ORBIT/FACE/NECK W/O	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70542	MRI ORBIT/FACE/NECK W/DY	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70543	MRI ORBT/FAC/NCK W/O & W	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70544	MR ANGIOGRAPHY HEAD W/O	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70545	MR ANGIOGRAPHY HEAD W/DY	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70546	MR ANGIOGRAPH HEAD W/O&W	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70547	MR ANGIOGRAPHY NECK W/O	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70548	MR ANGIOGRAPHY NECK W/DY	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70549	MR ANGIOGRAPH NECK W/O&W	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70551	MRI BRAIN W/O DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70552	MRI BRAIN W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70553	MRI BRAIN W/O & W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70554	FMRI BRAIN BY TECH	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
70555	FMRI BRAIN BY PHYS/PSYCH	Evicore Review	Warm Transfer to Evicore 1-888-693-3211

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Code	Description	Review Type	Comments
71250	CT THORAX W/O DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
71260	CT THORAX W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
71270	CT THORAX W/O & W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
71275	CT ANGIOGRAPHY, CHEST	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
71550	MRI CHEST W/O DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
71551	MRI CHEST W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
71552	MRI CHEST W/O & W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
71555	MRI ANGIO CHEST W OR W/O	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72125	CT NECK SPINE W/O DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72126	CT NECK SPINE W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72127	CT NECK SPINE W/O & W/DY	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72128	CT CHEST SPINE W/O DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72129	CT CHEST SPINE W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72130	CT CHEST SPINE W/O & W/D	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72131	CT LUMBAR SPINE W/O DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72132	CT LUMBAR SPINE W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72133	CT LUMBAR SPINE W/O & W/	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72141	MRI NECK SPINE W/O DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72142	MRI NECK SPINE W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72146	MRI CHEST SPINE W/O DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72147	MRI CHEST SPINE W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72148	MRI LUMBAR SPINE W/O DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72149	MRI LUMBAR SPINE W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72156	MRI NECK SPINE W/O & W/D	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72157	MRI CHEST SPINE W/O & W/	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72158	MRI LUMBAR SPINE W/O & W	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72159	MR ANGIO SPINE W/O&W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72191	CT ANGIOGRAPH PELV W/O&W	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72192	CT PELVIS W/O DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72193	CT PELVIS W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72194	CT PELVIS W/O & W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72195	MRI PELVIS W/O DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72196	MRI PELVIS W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72197	MRI PELVIS W/O & W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
72198	MR ANGIO PELVIS W/O & W/	Evicore Review	Warm Transfer to Evicore 1-888-693-3211

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73200	CT UPPER EXTREMITY W/O D	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73201	CT UPPER EXTREMITY W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73202	CT UPPR EXTREMITY W/O&W/	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73206	CT ANGIO UPR EXTRM W/O&W	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73218	MRI UPPER EXTREMITY W/O	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73219	MRI UPPER EXTREMITY W/DY	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73220	MRI UPPR EXTREMITY W/O&W	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73221	MRI JOINT UPR EXTREM W/O	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73222	MRI JOINT UPR EXTREM W/D	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73223	MRI JOINT UPR EXTR W/O&W	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73225	MR ANGIO UPR EXTR W/O&W/	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73700	CT LOWER EXTREMITY W/O D	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73701	CT LOWER EXTREMITY W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73702	CT LWR EXTREMITY W/O&W/D	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73706	CT ANGIO LWR EXTR W/O&W/	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73718	MRI LOWER EXTREMITY W/O	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73719	MRI LOWER EXTREMITY W/DY	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73720	MRI LWR EXTREMITY W/O&W/	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73721	MRI JNT OF LWR EXTRE W/O	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73722	MRI JOINT OF LWR EXTR W/	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73723	MRI JOINT LWR EXTR W/O&W	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
73725	MR ANG LWR EXT W OR W/O	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
74150	CT ABDOMEN W/O DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
74160	CT ABDOMEN W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
74170	CT ABDOMEN W/O & W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
74174	CT ANGIO ABD&PELV W/O&W/	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
74175	CT ANGIO ABDOM W/O & W/D	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
74176	CT ABD & PELVIS W/O CONT	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
74177	CT ABDOMENT&PELVIS W/CON	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
74178	CT ABD & PELV 1+ SECTION	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
74181	MRI ABDOMEN W/O DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
74182	MRI ABDOMEN W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
74183	MRI ABDOMEN W/O & W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
74185	MRI ANGIO, ABDOM W ORW/O	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
74261	CT COLONOGRAPHY DX	Evicore Review	Warm Transfer to Evicore 1-888-693-3211

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Code	Description	Review Type	Comments
74262	CT COLONOGRAPHY, W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
74263	CT COLONOGRAPHY, SCREEN	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
74712	MRI FETAL SNGL/1ST GESTATION	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
74713	MRI FETAL EA ADDL GESTATION	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
75557	CARDIAC MRI FOR MORPH	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
75558	CARDIAC MRI FLOW/VELOCIT	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
75559	CARDIAC MRI W/STRESS IMG	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
75560	CARDIAC MRI FLOW/VEL/STR	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
75561	CARDIAC MRI FOR MORPH W/	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
75562	CARD MRI FLOW/VEL W/DYE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
75563	CARD MRI W/STRESS IMG &	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
75564	HT MRI W/FLO/VEL/STRS &	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
75565	CARD MRI VEL FLW MAP ADD	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
75571	CT HRT W/O DYE W/CA TEST	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
75572	CT HRT W/3D IMAGE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
75573	CT HRT W/3D IMAGE, CONGE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
75574	CT ANGIO HRT W/3D IMAGE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
75635	CT ANGIO ABDOMINAL ARTER	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
76377	3D RENDERING W/POSTPROCE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
76380	CAT SCAN FOLLOW-UP STUDY	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
76390	MR SPECTROSCOPY	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
76497	CT PROCEDURE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
76498	MRI PROCEDURE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
77058	MRI, ONE BREAST	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
77059	MRI, BOTH BREASTS	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
77078	CT BONE DENSITY, AXIAL	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
77079	CT BONE DENSITY, PERIPHE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
77084	MAGNETIC IMAGE, BONE MAR	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78451	HT MUSCLE IMAGE SPECT, S	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78452	HT MUSCLE IMAGE SPECT, M	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78453	HT MUSCLE IMAGE,PLANAR,	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78454	HT MUSC IMAGE, PLANAR, M	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78456	ACUTE VENOUS THROMBUS IM	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78459	HEART MUSCLE IMAGING (PE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78466	HEART INFARCT IMAGE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211

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Code	Description	Review Type	Comments
78468	HEART INFARCT IMAGE (EF)	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78469	HEART INFARCT IMAGE (3D)	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78472	GATED HEART, PLANAR, SIN	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78473	GATED HEART, MULTIPLE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78481	HEART FIRST PASS, SINGLE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78483	HEART FIRST PASS, MULTIP	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78491	HEART IMAGE (PET), SINGL	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78492	HEART IMAGE (PET), MULTI	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78494	HEART IMAGE, SPECT	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78496	HEART FIRST PASS ADD-ON	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78499	CARDIOVASCULAR NUCLEAR E	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78608	BRAIN IMAGING (PET)	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78609	BRAIN IMAGING (PET)	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78811	TUMOR IMAGING (PET), LIM	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78812	TUMOR IMAGE (PET)/SKUL-T	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78813	TUMOR IMAGE (PET) FULL B	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78814	TUMOR IMAGE PET/CT, LIMI	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78815	TUMORIMAGE PET/CT SKUL-T	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
78816	TUMOR IMAGE PET/CT FULL	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
93350	ECHO TRANSTHORACIC	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
93351	STRESS TTE COMPLETE]	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
93451	RIGHT HEART CATH	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
93452	LEFT HRT CATH W/VENTRCLG	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
93453	R&L HRT CATH W/VENTRICLG	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
93454	CORONARY ARTERY ANGIO S&	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
93455	CORONARY ART/GRFT ANGIO	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
93456	R HRT CORONARY ARTERY AN	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
93457	R HRT ART/GRFT ANGIO	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
93458	L HRT ARTERY/VENTRICLE A	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
93459	L HRT ART/GRFT ANGIO	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
93460	R&L HRT ART/VENTRICLE AN	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
93461	R&L HRT ART/VENTRICLE AN	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
93530	RT HEART CATH, CONGENITA	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
93531	R & L HEART CATH, CONGEN	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
93532	R & L HEART CATH, CONGEN	Evicore Review	Warm Transfer to Evicore 1-888-693-3211

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Code	Description	Review Type	Comments
93533	R & L HEART CATH, CONGEN	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8900	MRA W/ CONTRAST ABDOMEN	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8901	MRA W/O CONTRAST ABDOMEN	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8902	MRA W/O-W CONTRST ABD	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8903	MRI W/ CONTRAST BRST UNI	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8904	MRI W/O CONTRST BRST UNI	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8905	MRI W/O-W CONT BRST UNI	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8906	MRI W/ CONTRAST BRST BIL	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8907	MRI W/O CONTRST BRST BIL	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8908	MRI W/O-W CONT BRST BIL	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8909	MRI W/ CONTRAST CHEST	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8910	MRA W/O CONTRAST CHEST	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8911	MRA W/O-W CONTRAST CHEST	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8912	MRA W/ CONTRAST LWR EXTR	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8913	MRA W/O CONTRAST LWR EXT	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8914	MRA W/O-W CONTR LWR EXT	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8918	MRA W/CONT, PELVIS	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8919	MRA W/O CONT, PELVIS	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8920	MRA W/O FOL W/CONT, PELV	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8931	MRA W/DYE, SPINAL CANAL	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8932	MRA W/O DYE, SPINAL CANA	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8933	MRA W/O&W/DYE SPINAL CAN	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8934	MRA W/DYE, UPPER EXTREMI	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8935	MRA W/O DYE, UPPER EXTRE	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C8936	MRA W/O&W/DYE, UPPER EXT	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C9458	Florbetaben f18, diagnostic, per study dose, up to 8.1 millicuries	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
C9459	Flutemetamol f18, diagnostic, per study dose, up to 5 millicuries	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
G0219	PET IMG WHOL NON-COVERD	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
G0235	PET NOT OTHERWISE SPECIF	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
G0252	PET IMAG INIT DX BRST CA	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
G0297	Low dose ct scan (ldct) for lung cancer screening	Evicore Review	Warm Transfer to Evicore 1-888-693-3211

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Code	Description	Review Type	Comments
S8032	Low-dose Computed Tomography For Lung Cancer Screening	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
S8035	MAGNETIC SOURCE IMAGING	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
S8037	MRCP	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
S8040	TOPOGRAPHIC BRAIN MAPPIN	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
S8042	MRI LOW FIELD	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
S8085	FLUORINE-18 FLUORODEOX	Evicore Review	Warm Transfer to Evicore 1-888-693-3211
S8092	ELECTRON BEAM COM TOMOGR	Evicore Review	Warm Transfer to Evicore 1-888-693-3211

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Code	Description	Review Type	Comments
90838	PSYTX PT&FAM W/E&M 60 MIN	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
90839	PSYTX CRISIS INITIAL 60 MIN	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
90840	PSYTX CRISIS EA ADDL 30 MIN	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
90845	PSYCHOANALYSIS	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
90846	FAMILY PSYTX W/O PATIENT	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
90847	FAMILY PSYTX W/PATIENT	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
90849	MULTIPLE FAMILY GROUP PS	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
90853	GROUP PSYCHOTHERAPY	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
90863	PHARMACOLOGIC MGMT W/PSYTX	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
90865	NARCOSYNTHESIS	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
90870	ELECTROCONVULSIVE THERAP	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
90875	PSYCHOPHYSIOLOGICAL THER	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
90876	PSYCHOPHYSIOLOGICAL THER	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
90880	HYPNOTHERAPY	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
90882	ENVIRONMENTAL MANIPULATI	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
90885	PSY EVALUATION OF RECORD	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
90887	CONSULTATION WITH FAMILY	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO

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Code	Description	Review Type	Comments
90889	PREPARATION OF REPORT	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
90901	BIOFEEDBACK TRAIN, ANY M	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
96101	PSYCHO TESTING BY PSYCH/	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
96102	PSYCHO TESTING BY TECHNI	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
96103	PSYCHO TESTING ADMIN BY	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
96127	BRIEF EMOTIONAL/BEHAV ASSMT	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0001	ALCOHOL/DRUG ASSESSMNT	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0002	ALCOH/DRUG SCREEN-ELIG	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0003	ALCOH/DRUG SCREEN-LAB	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0004	ALCOHOL/DRUG COUNSEL	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0005	ALC/DRUG COUNSEL-GROUP	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0006	ALC/DRUG CASE MANAGEMENT	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0007	ALC/DRUG CRISIS INTERVEN	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0010	ALC/DRU SUBAC DET-RES IP	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0011	ALC/DRUG AC DETOX-RES IP	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0012	ALC/DRU SUBAC DET-RES OP	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0013	ALC/DRUG AC DETOX-RES OP	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO

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Code	Description	Review Type	Comments
H0014	ALC/DRUG AMBUL DETOX	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0016	ALC/DRUG MED/SOMATIC	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0017	ALC/DRUG HOSP RESIDENT	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0018	ALC/DRUG SHORT RESIDENT	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0019	ALCOHOL AND/OR DRUG SERV	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0020	ALC/DRUG METHADONE SERV	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0021	ALC/DRUG TRAINING SERV	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0022	ALC/DRUG INTERVENTION	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0023	ALCOHOL/DRUG OUTREACH	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0024	ALC/DRUG PREV INFO DISS	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0025	ALC/DRUG PREV EDUCATION	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0026	ALC/DRUG COMM PREV PROC	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0027	ALC/DRUG PREV ENVIRONMEN	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0028	ALC/DRUG PREV PROB IDENT	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0029	ALC/DRUG PREV ALT SERV	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0030	ALC/DRUG HOTLINE SERVICE	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0033	ORAL MED ADM DIRECT OBSV	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO

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Code	Description	Review Type	Comments
H0034	MED TRAIN & SUPPRT /15 M	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0036	COM PSYCH FACE-FACE /15M	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0037	COMM PSYCH TX PER DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0038	SELF-HELP/PEER SVC / 15M	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0039	ASSERTIVE COM TX / 15 M	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0040	ASSERTIVE COM TX / DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0047	ALCOHL/DRUG ABUS SVC NOS	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0048	SPEC COL NON-BLOOD, A/D	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0049	ALCOHOL / DRUG SCREENING	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0050	ALCOHOL/DRUG SRVC 15 MIN	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2011	CRISIS INTERVEN SVC-15'	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2013	PSYCH HLTH FACILITY SRVC	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2017	PSYCHOSOCIAL REHAB-15'	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2018	PSYCHOSOC REHAB-DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2020	THERAPEUT BEHAV SVC-DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2021	COMMUNTY WRAP-AROUND-15'	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2022	COMMUNTY WRAP-AROUN-DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO

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Code	Description	Review Type	Comments
H2027	PSYCHOEDUCATIONL SVC-15'	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2028	SEX OFFEND TREATMNT-15'	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2029	SEX OFFEND TREATMNT-DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2030	MENTAL HLTH CLUBHOUS-15'	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2031	MENTAL HLTH CLUBHSE-DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2033	MULTISYST THERAPY JUVEN	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2034	HALFWAY HOUSE SVC-DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2035	OTHER TREATMENT PROG-HR	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2036	OTHER TREATMNT PROG-DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2037	DEV DELAY PREV DEP CHLD	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
S9475	AMB SET SUBSTANCE ABUSE	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
S9484	CRISIS INTERVENT PERHOUR	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
S9485	CRISIS INTERVENT PERDIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0036	COM PSYCH FACE-FACE /15M	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0037	COMM PSYCH TX PER DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0038	SELF-HELP/PEER SVC / 15M	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0039	ASSERTIVE COM TX / 15 M	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO

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Code	Description	Review Type	Comments
H0040	ASSERTIVE COM TX / DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0047	ALCOHL/DRUG ABUS SVC NOS	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0048	SPEC COL NON-BLOOD, A/D	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0049	ALCOHOL / DRUG SCREENING	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H0050	ALCOHOL/DRUG SRVC 15 MIN	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2011	CRISIS INTERVEN SVC-15'	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2013	PSYCH HLTH FACILITY SRVC	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2017	PSYCHOSOCIAL REHAB-15'	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2018	PSYCHOSOC REHAB-DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2020	THERAPEUT BEHAV SVC-DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2021	COMMUNTY WRAP-AROUND-15'	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2022	COMMUNTY WRAP-AROUN-DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2027	PSYCHOEDUCATIONL SVC-15'	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2028	SEX OFFEND TREATMNT-15'	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2029	SEX OFFEND TREATMNT-DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2030	MENTAL HLTH CLUBHOUS-15'	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2031	MENTAL HLTH CLUBHSE-DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO

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Code	Description	Review Type	Comments
H2033	MULTISYST THERAPY JUVEN	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2034	HALFWAY HOUSE SVC-DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2035	OTHER TREATMENT PROG-HR	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2036	OTHER TREATMNT PROG-DIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
H2037	DEV DELAY PREV DEP CHLD	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
S9475	AMB SET SUBSTANCE ABUSE	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
S9484	CRISIS INTERVENT PERHOUR	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO
S9485	CRISIS INTERVENT PERDIEM	CBH Review	Contact CBH at 1-800-952-6676 if there is no direct contract with the members's HMO

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Code	Description	Review Type	Comments
21347	TREAT NOSE/JAW FRACTURE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
21348	TREAT NOSE/JAW FRACTURE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
21432	TREAT CRANIOFACIAL FRACT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
21433	TREAT CRANIOFACIAL FRACT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
21435	TREAT CRANIOFACIAL FRACT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
21436	TREAT CRANIOFACIAL FRACT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
41800	DRAINAGE OF GUM LESION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
41805	REMOVAL FOREIGN BODY, GU	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
41806	REMOVAL FOREIGN BODY,JAW	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
41820	EXCISION, GUM, EACH QUAD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
41821	EXCISION OF GUM FLAP	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
41822	EXCISION OF GUM LESION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
41823	EXCISION OF GUM LESION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
41825	EXCISION OF GUM LESION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
41826	EXCISION OF GUM LESION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
41827	EXCISION OF GUM LESION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
41828	EXCISION OF GUM LESION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
41830	REMOVAL OF GUM TISSUE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
41850	TREATMENT OF GUM LESION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
41870	GUM GRAFT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
41872	REPAIR GUM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0120	PERIODIC ORAL EVAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0140	LIMT ORAL EVAL PRBLM FOC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0150	COMPREHENSIVE ORAL EVAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0160	EXTEN ORAL EVAL PROB FOC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0170	RE-EVAL LIMIT PF EST PT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0171	RE-EVAL - POST-OP OFFICE VISIT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0180	COMP PERIODONTAL EVAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0190	SCREENING OF A PATIENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0191	ASSESSMENT OF A PATIENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0210	INTRAOR COMPL FILM SERI	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0220	INTRAOR PERIAPICL 1stFL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0230	INTRAOR PERIAPICL EA AD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0240	INTRAORAL OCCLUSAL FILM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D0250	EXTRAORAL FIRST FILM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC IMAGE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0260	EXTRAORAL EA ADD FILM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0270	DENT BITEWING SNG FLIM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0272	DENT BITEWINGS TWO FILM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0274	DENT BITEWING FOUR FILM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0277	VERT BITEWINGS 7-8 FILMS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0290	DENT FLM SKULL/FACE BON	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0310	DENTAL SALIOGRAPHY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0320	DENT TMJ ARTHROGRM INCL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0321	DENTAL OTHER TMJ FILMS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0322	DENT TOMOGRAPHIC SURVEY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0330	DENTAL PANORAMIC FILM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0340	DENT CEPHALOMETRIC FILM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0350	ORAL/FACIAL PHOTO IMAGES	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0351	3D PHOTOGRAPHIC IMAGE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D0364	CONE BEAM CT CAPTURE AND INTERPRETATION WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0365	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0366	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0367	CONE BEAM CT CAPTURE AND INTERPRETATION WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0368	CONE BEAM CT CAPTURE AND INTERPRETATION FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0369	MAXILLOFACIAL MRI CAPTURE AND INTERPRETATION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0370	MAXILLOFACIAL ULTRASOUND CAPTURE AND INTERPRETATION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0371	SIALOENDOSCOPY CAPTURE AND INTERPRETATION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0380	CONE BEAM CT IMAGE CAPTURE WITH LIMITED FIELD OF VIEW - LESS THAN ONE WHOLE JAW	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0381	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MANDIBLE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D0382	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF ONE FULL DENTAL ARCH - MAXILLA, WITH OR WITHOUT CRANIUM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0383	CONE BEAM CT IMAGE CAPTURE WITH FIELD OF VIEW OF BOTH JAWS; WITH OR WITHOUT CRANIUM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0384	CONE BEAM CT IMAGE CAPTURE FOR TMJ SERIES INCLUDING TWO OR MORE EXPOSURES	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0385	MAXILLOFACIAL MRI IMAGE CAPTURE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0386	MAXILLOFACIAL ULTRASOUND IMAGE CAPTURE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0393	Treatment simulation using 3D image volume	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0394	Digital subtraction of two or more images or image volumes of the same modality	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0395	Fusion of two or more 3D image volumes of one or more modalities	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0415	COLLECTION OF MICROORGAN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0423	Genetic test for susceptibility to diseases - specimen analysis	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0425	CARIES SUSCEPTIBIL TEST	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0460	PULP VITALITY TEST	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D0470	DIAGNOSTIC CASTS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0472	ACCESS TISSUE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0473	ACCESS TISSUE W MICRO EX	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0474	ACCESS TISSUE, SURG MARG	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0480	CYTOPATH SMEAR PREP & RE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0502	OTHER ORAL PATH PROC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0601	Caries risk assessment and documentation, with a finding of low risk	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0602	Caries risk assessment and documentation, with a finding of moderate risk	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0603	Caries risk assessment and documentation, with a finding of high risk	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0999	UNSPECIFIED DIAG PROC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1110	DENT PROPHYLAXIS ADULT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1120	DENT PROPHYLAXIS CHILD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1203	TOPI FLUOR NO PROP CHL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1204	TOPI FLUOR NO PROP ADU	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1310	NUTR COUNSL-CONTRL CARI	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1320	TOBACCO COUNSELING	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1330	ORAL HYGIENE INSTRUCT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D1351	DENTAL SEALANT/TOOTH	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1353	Sealant repair - per tooth	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1354	Interim caries arresting medicament application	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1510	SPACE MAINT FXD UNILAT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1515	FIXED BILAT SPACE MAINT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1520	REMOV UNILAT SPACE MAINT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1525	REMOV BILAT SPACE MAINT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1550	RECEMENT SPACE MAINTAIN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1999	Unspecified preventive procedure, by report	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2140	AMALGAM 1 SURFACE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2150	AMALGAM 2 SURFACES	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2160	AMALGAM 3 SURFACES	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2161	AMALGAM 4 / MORE SURFCES	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2330	RESIN 1 SURFCE-ANTERIOR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2331	RESIN 2 SURFCE-ANTERIOR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2332	RESIN 3 SURFCE-ANTERIOR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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D2335	RESIN 4/> SURF/INCIS AN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2390	ANT RESIN-BASED CROWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2391	POST 1 SRFC RESIN COMPST	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2392	POST 2 SRFC RESIN COMPST	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2393	POST 3 SRFC RESIN COMPST	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2394	POST >=4 SRFC RESN CMPST	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2410	DENT GOLD FOIL 1 SURFCE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2420	DENT GOLD FOIL 2 SURFCE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2430	DENT GOLD FOIL 3 SURFCE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2510	DENT INLAY METAL 1 SURF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2520	DENT INLAY METAL 2 SURF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2530	DENT INLAY METAL 3+ SURF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2542	DENTAL ONLAY METAL 2SURF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2543	DENT ONLAY METAL 3 SURF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2544	DENT ONLAY METAL 4+ SURF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2610	INLAY PORCL/CERAMC 1 SU	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2620	INLAY PORCL/CERAMC 2 SU	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D2630	DENT ONLAY PORCL 3+ SURF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2642	DENT ONLAY PORCL 2 SURF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2643	DENT ONLAY PORCL 3 SURF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2644	DENT ONLAY PORCL 4+ SURF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2650	INLAY COMP/RESIN 1 SURF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2651	INLAY COMP/RESIN 2 SURF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2652	DENT INLAY RESIN 3+ SURF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2662	DENT ONLAY RESIN 2 SURF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2663	DENT ONLAY RESIN 3 SURF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2664	DENT ONLAY RESIN 4+ SURF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2710	CROWN RESIN-BASED INDIRE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2712	CROWN 3/4 RESIN-BASED CO	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2720	CROWN RESIN HIGH NOBLE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2721	CROWN RESIN BASE METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2722	CROWN RESIN NOBLE METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2740	CROWN PORCEL/CERAMC SUB	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2750	CROWN PORCL H NOBLE MET	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D2751	CROWN PORCL BASE METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2752	CROWN PORCL NOBLE METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2780	CROWN 3/4 CAST METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2781	CROWN 3/4 BASE METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2782	CROWN 3/4 NOBLE METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2783	CROWN 3/4 PORCEL/CERAMIC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2790	CRWN FULL CAST HI NOBLE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2791	CRWN FULL CAST BASE MET	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2792	CRWN FULL CAST NOBLE ME	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2794	CROWN-TITANIUM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2799	PROVISIONAL CROWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2910	RECEMENT INLAY ONLAY/PRT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2915	RECEMENT CAST OR PREFAB	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2920	DENTAL RECEMENT CROWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2921	Reattachment of tooth fragment, incisal edge or cusp	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2929	Prefabricated porcelain/ceramic crown - primary tooth	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2930	PRFB STNLSS STL CRWN PR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D2931	PRFB STNLSS STL CRWN PE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2932	PREFAB RESIN CROWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2933	PREFAB STNLSS STL CROWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2934	PREFAB STEEL CROWN PRIMA	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2940	DENT SEDATIVE FILLING	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2941	Interim therapeutic restoration - primary dentition	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2949	Restorative foundation for an indirect restoration	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2950	CORE BUILD-UP INCL PINS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2951	TOOTH PIN RETENTION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2952	POST & CORE CAST + CRWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2953	ADD CAST POST SAME TOOTH	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2954	PREFAB POST/CORE + CRWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2955	POST REMOVAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2957	ADD PREFABRICATED POST	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2960	LAMINATE LABIAL VENEER	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2961	LAB LABIAL VENEER RESIN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2962	LAB LABIAL VENEER PORCL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D2971	ADD PROC CONSTRUCT NEW C	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2975	COPING	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2980	CROWN REPAIR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2981	Inlay repair necessitated by restorative material failure	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2982	Onlay repair necessitated by restorative material failure	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2983	Veneer repair necessitated by restorative material failure	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2990	Resin infiltration of incipient smooth surface lesions	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2999	DENT UNSPEC RESTORAT PR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3110	PULP CAP DIRECT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3120	PULP CAP INDIRECT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3220	THERAPEUTIC PULPOTOMY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3221	PULPAL DEBRIDEMENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3230	PULP THERAPY ANT PRIMRY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3240	PULP THERAPY POST PRIMRY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3310	ANTERIOR RT CANAL THER	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3320	BICUSPID RT CANAL THER	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3330	MOLAR RT CANAL THERAPY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D3331	TMT OF ROOT CANAL OBS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3332	INC. ENDODONTIC THERAPY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3333	INTERNAL ROOT REPAIR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3346	RETREAT ROOT CANAL ANT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3347	RETREAT ROOT CANAL BICUS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3348	RETREAT RT CANAL MOLAR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3351	APEXIFICTN/RECALC INITI	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3352	APEXIFICTN/RECAL INTERM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3353	APEXIFICTN/RECALC FINAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3355	Pulpal regeneration - initial visit	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3356	Pulpal regeneration - interim medication replacement	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3357	Pulpal regeneration - completion of treatment	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3410	APICOECT/PERRD SURG ANT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3421	ROOT SURGERY BICUSPID	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3425	ROOT SURGERY MOLAR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3426	ROOT SURG EA ADD ROOT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3427	Periradicular surgery without apicoectomy	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3430	RETROGRADE FILLING/ROOT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3450	ROOT AMPUTATION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3460	ENDODON ENDOSSEOUS IMPL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3470	INTENTIONAL REPLANT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3910	ISOLATION TOOTH RUB DAM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3920	TOOTH SPLITTING	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3950	CANAL PREP/FITTING DOWEL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D3999	UNSPEC ENDODONTIC PROC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4210	GINGIVECTOMY/PLASTY >=4/Q	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4211	GINGIVECTOMY/PLSTY PER T	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4240	GINGIVL FLAP PX >=4/QUAD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D4241	GNGVL FLP W/ROOTPLAN 1-3	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4245	APICALLY POSITIONED FLAP	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4249	CROWN LENGTH HARD TISS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4260	OSSEOUS SURGERY PER QUAD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4261	OSSEOUS SURGL-3TEETHPERQ	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4263	BONE REPL GRFT 1ST SITE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4264	BONE REPL GRFT EACH ADD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4265	BIO MTRL AID SOFT/OS REG	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4266	GUIDED TISS REGEN RESORB	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4267	GUIDED TISS REGEN NONRES	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4268	SURGICAL REVISION/TOOTH	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4270	PEDICLE SOFT TISU GRAFT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4271	FREE SOFT TISU GRAFT PR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4273	SUBEPITHELIAL TISSUE GRA	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4274	DIST/PROX WEDGE PROCEDUR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4275	SOFT TISSUE ALLOGRAFT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4276	CON TISSUE W/DBLE PED GR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D4277	Free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position in graft	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4278	Free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or edentulous tooth position in same graft site	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4320	PROVIS SPLNT INTRACORN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4321	PROVIS SPLINT EXTRACOR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4341	PERIODONTAL SCALING & RO	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4342	PERIODT SCALE ROOT 1-3/Q	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4355	FULL MOUTH DEBRIDEMENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4381	LOCALIZED DELIVERY ANTIM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4910	PERIODONTAL MAINTENANCE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4920	UNSCHED DRESSING CHANGE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4921	Gingival irrigation - per quadrant	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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D4999	UNSPEC PERIODONTAL PROC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5110	DENTURES COMPLETE MAXILL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5120	DENTURES COMPLETE MAND	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5130	DENTURES IMMEDIAT MAXILL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5140	DENTURES IMMEDIAT MAND	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5211	DENTURE MAXIL PART RESIN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5212	DENTURE MAND PART RESIN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5213	DENTURE MAXIL PART METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5214	DENTURE MAND PART METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth)	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth)	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5225	MAXILLARY PART DENTURE F	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D5226	MANDIBULAR PART DENTURE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5281	REMOVABLE PART DENTURE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5410	DENTURE ADJ CMPLT MAXILL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5411	DENTURE ADJ COMPL MAND	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5421	DENTURE ADJ PART MAXILL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5422	DENTURE ADJ PART MAND	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5510	REPR DENT BRKN COMPL BA	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5520	REPL DENT TEETH COMPLTE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5610	DENTURE REPR RESIN BASE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5620	REP PART DENT CAST FRME	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5630	REP PARTIAL DENT CLASP	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5640	REPL PART DENTURE TEETH	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5650	ADD TOOTH TO PART DENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5660	ADD CLASP TO PART DENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5670	REPLC TTH&ACRLC FRMW MAX	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5671	REPLC TTH&ACRLC FRMW MAN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5710	DENTURE REBASE COMPL MAX	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D5711	DENTURE REBASE COMPL MAN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5720	DENTURE REBASE PART MAXI	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5721	DENTURE REBASE PART MAND	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5730	DENT RELN COMPL MAX CHR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5731	DENT RELN COMPL MAND CHR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5740	DENT RELN PART MAX CHR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5741	DENT RELN PART MAND CHR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5750	DENT RELN COMPL MAX LAB	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5751	DENT RELN COMPLMAND LAB	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5760	DENT RELN PART MAX LAB	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5761	DENT RELN PART MAND LAB	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5810	DENT INTERM COMPL MAXILL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5811	DENT INTERM COMPL MAND	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5820	DENT INTERM PART MAXILL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5821	DENT INTERM PART MANDBL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5850	DENT TISS CONDITN MAXILL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5851	DENT TISS CONDITN MANDBL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D5860	OVERDENTURE COMPLETE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5861	OVERDENTURE PARTIAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5862	PRECISION ATTACHMENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5863	Overdenture - complete maxillary	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5864	Overdenture - partial maxillary	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5865	Overdenture - complete mandibular	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5866	Overdenture - partial mandibular	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5867	REPLACE ATTACHMENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5875	MODIFICATION OF PROSTHES	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5899	REMVBL PROSTHODONTIC PRO	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5911	FACIAL MOULAGE SECTION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5912	FACIAL MOULAGE COMPLETE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5913	NASAL PROSTHESIS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5914	AURICULAR PROSTHESIS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5915	ORBITAL PROSTHESIS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5916	OCULAR PROSTHESIS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5919	FACIAL PROSTHESIS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D5922	NASAL SEPTAL PROSTHESIS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5923	OCULAR PROSTHES INTERIM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5924	CRANIAL PROSTHESIS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5925	FACIAL AUGMENT IMPLANT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5926	REPLCEMT NASAL PROSTHES	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5927	AURICULAR REPLCMNT PROS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5928	ORBITAL PROSTH REPLCMNT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5929	FACIAL REPLACEMENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5931	SURGICAL OBTURATOR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5932	POSTSURGICAL OBTURATOR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5933	REFITTING OF OBTURATOR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5934	MANDIB FLANGE PROSTHSIS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5935	MANDIB DENTURE PROSTHES	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5936	TEMP OBTURATOR PROSTHES	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5937	TRISMUS APPLIANCE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5952	PEDIATRIC SPEECH AID	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5953	ADULT SPEECH AID	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D5955	PALATAL LIFT PROSTHESIS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5958	CONG DEF PARLA LIFT INT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5959	CONG DEF PALA LIFT MODI	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5960	MODIFY SPCH AID PROSTHE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5983	RADIATION CARRIER	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5984	RADIATION SHIELD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5985	RADIATION CONE LOCATOR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5986	FLUORIDE APPLICATOR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5987	COMMISSURE SPLINT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5988	SURGICAL SPLINT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5992	Adjust maxillofacial prosthetic appliance, by report	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5994	Periodontal medicament carrier with peripheral seal - laboratory processed	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5999	UNSP MAXILLOFAC PROSTHE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6010	ODONT ENDOSTEAL IMPLANT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6011	Second stage implant surgery	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6012	ENDOSTEAL IMPLANT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D6013	Surgical placement of mini implant	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6040	ODONTIC EPOSTEAL IMPLANT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6050	ODONT TRANSOSTEAL IMPLAN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6051	Interim abutment	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6052	Semi-precision attachment abutment	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6053	IMPLT/ABUT RMV DENT COMP	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6054	IMPLT/ABUT RMV DENT PRTL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6055	IMPLANT CONNECTING BAR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6056	PREFABRICATED ABUTMENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6057	CUSTOM ABUTMENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6058	ABUTMENT SUPP CROWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6059	ABUT SUPPORT HIGH CROWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6060	ABUT SUPPORT BASE CROWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6061	ABUT SUPPORT NOBLE CROWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6062	ABUT SUPPORT CAST CROWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6063	ABUTMEN BASE METAL CROWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6064	ABUTMEN NOBL METAL CROWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D6065	IMPLANT PORC/CERAM CROWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6066	IMPLANT PORC/METAL CROWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6067	IMPLANT SUPP METAL CROWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6068	RETAINER PORC/CERAM FPD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6069	RETAINER PORC/METAL FPD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6070	RETAINER-BASE METAL FPD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6071	RETAINER-NOBLE METAL FPD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6072	RETAINER-HIGH NOBLE FPD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6073	RETAINER-CAST METAL FPD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6074	RETAINER-CAST(NOBLE) FPD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6075	IMPLANT RETAIN-CERAM FPD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6076	IMPLANT RETAIN-PORCE FPD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6077	IMPL RETAIN-CAST MET FPD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6078	FIXED DENTURE-COMPLETE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6079	FIXED DENTURE-PARTIAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6080	IMPLANT MAINTENANCE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6090	REPAIR IMPLANT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D6094	ABUT SUPPORT CROWN TITAN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6095	ODONT REPAIR ABUTMENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6100	REMOVAL OF IMPLANT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6101	Debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6102	Debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6103	Bone graft for repair of periimplant defect - not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6104	Bone graft at time of implant placement	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6110	Implant /abutment supported removable denture for edentulous arch - maxillary	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6111	Implant /abutment supported removable denture for edentulous arch - mandibular	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6112	Implant /abutment supported removable denture for partially edentulous arch - maxillary	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6113	Implant /abutment supported removable denture for partially edentulous arch - mandibular	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6114	Implant /abutment supported fixed denture for edentulous arch - maxillary	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6115	Implant /abutment supported fixed denture for edentulous arch - mandibular	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D6116	Implant /abutment supported fixed denture for partially edentulous arch - maxillary	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6117	Implant /abutment supported fixed denture for partially edentulous arch - mandibular	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6190	RADIO/SURGICAL IMPLANT I	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6194	ABUT SUPPORT RETAINER TI	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6199	UNSPEC IMPLNT PROCEDURE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6205	PONTIC-INDIRECT RESIN BA	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6210	PONTIC-CAST HI NBLE MET	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6211	BRIDGE BASE METAL CAST	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6212	BRIDGE NOBLE METAL CAST	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6214	PONTIC TITANIUM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6240	BRIDGE PORCELN HI NOBLE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6241	BRIDGE PORCELN BASE MET	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6242	BRIDGE PORCELN NBLE MET	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6245	PONTIC PORCELAIN/CERAMIC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6250	BRIDGE RESIN W/HI NOBLE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6251	BRIDGE RESIN BASE METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6252	BRIDGE RESIN W/NBLE MET	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D6253	PROVISIONAL PONTIC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6545	DENT RETAINER CAST METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6548	RETAINER-RESIN PROSTHESI	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6549	Resin retainer - for resin bonded fixed prosthesis	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6600	INLAY PORC/CERM 2 SURFCS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6601	INLAY PORC/CERM >=3 SRFC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6602	INLY CST HI NBL MTL 2 SF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6603	INLY CST HI NBL MTL >=3S	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6604	INLY CAST BASE MTL 2 SRF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6605	INLY CAST BASE MTL >=3 S	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6606	INLAY CAST NBL MTL 2 SUF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6607	INLAY CAST NBL MTL >=3S	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6608	ONLAY PORC/CERM 2 SURFCS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6609	ONLAY PORC/CERM >=3 SRFC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6610	ONLY CST HI NBL MTL 2 SF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6611	ONLY CST HI NBL MTL >=3S	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6612	ONLY CAST BASE MTL 2 SRF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D6613	ONLY CAST BASE MTL >=3 S	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6614	ONLAY CAST NBL MTL 2 SUF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6615	ONLAY CAST NBL MTL >=3S	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6624	INLAY TITANIUM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6634	ONLAY TITANIUM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6710	CROWN-INDIRECT RESIN BAS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6720	RETN CRWN RESIN HI NBLE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6721	CRWN RESIN W/BASE METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6722	CRWN RESIN W/NBLE METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6740	CROWN-PORCELAIN/CERAMIC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6750	CRWN PORCELAIN HI NOBLE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6751	CRWN PORCELN BASE METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6752	CRWN PORCELN NBLE METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6780	CROWN 3/4 HI NBLE METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6781	CROWN 3/4 BASE METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6782	CROWN 3/4 NOBLE METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6783	CROWN 3/4 PORCEL/CERAMIC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D6790	CRWN FULL HI NBLE METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6791	CRWN FULL BASE METL CST	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6792	CRWN FULL NBLE METL CST	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6793	PROVSIONL RETAINER CROWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6794	CROWN TITANIUM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6920	DENTAL CONNECTOR BAR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6930	DENTAL RECEMENT BRIDGE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6940	STRESS BREAKER	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6950	PRECISION ATTACHMENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6970	POST & CORE + RETAINER	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6972	PREFB POST&CORE+RETAINR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6973	CORE BUILDUP FOR RETAIN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6975	COPING METAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6976	EA.CAST POST-SAME TOOTH	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6977	PREFAB POST-SAME TOOTH	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6980	BRIDGE REPAIR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6985	PEDIATRIC PRTL DENTRE FX	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D6999	FIXED PROSTHODONTIC PROC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7111	EXTRACTION CORONAL REMNA	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7140	EXTRCT ERUPT TOOTH/EXP R	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7210	REM TOOTH W MUCOPER FLP	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7220	REMV IMPCT TOOTH SOFT T	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7230	IMPCT TH REMV PART BONY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7240	IMPCT TH REMV COMP BONY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7241	IMPCT TH RMV B-SRG COMP	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7250	TOOTH ROOT REMOVAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7251	Coronectomy - intentional partial tooth removal	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7260	ORAL ANTRA FISTULA CLSE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7261	PRIMY CLOSURE SINUS PERF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7270	TOOTH REIMPLANTATION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7272	TOOTH TRANSPLANTATION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7280	SURG ACCESS UNERUPTD TOO	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7282	MOBILIZE ERPT/MALPOS TOO	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7283	PLACE DEVICE IMPACTED TO	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D7285	BIOPSY ORAL TISSUE HARD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7286	BIOPSY ORAL TISSUE SOFT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7287	EXFOLIATIVE CYTOLOG COLL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7288	BRUSH BIOPSY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7290	SURG REPOSITIONNG TEETH	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7291	TRANSEPT/SUPRA FIBEROTMY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7295	Harvest of bone for use in autogenous grafting procedure	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7310	ALVEOPLASTY W EXTRACTN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7311	ALVEOLOPLASTY W/EXTRACT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7320	ALVEOPLASTY NO EXTRACTN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7321	ALVEOLOPLASTY NOT W/EXTR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7340	VESTIBULOPTY RDGE EXTEN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7350	VESTBULOPTY EXTEN GRAFT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7410	EXC BEN LESION <=1.25 CM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7411	EXC BEN LESION >1.25 CM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7412	EXC BEN LESION COMPLICAT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7413	EXC MAL LESION <=1.25 CM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D7414	EXC MAL LESION >1.25 CM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7415	EXC MAL LESION COMPLICAT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7440	MALIG TUMR EXC (1.25 CM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7441	MALIG TUMOR > 1.25 CM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7450	RMV BEN ODONT CYST<=1.25	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7451	RMV BEN ODONT CYST >1.25	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7460	RMV BEN NONOD CYST<=1.25	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7461	REM BEN NONODO CYST>1.25	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7465	LESION DESTRUCTION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7471	REMOV LATERAL EXOSTOSIS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7472	REMOVAL TORUS PALATINUS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7473	REMOV TORUS MANDIBULARIS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7485	SURG REDUC OSSEOUS TUBER	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7490	MAXILLA OR MANDIBLE RESE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7510	I&D ABSCESS INTRAORL ST	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7511	INCISION/DRAIN ABSCESS I	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7520	I&D ABSCESS EXTRAORL ST	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D7521	INCISION/DRAIN ABSCESS E	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7530	RMV FB MUCOSA/ALVEOL TIS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7540	RMV FB PRODUCING REACTN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7550	OSTECTMY NON-VITAL BONE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7560	MAXILLARY SINUSOTOMY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7610	MAXI OPEN REDCT FX SIMP	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7620	CLSD REDCT SIMP MAXI FX	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7630	OPEN RED SIMP MANDIB FX	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7640	CLSD RED SIMP MANDIB FX	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7650	OPN RED SIM MAL/ZYGO FX	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7660	CLSD RED SIM MAL/ZYGO F	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7670	CLOSED REDUC ALVEOLUS FX	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7671	OPEN REDUCT ALVEOLUS FX	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7680	COMP REDUCT FCL BONE FX	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7710	MAXILLA OPEN REDUCT FX	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7720	CLSD REDCT COMPD MAXI F	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7730	OPN REDCT COMPD MANDB F	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D7740	CLSD REDCT COMPD MANDB	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7750	OPN RED COMP MAL/ZYG FX	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7760	CLSD RED COMP MAL/ZYG F	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7770	OPN RED COMP ALVEOLUS F	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7771	CLOSED REDUC ALVEOLUS FX	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7780	REDCT COMPD FACL BONE F	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7820	CLOSED TMP MANIPULATION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7871	NON-ARTHRO LYSIS/LAVAGE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7880	OCCLUSAL ORTHOTIC APPLI	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7899	TMD UNSPECIFIED THERAPY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7910	DENT SUTR RECNT WND (5	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7911	DENT COMPL SUTR WND (5	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7912	COMPL SUTR WND > 5 CM	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7920	ORAL/FACIAL SKIN GRAFT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7921	Collection and application of autologous blood concentrate product	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7952	Sinus augmentation via a vertical approach	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7953	BONE REPLACEMENT GRAFT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D7955	REPAIR MAXILLOFACIAL DEF	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7963	FRENULOPLASTY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7970	EXC HYPERPLASTIC TISSUE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7971	EXC PERICORONAL GINGIVA	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7972	SURG REDUC FIBROUS TUBER	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7981	EXCISION SALIVARY GLAND	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7982	SIALODOCHOPLASTY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7983	CLOSRE SALIVARY FISTULA	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7991	DENTAL CORONOIDECTOMY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7997	APPLIANCE RMV(DIFF DDS)	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7999	UNSPEC ORAL SURG PROC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8010	LIMITED DENT TX PRIMARY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8020	LIMITED DENT TX TRANSITN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8030	LIMITED DENT TX ADOLESC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8040	LIMITED DENTAL TX ADULT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8050	INTERCEP DENT TX PRIMARY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8060	INTERCEP DENT TX TRANSTN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D8070	COMPRE DENT TX TRANSITN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8080	COMPRE DENT TX ADOLESCNT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8090	COMPRE DENTAL TX ADULT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8210	ORTHOD RVM APPLI TX HAB	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8220	FIXED APPLI TX HABITS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8660	PREORTHODONTIC TX VISIT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8670	PERIODIC ORTHO TX VISIT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8680	ORTHODONTIC RETENTION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8681	Removable orthodontic retainer adjustment	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8690	ORTHODONTIC TREATMENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8691	REP ORTHODONT APPLIANCE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8692	REPLACEMENT OF RETAINER	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8694	Repair of fixed retainers, includes reattachment	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8999	UNSPEC ORTHODONTIC PROC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9110	TX DENTAL PAIN MINR PROC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9210	DENT ANESTHESIA NO SURG	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9211	REGION BLOCK ANESTHESIA	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D9212	TRIGEMIN BLOCK ANESTHES	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9215	LOCAL ANESTHESIA	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9219	Evaluation for deep sedation or general anesthesia	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9220	GENEAL ANESTH FIRST 30 M	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9221	GEN ANEST EA ADD 15 MIN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9223	Deep sedation/general anesthesia - each 15 minute increment	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9230	ANALGESIA,ANXIOLYSIS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9241	IV CONS SEDATN FRST 30 M	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9242	IV CON SEDAT EA ADD 15 M	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9243	IV MOD (CONSCIOUS) SEDATION/ANALGESIA EA 15M	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9248	NON-IV CONS SEDATION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9310	DENTAL CONSULTATION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9410	HOUSE/ECF CALL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9420	DENTAL HOSPITAL CALL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9430	OFFICE VISIT DURING HRS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9440	OFFICE VISIT AFTER HRS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9450	CASE PRESENTATN TX PLAN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D9610	THERAPEUTIC DRUG INJECT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9630	OTHER DRUGS/MEDICAMENTS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9910	APPLCA DESENSITIZNG MED	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9911	APPLI DESENSITIZNG RESIN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9920	BEHAVIOR MANAGEMENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9930	COMPLICATION TREATMENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9932	Cleaning and inspection of removable complete denture, maxillary	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9933	Cleaning and inspection of removable complete denture, mandibular	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9934	Cleaning and inspection of removable partial denture, maxillary	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9935	Cleaning and inspection of removable partial denture, mandibular	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9940	DENTAL OCCLUSAL GUARD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9941	FABRICATN ATHLETIC GUARD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9942	REPAIR/RELINOCCLUSAL G	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9943	Occlusal guard adjustment	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9950	OCCLUSION ANALYSIS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9951	LIMITED OCCLUSAL ADJUST	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9952	COMPLETE OCCLUSAL ADJUST	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D9970	ENAMEL MICROABRASION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9971	ODONTOPLASTY 1-2 TEETH	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9972	EXT BLEACHING-PER ARCH	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9973	EXT BLEACHING-PER TOOTH	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9974	INT BLEACHING-PER TOOTH	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9985	SALES TAX	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9986	MISSED APPOINTMENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9987	CANCELLED APPOINTMENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9999	UNSPEC ADJUNCTIVE PROC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0145	ORAL EVALUATION, PT < 3Y	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0273	BITEWINGS - THREE FILMS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0360	CONE BEAM CT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0362	CONE BEAM, TWO DIMENSION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0363	CONE BEAM, THREE DIMENSI	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0416	VIRAL CULTURE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0417	COLLECT & PREP SALIVA SA	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D0418	ANALYSIS OF SALIVA SAMPL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0421	GEN TST SUSCEPT ORAL DIS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0431	DIAG TST DETECT MUCOS AB	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0475	DECALCIFICATION PROCEDUR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0476	SPEC STAINS FOR MICROORG	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0477	SPEC STAINS NOT FOR MICR	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0478	IMMUNOHISTOCHEMICAL STAI	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0479	TISSUE IN-SITU HYBRIDIZA	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0481	ELECTRON MICROSCOPY DIAG	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0482	DIRECT IMMUNOFLUORESCENC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0483	INDIRECT IMMUNOFLUORESCE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0484	CONSULT SLIDES PREP ELSE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0485	CONSULT INC PREP OF SLID	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D0486	ACCESSION OF BRUSH BIOPS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1206	TOPICAL FLUORIDE VARNISH	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D1555	REMOVE FIX SPACE MAINTAI	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D2970	TEMP CROWN (FRACTURED TO	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D3222	PART PULP FOR APEXOGENES	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4230	ANA CROWN EXP 4 OR> PER	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D4231	ANA CROWN EXP 1-3 PER QU	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5951	FEEDING AID	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5954	SUPERIMPOSED PROSTHESIS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5982	SURGICAL STENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D5991	TOPICAL MEDICAMENT CARRI	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6091	REPL SEMI/PRECISION ATTA	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6092	RECEMENT SUPP CROWN	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D6093	RECEMENT SUPP PART DENTU	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7292	SCREW RETAINED PLATE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7293	TEMP ANCHORAGE DEV W FLA	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7294	TEMP ANCHORAGE DEV W/O F	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7810	TMJ OPEN REDUCT-DISLOCA	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7830	TMJ MANIPL UNDER ANESTH	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7840	TMJ CONDYLECTOMY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7850	TMJ DISCECTOMY W/WO IMP	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D7852	TMJ REPAIR JOINT DISC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7854	TMJ SYNOVECTOMY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7856	TMJ MYOTOMY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7858	TMJ RECONSTRUCTION	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7860	TMJ CUTTING INTO JOINT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7865	TMJ ARTHROPLASTY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7870	TMJ ARTHROCENTISIS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7872	TMJ DIAG ARTHROSCOPY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7873	TMJ ARTHROSC LYSS ADHES	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7874	TMJ ARTHROSC DISC REPOS	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7875	TMJ ARTHROSCOPY SYNOVEC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7876	TMJ ARTHROSCOPY DISCECT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7877	TMJ ARTHROSCOPY DEBRIDE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7940	RESHAP BONE ORTHOGNATHC	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7941	OSTEOTOMY-MANDIB RAMI	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7943	OSTEOTOMY-MAND RAMI WBG	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7944	OSTEOTMY CUTTNG SEGMENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
D7945	OSTEOTOMY BODY MANDIBLE	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7946	LEFORT I MAXILLA TOTAL	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7947	LEFORT I MAXILLA SEGMNT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7948	OSTEOPLSTY MIDFC NO GFT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7949	OSTEOPLASTY MIDFC W/GFT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7950	MANDIBLE GRAFT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7951	SINUS AUG W BONE/BONE SU	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7960	FRENULECTMY/FRENULOTMY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7980	SIALOLITHOTOMY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7990	EMERGENCY TRACHEOTOMY	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7995	SYNTH GRFT FACIAL BONES	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7996	IMPL MANDBLE FOR AUGMENT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D7998	INTRAORAL PLACE OF FIX D	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D8693	REBOND/CEMENT/REPAIR RET	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9120	FIX PARTIAL DENTURE SECT	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO
D9612	THERA PAR DRUGS 2 OR> AD	Delta Dental Review	Contact Delta Dental at 1-866-902-4835 if there is no direct contract with the member's HMO

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92002	EYE EXAM, NEW PATIENT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92004	EYE EXAM, NEW PATIENT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92012	EYE EXAM ESTABLISHED PAT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92014	EYE EXAM & TREATMENT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92015	REFRACTION	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92018	NEW EYE EXAM & TREATMENT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92019	EYE EXAM & TREATMENT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92070	FITTING OF CONTACT LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92071	CONTACT LENS FITTING FOR	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92230	EYE EXAM WITH PHOTOS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92235	EYE EXAM WITH PHOTOS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92283	COLOR VISION EXAMINATION	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92310	CONTACT LENS FITTING	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92311	CONTACT LENS FITTING	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92312	CONTACT LENS FITTING	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92313	CONTACT LENS FITTING	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92314	PRESCRIPTION OF CONTACT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO

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92315	PRESCRIPTION OF CONTACT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92316	PRESCRIPTION OF CONTACT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92317	PRESCRIPTION OF CONTACT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92325	MODIFICATION OF CONTACT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92326	REPLACEMENT OF CONTACT L	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92340	FITTING OF SPECTACLES	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92341	FITTING OF SPECTACLES	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92342	FITTING OF SPECTACLES	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92352	SPECIAL SPECTACLES FITTI	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92353	SPECIAL SPECTACLES FITTI	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92354	SPECIAL SPECTACLES FITTI	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92355	SPECIAL SPECTACLES FITTI	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92370	REPAIR & ADJUST SPECTACL	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92371	REPAIR & ADJUST SPECTACL	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0500	DISPOS CONT LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0504	SINGL PRSCR P LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0506	BIFOC PRSCP LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
S0508	TRIFOC PRSCRIP LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0510	NON-PRSCRIP LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0512	DAILY CONTACT LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0514	COLOR CONT LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0515	SCLER LENS LIQ BANDAGE	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92002	EYE EXAM, NEW PATIENT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92004	EYE EXAM, NEW PATIENT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92012	EYE EXAM ESTABLISHED PAT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92014	EYE EXAM & TREATMENT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92015	REFRACTION	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92018	NEW EYE EXAM & TREATMENT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92019	EYE EXAM & TREATMENT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92070	FITTING OF CONTACT LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92071	CONTACT LENS FITTING FOR	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92230	EYE EXAM WITH PHOTOS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92235	EYE EXAM WITH PHOTOS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92283	COLOR VISION EXAMINATION	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
92310	CONTACT LENS FITTING	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92311	CONTACT LENS FITTING	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92312	CONTACT LENS FITTING	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92313	CONTACT LENS FITTING	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92314	PRESCRIPTION OF CONTACT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92315	PRESCRIPTION OF CONTACT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92316	PRESCRIPTION OF CONTACT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92317	PRESCRIPTION OF CONTACT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92325	MODIFICATION OF CONTACT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92326	REPLACEMENT OF CONTACT L	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92340	FITTING OF SPECTACLES	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92341	FITTING OF SPECTACLES	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92342	FITTING OF SPECTACLES	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92352	SPECIAL SPECTACLES FITTI	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92353	SPECIAL SPECTACLES FITTI	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92354	SPECIAL SPECTACLES FITTI	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92355	SPECIAL SPECTACLES FITTI	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
92370	REPAIR & ADJUST SPECTACL	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
92371	REPAIR & ADJUST SPECTACL	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0500	DISPOS CONT LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0504	SINGL PRSCR P LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0506	BIFOC PRSCP LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0508	TRIFOC PRSCR P LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0510	NON-PRSCR P LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0512	DAILY CONTACT LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0514	COLOR CONT LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0515	SCLER LENS LIQ BANDAGE	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0516	SAFETY FRAMES	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0518	SUNGLASS FRAMES	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0580	POLYCARB LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0581	NONSTANDARD LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0590	MISC INTEGRAL LENS SERV	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0592	COMP CONT LENS EVAL	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
S0595	NEW LENSES PTS OLD FRAME	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
V2020	VISION SVCS FRAMES PURCH	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2025	EYEGASSES DELUX FRAMES	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2100	SPHER SINGLE PLANO 4.00	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2101	SGL VISION SPHERE 4.12-	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2102	SINGL VISN SPHERE 7.12-	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2103	SPHEROCYLINDR 4.00D/.12-	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2104	SPHEROCYLINDR 4.00D/2.12	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2105	SPHEROCYLINDR 4.00D/4.25	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2106	SPHEROCYLINDR 4.00D/>6.0	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2107	SPHEROCYLINDR 4.25D/.12	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2108	SPHEROCYLINDR 4.25D/2.12	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2109	SPHEROCYLINDR 4.25D/4.25	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2110	SPHEROCYLINDR 4.25D/OVER	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2111	SPHEROCYLINDR 7.25D/.25-	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2112	SPHEROCYLINDR 7.25D/2.25	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2113	SPHEROCYLINDR 7.25D/4.25	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2114	SPHEROCYLINDER OVER 12.0	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
V2115	LENTICULAR LENS SINGLE	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2118	ANISEIKONIC LENS SINGLE	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2121	LENTICULAR LENS-SINGLE	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2199	SGL VISION LENS UNCLFD	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2200	SPHER BIFOC PLANO 4.00D	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2201	SPHERE BIFOCAL 4.12-7.00	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2202	SPHERE BIFOCAL 7.12-20.0	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2203	SPHCYL BIFOC 4.00D/.12-2	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2204	SPHCY BIFOC 4.00D/2.12-4	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2205	SPHCY BIFOC 4.00D/4.25-6	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2206	SPHCY BIFOC 4.00D/OVER 6	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2207	SPHCY BIF 4.25-7/.12-2.0	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2208	SPHCY BIF 4.25-7/2.12-4	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2209	SPHCY BIF 4.25-7/4.25-6	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2210	SPHCY BIF 4.25-7/OVER 6	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2211	SPHCY BIF 7.25-12/25-2.2	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2212	SPHCY BIF 7.25-12/2.25-4	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
V2213	SPHCY BIF 7.25-12/4.25-6	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2214	SPHCYL BIF OVER 12.00D	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2215	LENTICULAR BIFOCAL	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2218	ANISEIKONIC BIFOCAL	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2219	BIFOCAL SEG WIDTH >28MM	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2220	BIFOCAL ADD OVER 3.25D	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2221	LENTICULAR LENS-BIFOCAL	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2299	BIFOCAL SPECIALITY	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2300	SPHERE TRIFOCAL 4.00D	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2301	SPHERE TRIFOCAL 4.12-7.0	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2302	SPHERE TRIFOCAL 7.12-20	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2303	SPHCY TRIFOCAL 4.0/.12-2	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2304	SPHCY TRIFOCL 4.0/2.25-4	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2305	SPHCY TRIFOCL 4.0/4.25-6	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2306	SPHCYL TRIFOCAL 4.00/>6	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2307	SPHCY TRIFOCL 4.25-7/.12	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2308	SPHC TRIFOCL 4.25-7/2.12	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
V2309	SPHC TRIFOCL 4.25-7/4.25	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2310	SPHC TRIFOCL 4.25-7/>6	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2311	SPHC TRIFO 7.25-12/.25-2	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2312	SPHC TRIFO 7.25-12/2.25-	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2313	SPHC TRIFO 7.25-12/4.25-	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2314	SPHCYL TRIFOCL OVER 12	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2315	LENTICULAR TRIFOCL	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2318	ANISEIKONIC TRIFOCL	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2319	TRIFOCL SEG WIDTH >28 MM	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2320	TRIFOCL ADD OVER 3.25D	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2321	LENTICULAR LENS-TRIFOCL	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2399	TRIFOCL SPECIALITY	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2410	VARIAB ASPHERICITY SING	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2430	VARIABLE ASPHERICITY BIF	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2499	VARIABL ASPHERICITY LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2500	CNTCT LENS PMMA SPHERICL	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2501	CNTCT LENS PMMA-TORIC/PR	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
V2502	CONTACT LENS PMMA BIFOCL	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2503	CNTCT LENS PMMA COLR VIS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2510	CNTCT GAS PERMB SPHERICL	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2511	CNTCT TORIC PRISM BALLST	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2512	CNTCT LENS GAS PERM BIF0	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2513	CONTACT LENS EXT WEAR	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2520	CONTACT LENS HYDROPHILIC	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2521	CNTCT LENS HYDROPH TORIC	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2522	CNTCT LENS HYDROPHIL BIF	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2523	CNTCT LENS HYDROPHIL EXT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2530	CONTACT LENS GAS IMPERM	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2531	CONTACT LENS GAS PERMEAB	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2599	CONTACT LENS OTHER TYPE	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2600	HAND HELD LO VISION AIDS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2610	SGL LENS SPECTACLE MOUNT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2615	TELSCOP/OTHR COMPND LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2623	PROSTH PLAST EYE CUSTOM	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
V2624	POLISHING ARTIFICIAL EYE	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2625	ENLARGEMNT OF EYE PROSTH	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2626	REDUCTION OF EYE PROSTH	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2627	SCLERAL COVER SHELL	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2628	FABRICATION & FITTING	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2629	PROSTH EYE OTHER TYPE	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2630	ANT CHMBR INTRAOC LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2630	ANT CHMBR INTRAOC LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2631	IRIS SUPPRT INTRAOC LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2631	IRIS SUPPRT INTRAOC LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2632	POST CHMBR INTRAOC LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2632	POST CHMBR INTRAOC LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2700	BALANCE LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2702	DELUXE LENS FEATURE	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2710	GLAS/PLAS SLAB OFF PRISM	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2715	PRISM PER LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2718	FRESNELL PRISM PRESS-ON	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO

In this column are the CPT or HCPC codes for outpatient & ambulatory services	In this column is the description of each code for outpatient & ambulatory services	In this column is the description of how Allegiance is managing the review for outpatient & ambulatory for services.	In this column are the special handling notes for Allegiance. Pretreatment review/prior authorization is strongly recommended for the CPT or HCPCs listed in this tab. See separate tabs for those Codes with special handling instructions or for those that are not recommended for review (if not found on any tab then assume not recommended).
Code	Description	Review Type	Comments
V2730	SPECIAL BASE CURVE	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2744	TINT PHOTOCHROMATIC LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2745	TINT-ANY COLOR/SOLID/GR	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2750	ANTI-REFLECTIVE COATING	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2755	U-V LENS/ES	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2756	EYE GLASS CASE	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2760	SCRATCH RESIST COATING	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2761	MIRROR COATING-ANY TYPE	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2762	POLARIZATION-ANY LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2770	OCCLUDER LENS-PER LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2780	OVERSIZE LENS-PER LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2781	PROGRESSIVE LENS / LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2782	LENS TO 1.65 P/TO 1.79 G	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2783	LENS >= 1.66 P/>=1.80 G	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2784	LENS POLYCARB OR EQUAL	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2785	CORNEAL TISSUE PROCESS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2786	OCCUPAT MULTIFOCAL LENS	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO

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Code	Description	Review Type	Comments
V2787	ASTIGMATISM-CORRECT FUNC	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2787	ASTIGMATISM-CORRECT FUNC	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2788	PRESBYOPIA-CORRECT FUNCT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2788	PRESBYOPIA-CORRECT FUNCT	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2790	AMNIOTIC MEMBRANE	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2797	COMPONENT VIS ITEM/SVC	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO
V2799	MISC VISION SERVICE	VSP Review	Contact VSP at 1-800-877-7195 if there is no direct contract with the member's HMO